



Dear Friends and Clients,

December 2020

We recognize the year 2020 has brought frustration and uncertainty on many fronts; some tragically have lost friends and loved ones. From a pandemic to changing health and economic directives, election uncertainty, and government response, or lack thereof, there is ample reason for pessimism... or maybe not. Life changed in 2020, but did we lose what is important? Faith? Family unity? The ability to grow and learn from difficult circumstances? These aspects of life and many others are choices and cannot be stolen by a pandemic. We believe that 2021 will be a brighter year and look forward to better times. Change might still come slowly, but it will come. As a country, a community and family we will persevere towards a brighter tomorrow. Merry Christmas and New Year's blessing to all!

Regarding tax developments in 2020 the Paycheck Protection Plan (PPP) as part of the 2020 Cares Act provided much needed cash flow to help many of our clients manage the difficult 2020 business environment. There was also some recent good news. The latest relief package from congress includes a provision that PPP loan expenses will be deductible. For individual taxpayers, tax free advance stimulus payments and extended unemployment benefits both helped. Additionally, easing 2020 retirement account rules for minimum distributions, eliminating penalties and a three-year tax spread on early distributions provided help to many.

Now regarding 2020 tax services, which is the primary purpose of the newsletter. The health and safety of our employees, clients and communities are an important concern. Due to current business restrictions, we are not conducting in-office appointments until further notice. Fullerton Business Service is maintaining our services and our business is fully operational with a few modifications:

- All client appointments will continue strictly via phone or Zoom.
- Especially during this time, our most preferred way to receive your documents is by you uploading scanned documents to our portal: fullertonbusinessservice.securefilepro.com
- For those of you without a scanner at home, we recommend a free app which uses your smartphone's camera to create a PDFs: Adobe Scan.
- If this is not an option for you, please mail or drop off your documents to us.

If scheduling a time with your preparer, please provide your tax documents (including your completed tax organizer) at least one week before your appointment. Documents received after March 15, 2021 may necessitate filing a tax extension. With that, FBS will not charge a fee this year for individual extensions that require no tax calculation.

Our technical environments and processes are monitored 24 hours a day, under the supervision of our IT professionals. Our e-signature service and client portal were built and tested far in advance of this pandemic to ensure that we could assist our clients remotely for as long as necessary. As we have prepared for the impact of COVID-19 on the 2020-2021 tax season, we are taking these measures to safely get through this developing situation, while continuing to serve our clients effectively.

From your friends at Fullerton Business Service, we wish you the best in the new year!

Jeffrey Goodfriend, CPA • Tim Goodfriend, CPA • Christian Talbott, CPA
Bill Schroeder, CPA • Dalena Morris, CPA • Pamela Williams, EA
Danielle Tebbetts • Lisa Wofford • Mariela Jose

Thank you for your patronage. Included with this letter is our \$50 rewards voucher for your referrals!
(also available at our front desk or at www.FullertonBusinessService.com)

To schedule a phone or Zoom tax return appointment, please call 714-525-1123.

Hours: Effective January 25, 2021 our tax season hours will be:

Office hours: Monday- Friday: 9 am - 5 pm • Saturday: 8 am - 12 pm • Sunday: Closed

Phone or Zoom Tax Appt hours: Monday- Friday: 8 am - 6 pm • Saturday: 8 am - 12 pm • Sunday: Closed

OUR SERVICES

Tax Preparation and Planning Services - Fullerton Business Service specializes in individual and small business tax preparation and planning. Our CPAs use their expertise to provide you with tax saving opportunities, working for you to keep more of your earnings. We are price-competitive, approachable local tax experts. Our tax preparation services cover: Individual income tax • Corporate income tax – C corporations and S corporations • Partnership and LLC tax • Trust, Estate and Gift tax.

Tax Planning - to minimize taxes and maintain compliance with the tax code, our services include: Quarterly or annual income tax projections • Business and individual strategies • Retirement and compensation planning • Choice of business entity planning, including multiple entity strategies where appropriate • Representation services for audits before the IRS and state and local tax authorities.

1099 Preparation and Filing for Businesses and Trusts - There have been some changes in the way things are reported to the Internal Revenue Service when it comes to Non-Employee Compensation. The 1099-NEC is a new form that is used to report payments to independent contractors, gig workers or self-employed individuals who previously had their payments reported on box 7 of a 1099-MISC form. Rent and Interest will still be reported on the usual 1099.

What does this mean for you? Not too much. Please fill out the 1099 Preparation Log found on our website and be sure to indicate the type of compensation paid. If you have a mixture of 1099-NEC, 1099-MISC and 1099-INT forms to be prepared, it would be helpful to have them on separate logs or listed together.

All forms 1099 must be provided to payees by February 1, 2021. They should be prepared for anyone you pay for rent, outside services, labor, interest and commissions (over \$600.00 total). All legal fees need to be reported regardless of amount. Corporations are not issued 1099s (except attorneys and medical). Do not include any payments to vendors that you make with credit card, debit card, gift card or PayPal, these will be reported by the payment settlement entity.

If you would like us to prepare them for you, to guarantee that your 1099 forms are prepared on time, we must receive your completed 1099 Preparation Form by January 15, 2021. In many cases your payroll provider can also prepare your 1099's. Late filing may result in penalties.

Accounting and Bookkeeping Services - Fullerton Business Service offers a full-range of accurate and timely accounting and bookkeeping services customized to meet the needs of your small business: • Bookkeeping services outsourced – if you do not need or want in-house bookkeeping, Fullerton Business Service is able to do monthly or quarterly accounting at affordable rates • QuickBooks accounting system set up • QuickBooks training for small businesses • Cloud accounting • Remote access accounting services • Preparation of financial statements – CPA Reviewed Financial Statements and CPA Compiled Financial Statements, both suitable for third party use • Miscellaneous services, including sales tax filings and personal property tax filings.

Payroll Services - Fullerton Business Service offers small businesses a solution to their payroll needs. We personally handle "owner only" payrolls for small corporations, 100% electronically. For our clients with employees in addition to owners, we have an excellent referral to a payroll service partner.

Fees - We are one of the best values for quality, CPA-level tax preparation. Our base preparation fee for electronically filed federal and state returns remains the same at \$225 (discounts applied on returns for minor children). Reasonable fees will apply for in-office appointments, additional schedules, credit calculations, multiple forms input, lender correspondence, postage, and processing.

As a reminder to our business clients, we still offer our Early Bird Discount – 10% off return preparation when you submit your financial statements before noon on Tuesday, January 26, 2021.

Triple Protection Audit Guarantee - The IRS continues its historically high audit rates. You can protect yourself against high-cost audit representation by enrolling in our Triple Protection Plan. Here is what you receive:

Protection #1- If your tax return is audited, we will provide 12 hours of professional representation to resolve all issues with no additional charge.

Protection #2- Accuracy Guaranteed. Even if you have provided incorrect information, simply give us the correct information and we will re-run your return, at no additional charge, to reflect the changes.

Protection #3- Due to computer cross-checking by the IRS and FTB of reported data, there is much correspondence generated to taxpayers. We will respond in writing to all correspondence to keep these agencies off your back.

The fee for Triple Protection for individual tax returns is 20% of the return fee (minimum \$45.00) and for business tax returns 20% of the return fee (minimum \$100.00). Ask your tax preparer for details.

We are grateful for your referrals!

As our way of saying "thank you" we will give you a \$50 Gift Card for each *new client you refer to Fullerton Business Service this tax season.

Amazon.com or BJ's Restaurant...

You choose!

Simply fill in this Referral Rewards Voucher, return it to us and we will mail you your gift card.

Refer as many clients as you like...no limits!



**RESTAURANT
BREWHOUSE**

Your Name: _____

Your Address: _____

Best Contact Phone: _____

Name of Client Referred: _____

New Client's Appointment Date: _____

Gift Card Choice:

_____ Amazon.com _____ BJ's

* Offer Excludes discounted returns for minor children
Choice of preparer is not guaranteed

Please allow 2 weeks from new client's appointment date for processing

The Amazon.com logo, featuring the word "amazon.com" in a sans-serif font with a curved arrow underneath it.

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Checklist

Name:

SSN:

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2020 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2019 tax year.

Economic Impact Payment

Notice 1444

State and city refunds and other government payments (Form 1099-G)

Unemployment compensation

Other Income (provide supporting documentation for income received for the following items)

Sale of assets or property

Cancellation of debt

Other income _____

Payments (provide supporting documentation for payments made for the following items)

Educator classroom expenses

Employee business expenses

Contributions to a Health Savings Account

Expenses related to work relocation

Alimony

Student loan interest

Tuition and fees for higher education

Expenses related to child or dependent care

Contributions to a Retirement Savings Account

Medical and dental expenses

Real estate taxes

Other state and local taxes

Mortgage interest

Investment interest

Cash Contributions

Noncash Contributions

Unreimbursed employee expenses

Investment expenses

Gambling losses

Other payments _____

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

- Did your marital status change during the year?
If "Yes," explain _____
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain _____
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2200 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace?
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash in any U.S. savings bonds during the year?
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?

Questionnaire

Name:

SSN:

Questionnaire

- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain _____

Itemized Deduction Information

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Retirement Information

Yes No

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Questionnaire

Name:

SSN:

Questionnaire

Foreign Tax Information

Yes No

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?

Miscellaneous Information

Yes No

- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?

Yes No

- If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you own interest or shares in a Qualified Opportunity Fund?
- Did you apply an overpayment of your 2019 taxes to your 2020 estimated taxes?
- If you have an overpayment of 2020 taxes, do you want the refund applied to your 2021 estimated taxes?
- Did you make any estimated payments toward your 2020 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?

If "Yes," provide a canceled checking or savings slip.

- Apply entire refund
- Apply 1st Quarter Estimated Payments only
- Apply another amount:

Federal: _____
 State: _____
 State: _____

- Do you anticipate your income or withholdings to be different for 2020?
- Did you make any purchases subject to Use Tax?
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Do you have a 2020 Identity Protection PIN?
(The IRS assigns a new PIN each tax year if you have notified them of tax identity theft)
Taxpayer ID PIN: _____
Taxpayer Drivers Lic: _____
Spouse ID PIN: _____
Spouse Drivers Lic: _____

Please check your choice:

- I'd like to purchase Triple Protection coverage (see page 2 of newsletter for details).
- I'd like to receive a paper copy of my return in lieu of a PDF copy.
- I'd like to pick up my e-file authorization forms.
(If not selected, we will send the forms via email for an electronic signature)
- Please contact me to pick up my supporting documents.
(If not selected, we will mail to the address on your tax return.)

2020 Tax Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2020

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2020 enter the date of death _____

Other information

- Are you blind? Yes No
 Are you disabled? Yes No
 Are you a full-time student? Yes No
 Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No
 Yes No
 Yes No
 Yes No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency? Yes No

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return _____

COVID-19 Implications

Yes **No**

- Did you receive an Economic Impact Payment (EIP)?
 If "Yes," provide Notice 1444 from the IRS.
- Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
 Were you unemployed for any portion of the year due to COVID-19?
 Did you continue to receive wages from your employer even if you were unable to work?
 Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
 If you own a farm or business, did you continue to pay any employee while they were not working?
 If you own a farm or business, did you delay withholding FICA taxes from any employee's pay?
 If you own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?
 If "Yes," was the loan forgiven or have you applied for forgiveness? _____
- If you own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

Appointment Information

Your 2020 appointment is scheduled for _____

Additional Taxpayer Information

Name: _____

SSN: _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Identification Information

Taxpayer

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Spouse

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Other Income and Adjustments

Name:

SSN:

Other Income

Table with 3 columns: Description, 2020 Taxpayer, 2020 Spouse. Rows include Scholarships or grants not reported on Form W-2, State income tax refund, Social Security Benefits, Railroad Retirement Benefits, Alimony received, Unemployment compensation, Gambling winnings, Alaska Permanent Fund, ABLE distributions, and Other income.

Adjustments

Table with 3 columns: Description, 2020 Taxpayer, 2020 Spouse. Rows include Educator expenses, Contributions made to a Health Savings Account (HSA), Contributions made to a Self-Employed Pension plan (SEP), Payments made for Self-Employed Health Insurance, Alimony paid, Contributions made to an Individual Retirement Account (IRA), Contributions made to a Roth IRA, Interest paid on a student loan, and Other adjustments.

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2020

Table with 3 columns: Description, 2020 Taxpayer, 2020 Spouse. Rows include Number of miles from old home to old workplace, Number of miles from old home to new workplace, and Expense to move household goods and personal effects and lodging expenses while traveling to your new home.

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

- This business started or was acquired during 2020 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2020 Yes No You filed Forms 1099 for the individuals

Income

	2020		2020
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		_____

Expenses

	2020		2020
Advertising	_____	Travel	_____
Car & truck expenses	_____	Total meals	_____
Commissions & fees	_____	Utilities	_____
Contract labor	_____	Wages	_____
Depletion	_____	Other expenses (list)	_____
Employee benefit programs	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage	_____		_____
Interest - other	_____		_____
Legal & professional services	_____		_____
Office expenses	_____		_____
Pension & profit sharing plans	_____		_____
Rent or lease (vehicles, machinery, & equipment)	_____		_____
Rent (other business property)	_____		_____
Repairs & maintenance	_____		_____
Supplies	_____		_____
Taxes & licenses	_____		_____

Cost of Goods Sold

	2020		2020
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method	

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> This vehicle is available for use during off-duty hours
Yes <input type="checkbox"/> No <input type="checkbox"/> Another vehicle is available for personal use | Yes <input type="checkbox"/> No <input type="checkbox"/> There is evidence to support your deduction
Yes <input type="checkbox"/> No <input type="checkbox"/> The evidence is written |
|--|--|

Mileage

Number of miles the vehicle was driven during 2020

- Business _____
- Commuting _____
- Other _____

Expenses

- | | |
|------------------------------|-------------------------------|
| Garage rent _____ | Repairs _____ |
| Gas _____ | Tires _____ |
| Insurance _____ | Tolls _____ |
| Licenses _____ | Lease addback _____ |
| Oil _____ | Other expenses _____ |
| Parking fees _____ | _____ |
| Rental fees _____ | _____ |
| Interest _____ | _____ |
| Property tax _____ | _____ |

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

- | | | |
|--|-------|-------|
| Mortgage interest _____ | _____ | _____ |
| Real estate taxes _____ | _____ | _____ |
| Excess mortgage interest _____ | _____ | _____ |
| Excess real estate taxes _____ | _____ | _____ |
| Insurance _____ | _____ | _____ |
| Rent _____ | _____ | _____ |
| Repairs & maintenance _____ | _____ | _____ |
| Utilities _____ | _____ | _____ |
| Other expenses _____ | _____ | _____ |

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____
 Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | | |
|---|--|---|
| <input type="checkbox"/> This property is your main home or second home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2020 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

	2020	2020
Rent income		
Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising			If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel			
Cleaning & maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depletion			
Other expenses			

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical & dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses & contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

State and local income taxes
Sales tax
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

Mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home
Mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount