

## 2019 Tax Organizer Personal and Dependent Information

### Personal Information

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

#### Marital Status at end of 2019

Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2019 enter the date of death \_\_\_\_\_

#### Other information

Are you blind?  
 Are you disabled?  
 Are you a full-time student?  
 Do you want \$3 to go to the Presidential Election Campaign Fund?

#### Taxpayer

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student

List dependents required to file a return \_\_\_\_\_

### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2018	_____	_____	_____	_____	_____	_____
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

### Appointment Information

Your 2019 appointment is scheduled for \_\_\_\_\_

### Child and Dependent Care

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Child Care Provider's Information

		2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

		2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

		2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

		2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____		
Name _____			
Street address _____			
City _____		Phone _____	
<b>U.S. only</b>	State, ZIP _____		
<b>Foreign only</b>	Province/State, Country, Postal code _____		

## Wages and Salaries

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form W-2**

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

	2019	2018		2019	2018
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

	2019	2018		2019	2018
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					





**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Principal business product or profession \_\_\_\_\_ Business code \_\_\_\_\_

Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

Inventory method, if not cost  Lower of cost or market  Other \_\_\_\_\_

Change of inventory method  Yes  No

You started or acquired this business during 2019

Some investment is NOT at risk

You disposed of this property during 2019

Did you make any payments in 2019 that would require you to file Forms 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099 for the individuals?  Yes  No

**Other Information**

	2019	2018
Family health coverage . . . . .	_____	_____

**Income**

	2019	2018
Gross receipts or sales . . . . .	_____	_____
Returns and allowances . . . . .	_____	_____
Other income . . . . .	_____	_____

**Cost of Goods Sold**

	2019	2018
Inventory at beginning of the year . . . . .	_____	_____
Purchases (less cost of items withdrawn for personal use) . . . . .	_____	_____
Cost of labor . . . . .	_____	_____
Materials and supplies . . . . .	_____	_____
Other costs (list on detail worksheet) . . . . .	_____	_____
Inventory at end of year . . . . .	_____	_____





Casualties and Thefts

Name:

SSN:

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Installment Sale Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____ Date sold _____	2019	Prior years
Selling price . . . . .	_____	
Mortgages assumed . . . . .	_____	
Cost of property sold . . . . .	_____	
Depreciation allowed . . . . .	_____	
Commissions and expense of sale . . . . .	_____	
Gross profit percentage . . . . .	_____	
Interest received . . . . .	_____	
Principal payments received . . . . .	_____	

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____ Date sold _____	2019	Prior years
Selling price . . . . .	_____	
Mortgages assumed . . . . .	_____	
Cost of property sold . . . . .	_____	
Depreciation allowed . . . . .	_____	
Commissions and expense of sale . . . . .	_____	
Gross profit percentage . . . . .	_____	
Interest received . . . . .	_____	
Principal payments received . . . . .	_____	

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____ Date sold _____	2019	Prior years
Selling price . . . . .	_____	
Mortgages assumed . . . . .	_____	
Cost of property sold . . . . .	_____	
Depreciation allowed . . . . .	_____	
Commissions and expense of sale . . . . .	_____	
Gross profit percentage . . . . .	_____	
Interest received . . . . .	_____	
Principal payments received . . . . .	_____	

**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 2019            | <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**

	2019	2018		2019	2018
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.
Auto & travel . . . . .	_____	_____	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	_____	_____	
Commissions . . . . .	_____	_____	_____	_____	
Insurance . . . . .	_____	_____	_____	_____	
Legal & professional fees . . . . .	_____	_____	_____	_____	
Management fees . . . . .	_____	_____	_____	_____	
Mortgage interest . . . . .	_____	_____	_____	_____	
Other interest . . . . .	_____	_____	_____	_____	
Repairs . . . . .	_____	_____	_____	_____	
Supplies . . . . .	_____	_____	_____	_____	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.
Taxes . . . . .	_____	_____	_____	_____	
Utilities . . . . .	_____	_____	_____	_____	
Depletion . . . . .	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	



**Form 4835 - Farm Rental Income and Expenses**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2019

**Income**

	2019	2018		2019	2018
Income from production of livestock, grains, and other crops . . . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2019 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2020		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2018 . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____			

**Expenses**

	2019	2018		2019	2018
Car & truck expenses . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Other expenses (list)		
Freight & trucking . . . . .	_____	_____	_____	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery & equip . . . . .	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____	_____

### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2019

Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes  No You filed Forms 1099 for the individuals

**Income**

	2019	2018		2019	2018
Sale of livestock / other items . . . . .	_____	_____	Custom hire income . . . . .	_____	_____
Cost of items bought for resale . . . . .	_____	_____	Beginning inventory for accrual . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____	Ending inventory for accrual . . . . .	_____	_____
Total cooperative distributions . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total agricultural payments . . . . .	_____	_____	Other income . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported . . . . .	_____	_____	_____	_____	_____
CCC loans forfeited . . . . .	_____	_____	_____	_____	_____
Crop insurance proceeds:					
Amount received in 2019 . . . . .	_____	_____	_____	_____	_____
<input type="checkbox"/> You elect to defer to 2020					
Amount deferred from 2018 . . . . .	_____	_____	_____	_____	_____

**Expenses**

	2019	2018		2019	2018
Car & truck expenses . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Taxes . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Utilities . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Other expenses . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Non-W-2 labor hired . . . . .	_____	_____	_____	_____	_____
W-2 wages paid . . . . .	_____	_____	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery, & equip	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2019	2018		2019	2018
Unemployment compensation . . . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . . . . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2019	2018		2019	2018
Unemployment compensation . . . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . . . . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

Form 1099-MISC

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1099-MISC**

TS \_\_\_\_\_ For \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Address: \_\_\_\_\_

	2019	2018		2019	2018
Rents . . . . .	_____	_____	State _____ State I.D. _____	_____	_____
Royalties . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Other income . . . . .	_____	_____	State income . . . . .	_____	_____
Description _____			Name of locality _____		
Federal tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Fishing boat proceeds . . . . .	_____	_____	Local income . . . . .	_____	_____
Medical and health care payments . .	_____	_____	State _____ State I.D. _____	_____	_____
Non-employee compensation . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Substitute payments . . . . .	_____	_____	State income . . . . .	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Excess golden parachute . . . . .	_____	_____	Local income . . . . .	_____	_____
Gross attorney proceeds . . . . .	_____	_____			
Taxable Proceeds . . . . .	_____	_____			
Section 409A deferrals . . . . .	_____	_____			
Section 409A income . . . . .	_____	_____			

**Pension, Annuities, Retirement, Etc. Distributions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.**

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2019	2018		2019	2018
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .		
Gross distribution . . . . .			State distribution . . . . .		
Taxable amount . . . . .			Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .		
Capital gain . . . . .			Local distribution . . . . .		
Federal income tax withheld . . . . .			State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .			State income tax withheld . . . . .		
Distribution code(s) . . . . .			State distribution . . . . .		
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution			Local income tax withheld . . . . .		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution . . . . .		

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2019	2018		2019	2018
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .		
Gross distribution . . . . .			State distribution . . . . .		
Taxable amount . . . . .			Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .		
Capital gain . . . . .			Local distribution . . . . .		
Federal income tax withheld . . . . .			State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .			State income tax withheld . . . . .		
Distribution code(s) . . . . .			State distribution . . . . .		
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution			Local income tax withheld . . . . .		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution . . . . .		

**Social Security Benefit Statement**

TS _____	2019	2018	TS _____	2019	2018
Net benefits . . . . .			Net benefits . . . . .		
Medicare premiums . . . . .			Medicare premiums . . . . .		
Income tax withheld . . . . .			Income tax withheld . . . . .		

## Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Moving Expenses

TSJ \_\_\_\_\_

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.

**2019**

**2018**

Enter the number of miles from your OLD home to your NEW workplace . . . . .		
Enter the number of miles from your OLD home to your OLD workplace . . . . .		
Enter the amount you paid for transportation and storage of household goods and personal effects . . . . .		
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)		
Enter the amount of moving expenses reimbursed to you by your employer . . . . .		

### Self-Employed Health Insurance

TSJ \_\_\_\_\_

**2019**

**2018**

Enter the qualified long term care amount . . . . .		
Enter your Medicare wages from an S corporation . . . . .		

### Self-Employed Pensions

TSJ \_\_\_\_\_

**2019**

**2018**

Enter your plan contribution rate as a decimal . . . . .		
Enter your allowable elective deferrals made during 2019 . . . . .		
Enter your catch-up contributions . . . . .		
Enter the amount of designated ROTH contributions included above . . . . .		

### Nondeductible IRAs

TS \_\_\_\_\_

**2019**

**2018**

Total traditional IRA contributions made for 2019 . . . . .		
Total basis in traditional IRAs as of 12/31/2019 . . . . .		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) . . . . .		
Amount of traditional IRAs converted to ROTH IRAs . . . . .		
IRA basis before conversion . . . . .		
Total ROTH IRA contributions made for 2019 . . . . .		

### Health Savings Account

TSJ \_\_\_\_\_

**2019**

**2018**

HSA contributions made for 2019 . . . . .		
Total distributions from all HSAs during 2019 . . . . .		
Distributions included above that were rolled over into another account . . . . .		
Qualified medical expenses paid using HSA distributions . . . . .		

### Noncash Charitable Contributions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

Did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency at any time during 2019?

	2019 Taxpayer	2018 Taxpayer	2019 Spouse	2018 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
Alimony received				
Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2019 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2019 Taxpayer	2018 Taxpayer	2019 Spouse	2018 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____	_____	_____
Alimony paid				
Name _____	_____	_____	_____	_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____	_____	_____	_____	_____
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____



## Mortgage Interest

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1098**

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2019	2018		2019	2018
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2019	2018		2019	2018
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2019	2018		2019	2018
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2019	2018		2019	2018
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real Estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

## Employee Business Expense

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Employee Business Expense

TSJ \_\_\_\_\_ Occupation \_\_\_\_\_

- You are a qualifying performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy

#### Part I - Employee Business Expense and Reimbursements

	2019	2018
Parking fees, tolls, and local transportation, including train, bus, etc. . . . .		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .		
Other business expenses . . . . .		
Meals . . . . .		
DOT meals . . . . .		
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for . . . . .		
Other business expenses . . . . .		
Meals . . . . .		
Portion of total expenses that is for impairment-related work expenses of disabled employee . . . . .		
Portion of total expenses that is for an Armed Forces reservist . . . . .		

### Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2019	2018	2019	2018
Enter the date vehicle was placed in service . . . . .				
Total miles vehicle was driven during 2019 . . . . .				
Business miles . . . . .				
Average daily roundtrip commuting distance . . . . .				
Commuting miles included in total miles above . . . . .				
Taxes . . . . .				
Gasoline, oil, repairs, vehicle insurance, etc. . . . .				
Vehicle rentals . . . . .				
Inclusion amount . . . . .				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .				
Enter cost or other basis . . . . .				
Enter section 179 deduction . . . . .				
Enter depreciation percentage . . . . .				
If your employer provided a vehicle, was personal use during off duty hours permitted? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you or your spouse have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

### Auto Expense Worksheet

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Was this vehicle available for use during off-duty hours?  Yes  No

Do you or your spouse have another vehicle available for personal use?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:

	2019	2018		Prior year total
a Business . . . . .	_____		Business	
b Commuting . . . . .	_____		Total	
c Other . . . . .	_____			

**Expenses**

	2019	2018
Garage rent . . . . .	_____	
Gas . . . . .	_____	
Insurance . . . . .	_____	
Licenses . . . . .	_____	
Oil . . . . .	_____	
Parking fees . . . . .	_____	
Rental fees . . . . .	_____	
Interest . . . . .	_____	
Property tax . . . . .	_____	
Repairs . . . . .	_____	
Tires . . . . .	_____	
Tolls . . . . .	_____	
Lease addbacks . . . . .	_____	
Other expenses (list):	Apply business %	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	

## Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Business Use of Home

TSJ \_\_\_\_\_ For \_\_\_\_\_

	2019	2018
Square footage of home used exclusively for business . . . . .		
Total square footage of home . . . . .		

### Use of Home for Daycare

	2019	2018
Area used part time for business . . . . .		
Total hours used for daycare . . . . .		
Total hours available . . . . .		

Did you live in the home all year?     Yes     No

### Expenses

	Office expenses		Home expenses		
	2019	2018	2019	2018	
Mortgage interest . . . . .					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.
Real estate taxes . . . . .					
Excess mortgage interest . . . . .					
Excess real estate taxes . . . . .					
Insurance . . . . .					
Rent . . . . .					
Repairs & maintenance . . . . .					
Utilities . . . . .					
Other expenses . . . . .					

### Cost of Home

	2019	2018
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land		
Date placed in service . . . . .		
Date taken out of service . . . . .		



## Foreign Earned Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Part I - General Information

**Taxpayer's foreign address**

Street 1 . . . . . \_\_\_\_\_

Street 2 . . . . . \_\_\_\_\_

Foreign city . . . . . \_\_\_\_\_

Province/State . . . . . \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Occupation . . . . . \_\_\_\_\_

Employer's name . . . . . \_\_\_\_\_

**Employer's U.S. address**

Street . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Employer's foreign address**

Street 1 . . . . . \_\_\_\_\_

Street 2 . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_

Province/State . . . . . \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

**Employer is: (check any that apply)**

- A foreign entity                       A U.S. company                       Self  
 A foreign affiliate of a U.S. company                       Other (specify): \_\_\_\_\_

If you have previously filed Form 2555, enter the last year you filed Form 2555. \_\_\_\_\_

If you claimed an exclusion in an earlier year, have you ever revoked your choice?                       Yes                       No

If "Yes," give the type of exclusion \_\_\_\_\_ and tax year \_\_\_\_\_

Of which country are you a citizen? \_\_\_\_\_

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?                       Yes                       No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of days
_____	_____
_____	_____
_____	_____

List your tax homes during your tax year and dates established

Home	Date established
_____	_____
_____	_____
_____	_____

Foreign Earned Income

Name:

SSN:

Part II - Bona Fide Residence Test

Date bona fide residence began \_\_\_\_\_, ended \_\_\_\_\_

Type of living quarters in foreign country
Purchased house, Rented house or apartment, Rented room, Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No
If yes, who and for what period Relationship For what period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year, enter the information below.

Table with 8 columns: Date arrived in U.S., Date left U.S., Number of days in U.S. on business, Income earned in U.S. on business. Two sets of columns separated by a vertical line.

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country: \_\_\_\_\_ Yes No

Did your visa limit the length of your stay or employment in a foreign country? Yes No

If yes, explain \_\_\_\_\_

Did you maintain a home in the United States while living abroad? Yes No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of occupant \_\_\_\_\_ Relationship of occupant \_\_\_\_\_

Was the home rented? Yes No

Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: \_\_\_\_\_ through: \_\_\_\_\_

Enter your principal country of employment during your tax year: \_\_\_\_\_

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." Do not include the income listed in the last column below in Part IV, but report it on Form 1040.

Table with 6 columns: Name of country (including U.S.), Date arrived, Date left, Full days present in country, Number of days in U.S. on business, Income earned in U.S. on business (attach computation)

**Foreign Earned Income**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Part IV - Foreign Earned Income**

**2019**

**2018**

Total wages, salaries, bonuses, commissions, etc. . . . .	_____	_____
Allowable share of income for personal services performed:		
In a business (including farming) or profession . . . . .	_____	_____
In a partnership (list name, address, and type of income)	_____	_____

**Noncash income:**

Home (lodging) . . . . .	_____	_____
Meals . . . . .	_____	_____
Car . . . . .	_____	_____
Other property or facility (specify) _____	_____	_____

**Allowances, reimbursements, or expenses paid on your behalf for services performed:**

Cost of living and overseas differential . . . . .	_____	_____
Family . . . . .	_____	_____
Education . . . . .	_____	_____
Home leave . . . . .	_____	_____
Quarters . . . . .	_____	_____
Other (specify) _____	_____	_____
Other foreign earned income (specify): _____	_____	_____
Meals and lodging that are excludable . . . . .	_____	_____

**For Taxpayers Claiming the Housing Exclusion or Deduction**

**2019**

**2018**

Qualified housing expenses for the tax year . . . . .	_____	_____
Location where housing expenses incurred _____		
Limit on housing expenses . . . . .	_____	_____
Enter the number of days in qualifying period that fall within your 2019 tax year . . . . .	_____	_____
Enter employer-provided amounts . . . . .	_____	_____

**For Taxpayers Claiming the Foreign Earned Income Exclusion**

**2019**

**2018**

Enter the number of days in qualifying period that fall within your 2019 tax year . . . . .	_____	_____
---	-------	-------

Education Credits and Deduction

Name:

SSN:

Provide all Form(s) 1098-T

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? . . . . .

Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? . . . . .

Did the student complete the first four years of post-secondary education before 2019? . . . . .

Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? . . . . .

Is the student pursuing a degree? . . . . .

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2019	2018
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . .	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution . . . . .	_____	_____
Tax-free education assistance received in 2019 allocable to the academic period . . . . .	_____	_____
Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period . . . . .	_____	_____
Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed . . . . .	_____	_____

Educational Institution Name: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? . . . . .

Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? . . . . .

Did the student complete the first four years of post-secondary education before 2019? . . . . .

Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? . . . . .

Is the student pursuing a degree? . . . . .

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2019	2018
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . .	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution . . . . .	_____	_____
Tax-free education assistance received in 2019 allocable to the academic period . . . . .	_____	_____
Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period . . . . .	_____	_____
Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed . . . . .	_____	_____

Educational Institution Name: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

Credits

Name:

SSN:

Form 5695 - Residential Energy Credit

TSJ \_\_\_\_\_

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs . . . . . \_\_\_\_\_

Qualified water heating property costs . . . . . \_\_\_\_\_

Qualified small wind energy property costs . . . . . \_\_\_\_\_

Qualified geothermal heat pump property costs . . . . . \_\_\_\_\_

Was qualified fuel cell property installed on or in your main home in the U.S.?  Yes  No

Address of main home \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Qualified fuel cell property costs . . . . . \_\_\_\_\_

Kilowatt capacity of property on line 22 . . . . . \_\_\_\_\_

Amount of unused credit from 2018 Form 5695, line 28 . . . . . \_\_\_\_\_

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ \_\_\_\_\_

Vehicle 1

Vehicle 2

Year of vehicle . . . . . \_\_\_\_\_

Make of vehicle . . . . . \_\_\_\_\_

Model of vehicle . . . . . \_\_\_\_\_

Vehicle Identification Number . . . . . \_\_\_\_\_

Date vehicle was placed in service . . . . . \_\_\_\_\_

Credit allowable . . . . . \_\_\_\_\_

Phaseout percentage . . . . . \_\_\_\_\_



