

January 1, 2020

Dear Client:

Thank you for selecting Argy & Company to assist you in preparing your personal income tax returns. This letter confirms the terms of our engagement and the nature, timing, and limitations of the services we will provide.

We will prepare your 2019 federal and state personal income tax returns from information you furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to request clarification and/or documentation of some of the information. Generally, we will rely on your representation that you have maintained the documentation required by law to support the information you provide, including expenses for meals, entertainment, travel, gifts, vehicle use, charitable contributions, etc. If you are not clear regarding what documentation is needed for any given item of income or deduction, we'd be happy to discuss it with you or you can look it up on our website at www.argyco.com. Note that you have the final responsibility for the income tax returns and, therefore, you should carefully review them before you sign and file them.

We have provided an organizer for your use. While we don't require its use, it may serve as a useful "tickler" to remind you of items to provide to us. Nonetheless, provide us with originals or copies of originals of all government tax documents including W-2s, 1099s, 1098s, and property tax statements. If you mail us your documents, we recommend using a company that provides tracking of the shipment.

We will use professional judgment in resolving issues when the tax law is unclear or when there is conflict among the authorities.

The filing deadline for the tax returns is April 15, 2020. In order to meet this filing deadline, we must receive your information in substantially complete form by April 1.

If an extension of time to file is required, we will use the information available to us at the time to prepare the extension. To prepare a valid, accurate extension, we need as much information as is available. We also need your express approval to file the extension on your behalf. An extension, however, only provides you with an extension to file, not an extension to pay. Taxes paid after April 15 will result in penalties and interest.

Under both federal and California law, we are required to electronically file your returns. However, you may opt out of electronically filing without explanation. If you would rather not e-file please let us know and we will provide you with the government opt-out forms you must sign and return to us.

If a joint return is prepared, tax returns and copies of all supporting documentation will be made available to either spouse without the consent or notification of the other spouse.

You are responsible for reporting foreign activities. By signing this letter, you acknowledge that you will inform us if you have income from foreign sources or if you have signatory authority over any foreign account. If you are unsure whether income or an account is foreign, we will review it. Note that the penalties for failure to report foreign activities are severe.

By signing this agreement, you authorize Argy & Company to execute the Online Account View Access Authorization on the Franchise Tax Board's website. You understand Argy & Company will have view only access to all the tax year information available on the FTB's website that is associated with you. This authorization remains in effect until you revoke it in writing.

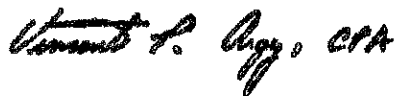
Your tax returns may be selected for review by the taxing authorities. If the government selects your return for examination, we will be available to assist you. At our discretion, there may be additional fees for this service.

We generally retain, for seven years, the final work product generated for our clients. After the retention period, the documents are destroyed. We do not keep original documents — they are returned to you after completion of the returns. It is your responsibility to retain your records for possible future use, including possible examination by the taxing authorities.

Our fees for tax preparation services are based on the amount of time required at our standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter and return it to our office. Work cannot commence until a signed copy of this document is returned. If this is a joint return, both spouses must sign.

Very truly yours,



Vincent P. Argy, CPA

Acknowledged:

TAXPAYER

SPOUSE

Signature: _____

Signature: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

ADDITIONAL ITEMS YOU SHOULD BRING TO YOUR TAX INTERVIEW (THAT YOUR ORGANIZER MIGHT NOT LIST)

1. 1099-Ks for merchant charges. Reconcile amounts on 1099s to amounts reported by the client for Schedules C or E (or business entity return)
 2. 1099-Bs for sales of stock or securities. Reconcile amounts on 1099s to amounts shown on client reports, if any.
 3. Property tax statements: Look at property tax bills and estimate of value of real property in California to verify that the county has properly computed tax based on reduced property values.
 4. Review government documents (W-2s, 1099s) for federal/California differences.
 5. Paycheck stubs to review 2020 withholding.
 6. Statements and instructions from mutual fund companies breaking down U.S. government and state tax-exempt income information
 7. All tax information broken out separately for both members of a registered domestic partnership
 8. Notices, bills, etc., from the IRS or California
 9. New clients should bring the past two years' California returns.
 10. For the Child and Dependent Care Expenses Credit:
 - Nontaxable funds received, including child support and public assistance;
 - Percentage of time the qualifying dependent lives in the California home of the taxpayer;
 - Address, telephone number, and Social Security number or Employer Identification Number of the care providers;
 - Expenses paid to California providers; and
 - Nonresident military spouse's military income
 11. California K-1 and accompanying correspondence (check for California differences and possible state tax paid by S corporation, partnership, trust, or LLC).
 12. Withholding paid through escrow on sales of property reported on FTB Form 593-B and closing statements. Keep a copy of the escrow closing statement and Form 593-B.
 13. Withholding for residents and nonresidents reported on FTB Form 592-B
 14. Invoices from purchases made over the Internet, by mail, or by phone order where no California sales or use tax was paid (or, if the use tax table amount is used, only individual purchases of more than \$1,000).
 15. Any activity pertaining to a Health Savings Account, including contributions to, earnings or losses from, distributions from, and rollovers to that account
 16. Rollover or distribution amounts from Medical Savings Accounts, FSAs, HRAs, and Roth IRA conversions
 17. Did the taxpayer form a business entity this year, does the taxpayer own an inactive business, or does he or she plan to terminate a business this year?
 18. Payroll records for 2018 if number of employees increased in 2019 (for businesses operating in designated geographic areas (DGAs)).
 19. Change of ownership of business entity
 20. Title change information for property that changed hands due to gift or death of an owner.
 21. For employers with no more than 25 full-time equivalent employees, review for possible federal Health Insurance Credit. If credit is taken, there will be a federal/California difference in the expense amount for employee health insurance.
 22. For Schedule C and other business returns, alert the taxpayer of the requirement for a city business license.
 23. Identity Protection PIN (IP PIN): If you received a CP101A Notice from the IRS in December, your IP PIN is located in the left column. Please provide a copy of this letter.
 24. For all documents, please provide a scan, photocopy, or fax. Do not send photos taken with a cell phone.
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2019	1040	US	Tax Organizer
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Argy & Company
 10231 Slater Ave., Suite 112
 Fountain Valley CA 92708
 Telephone number: 714-964-1748
 Fax number: 714-965-2876
 E-mail address: vinceargy@aol.com

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2019 tax return. Please enter all pertinent 2019 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial . . .		
Last name		
Title/suffix		
Social security number . . .		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

2019 1040 US Tax Organizer

Please enter all pertinent 2019 information. If you have attached a government form for an item, check the box and do not enter a 2019 amount.

WAGES, SALARIES AND TIPS

Employer name:

Form with 5 rows for entering employer names.

Table with 2 columns: 2019 Amount, 2018 Amount. Contains 'Attach Forms W-2'.

INTEREST INCOME

Payer name:

Form with 5 rows for entering payer names.

Table with 2 columns: 2019 Amount, 2018 Amount. Contains 'Attach Forms 1099-INT'.

DIVIDEND INCOME

Payer name:

Form with 5 rows for entering payer names.

Table with 2 columns: 2019 Amount, 2018 Amount. Contains 'Attach Forms 1099-DIV'.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Form with 5 rows for entering payer names.

Table with 2 columns: 2019 Amount, 2018 Amount. Contains 'Attach Forms 1099-R & W-2G'.

Winnings not reported on W-2G... Total gambling losses...

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock... Form 1099-MISC - Miscellaneous income... Form 1099-K - Merchant card... Form 1099-S - Sales of real estate...

Table with 2 columns: 2019 Amount, 2018 Amount. Contains 'Attach Forms 1099'.

- Form 1099-G - State tax refunds...

Table with 2 columns: 2019 Amount, 2018 Amount. Contains 'Attach Forms 1099'.

Taxpayer:

- Form SSA-1099 - Social security benefits... Form 1099-G - Unemployment compensation... Form 1099-Q (529 Plan)... Form 1099-QA/5498-QA (ABLE Accounts)...

Table with 2 columns: 2019 Amount, 2018 Amount. Contains 'Attach Forms 1099'.

Spouse:

- Form SSA-1099 - Social security benefits... Form 1099-G - Unemployment compensation... Form 1099-Q (529 Plan)... Form 1099-QA/5498-QA (ABLE Accounts)...

Table with 2 columns: 2019 Amount, 2018 Amount. Contains 'Attach Forms 1099'.

2019 1040 US Tax Organizer

MISCELLANEOUS INCOME

Taxpayer: Alimony received
Spouse: Alimony received
Other:

Table with 2 columns for 2019 and 2018 amounts for miscellaneous income.

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
Spouse: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

2019 Amount 2018 Amount

Table with 2 columns for 2019 and 2018 amounts for retirement plan contributions.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
Form 1098-T - Tuition and related expenses

Attach Forms 1098

Table for attaching forms 1098.

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement
Form 1095-B - Health Coverage
Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Attach Forms 1095

Table for attaching forms 1095.

ADJUSTMENTS TO INCOME

Taxpayer: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table for adjustments to income for taxpayer.

Alimony paid - Recipient name & SSN

Table for alimony paid for taxpayer.

Spouse: Self-employed health insurance premiums
Educator expenses
Other adjustments to income:

Table for adjustments to income for spouse.

Alimony paid - Recipient name & SSN

Table for alimony paid for spouse.

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement
Out-of-pocket lodging and transportation expenses
Number of medical miles
Other:

Table for medical and dental expenses.

TAXES PAID

State income taxes - 1/19 payment on 2018 state estimate

Table for taxes paid.

2019 1040 US Tax Organizer

TAXES PAID (continued)

State income taxes - paid with 2018 state extension
State income taxes - paid with 2018 state return
State income taxes - paid for prior years and/or to other states
City/local income taxes - 1/19 payment on 2018 city/local estimate
City/local income taxes - paid with 2018 city/local extension
City/local income taxes - paid with 2018 city/local return
State and local sales taxes (except autos and special items)
Use taxes paid on 2019 purchases
Use taxes paid on 2018 state return
Sales tax on autos not included above
Sales taxes paid on boats, aircraft, and other special items
Real estate taxes - principal residence
Real estate taxes - property held for investment
Foreign income taxes
Personal property taxes (including automobile fees in some states)

Table with 2 columns: 2019 Amount, 2018 Amount. Includes a row for Attach Tax Notice.

INTEREST PAID

Home mortgage interest and points paid:
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

Table with 2 columns: 2019 Amount, 2018 Amount. Includes a row for Attach Forms 1098.

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts
Investment interest (interest on margin accounts):
Passive interest

Table with 2 columns: 2019 Amount, 2018 Amount.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket)
Number of charitable miles

Table with 2 columns: 2019 Amount, 2018 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Union and professional dues
Tax return preparation fee
Safe deposit box rental
Investment expenses
Estate tax, section 691(c)
Unreimbursed employee expenses:

Table with 2 columns: 2019 Amount, 2018 Amount.

Other:

2019

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |

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Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2019 Amount	2018 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2019

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US

Rental & Royalty Income (Schedule E)

No. []

18

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Table with columns for 2019 Amount, 2018 Amount, and Type of Property. Rows include Description of property, Street address, City, State, ZIP code, Type of property, Other type of property, and Number of days rented.

Table for ownership and participation details. Rows include Percentage of ownership, Percentage of tenant occupancy, 1=spouse, 2=joint, 1=qualified joint venture, 1=nonpassive activity, 2=passive royalty, and If required to file Form(s) 1099.

INCOME

Table with columns for 2019 Amount and 2018 Amount. Row: Rents or royalties received.

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Large table for listing direct expenses. Rows include Advertising, Association dues, Auto and travel, Cleaning and maintenance, Commissions, Gardening, Insurance, Legal and professional fees, Licenses and permits, Management fees, Miscellaneous, Mortgage interest, Qualified mortgage insurance premiums, Excess mortgage interest, Other interest, Painting and decorating, Pest control, Plumbing and electrical, Repairs, Supplies, Taxes - real estate, Taxes - other, Telephone, Utilities, Wages and salaries, and Other.

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2019

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US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2019 Amount	2018 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

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US

Adjustments to Income

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Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered.				
2019 payments from 1/1/20 to 4/15/20				

ROTH IRA CONTRIBUTIONS

	2019 Amount	2018 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				

SIMPLE contributions:

	2019 Amount	2018 Amount
	Taxpayer	Spouse
Self-employed SIMPLE contributions you made or expect to make (1=maximum)		
Employer matching rate if not .03 (.xxxx)		
1=nonelective contributions (2%)		
Contributions made to date		

ADJUSTMENTS TO INCOME

	2019 Amount	2018 Amount
	Taxpayer	Spouse
Self-employed health insurance:		
Total premiums (excluding long-term care)		
Long-term care premiums		
Student loan interest paid (1098-E, box 1)		
Educator expenses (kindergarten thru grade 12)		
Jury duty pay given to employer		
Expenses from rental of personal property		
Other adjustments to income:		

Alimony paid:

	Taxpayer	Spouse
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2018 amt:	2018 amt:

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

Form	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.)	<input type="text"/>	
1=spouse	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	
1=minister's expenses	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2019 Amount	2018 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.)	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1	<input type="text"/>	<input type="text"/>
Other business expenses:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2019

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US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner.....
- 1=vehicle is available for off-duty personal use.....
- 1=no other vehicle is available for personal use.....
- 1=no evidence to support your deduction.....
- 1=no written evidence to support your deduction.....

2019 Amount	2018 Amount

VEHICLE 1

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of business use if changed from 100% personal use.....
- Parking fees and tolls (business portion only).....
- Actual expenses:
 - Gasoline, lube, oil.....
 - Repairs.....
 - Tires.....
 - Insurance.....
 - Miscellaneous.....
 - Auto license (other than personal property taxes).....
 - Personal property taxes (based on car's value).....
 - Interest (car loan) (for Schedule C, E & F).....
 - Vehicle rent or lease payments.....
 - Inclusion amount (enter as positive).....
 - Value of employer-provided vehicle on Form W-2 (2106).....

VEHICLE 2

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of business use if changed from 100% personal use.....
- Parking fees and tolls (business portion only).....
- Actual expenses:
 - Gasoline, lube, oil.....
 - Repairs.....
 - Tires.....
 - Insurance.....
 - Miscellaneous.....
 - Auto license (other than personal property taxes).....
 - Personal property taxes (based on car's value).....
 - Interest (car loan) (for Schedule C, E and F).....
 - Vehicle rent or lease payments.....
 - Inclusion amount (enter as positive).....
 - Value of employer-provided vehicle on Form W-2 (2106).....

2019

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US

Education Credits / Tuition Deduction

No.

38

Please complete the information below if you paid qualified education expenses in 2019 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse
First name
Last name
Social security number
Number of years hope credit claimed
Number of prior years AOC claimed
1=student was NOT enrolled at least half-time for at least one academic period that began in 2019 (or the first 3 months of 2020 if the qualified expenses were made in 2019) at an eligible institution in a qualified program.
1=student completed first four years of post-secondary education before 2019.
1=student was convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance.

Form with shaded area for student information

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name
Street address
City
State
ZIP code
1=2019 Form 1098-T was NOT received.
1=2019 Form 1098-T received with Box 2 & 7 completed.
1=2018 Form 1098-T received with Box 2 & 7 completed.
Federal ID number from Form 1098-T.

Form with shaded area for educational institution #1

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name
Street address
City
State
ZIP code
1=2019 Form 1098-T was NOT received.
1=2019 Form 1098-T received with Box 2 & 7 completed.
1=2018 Form 1098-T received with Box 2 & 7 completed.
Federal ID number from Form 1098-T.

Form with shaded area for educational institution #2

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2019 (net of refund or assistance, & not entered elsewhere).
Books & supplies required to be purchased from institution.
Books & supplies not entered above.
Amount of prior year refund or assistance *

Table with columns: 2019 Amount, 2018 Amount

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2019

1040

US

Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.

Lined area for providing additional information or supporting details.