

2020

1040

US

Tax Organizer

Tax Return Appointment

Date:
Time:
Location:

Telephone number:
Fax number:
E-mail address:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please enter all pertinent 2020 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

Form with fields for Client Information: First name and initial, Last name, Title/suffix, Social security number, Occupation, Date of birth, Date of death, 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.

Form with fields for Dependent No. 1: First name, Last name, Title/suffix, Date of birth, Date of death, Date of adoption, Social security number, Relationship, Months lived at home.

Dependent No.

Dependent No.

Form with fields for Dependent No. 2: First name, Last name, Title/suffix, Date of birth, Date of death, Date of adoption, Social security number, Relationship, Months lived at home.

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Please enter all pertinent 2020 information. If you have attached a government form for an item, check the box and do not enter a 2020 amount.

WAGES, SALARIES AND TIPS

Employer name:

Table with 3 columns: Employer name, 2020 Amount, 2019 Amount. Includes 'Attach Forms W-2' instruction.

INTEREST INCOME

Payer name:

Table with 3 columns: Payer name, 2020 Amount, 2019 Amount. Includes 'Attach Forms 1099-INT' instruction.

DIVIDEND INCOME

Payer name:

Table with 3 columns: Payer name, 2020 Amount, 2019 Amount. Includes 'Attach Forms 1099-DIV' instruction.

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

Table with 3 columns: Payer name, 2020 Amount, 2019 Amount. Includes 'Attach Forms 1099-R & W-2G' instruction and 'Winnings not reported on W-2G' row.

OTHER GOVERNMENT FORMS - INCOME

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes 'Attach Forms 1099' instructions for various forms like 1099-B, 1099-MISC, 1099-K, 1099-S, 1099-G, SSA-1099, 1099-Q, and 1099-QA/5498-QA.

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MISCELLANEOUS INCOME

Table with 2 columns for 2020 and 2019 amounts. Rows include Taxpayer: Alimony received, Spouse: Alimony received, and Other.

RETIREMENT PLAN CONTRIBUTIONS

Table with 2 columns: 2020 Amount, 2019 Amount. Rows include Taxpayer: Traditional IRA contributions, Roth IRA contributions, Self-employed, SEP, SIMPLE, & qualified plan contributions, and Spouse: Traditional IRA contributions, Roth IRA contributions, Self-employed, SEP, SIMPLE, & qualified plan contributions.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Table with 2 columns for 2020 and 2019 amounts. Rows include Form 1098-E - Student loan interest and Form 1098-T - Tuition and related expenses. A shaded box labeled 'Attach Forms 1098' is present.

AFFORDABLE CARE ACT

Table with 2 columns for 2020 and 2019 amounts. Rows include Form 1095-A - Health Insurance Marketplace Statement, Form 1095-B - Health Coverage, and Form 1095-C - Employer-Provided Health Insurance Offer and Coverage. A shaded box labeled 'Attach Forms 1095' is present.

ADJUSTMENTS TO INCOME

Table with 2 columns for 2020 and 2019 amounts. Rows include Taxpayer: Self-employed health insurance premiums, Educator expenses, Other adjustments to income, Alimony paid - Recipient name & SSN, and Spouse: Self-employed health insurance premiums, Educator expenses, Other adjustments to income, Alimony paid - Recipient name & SSN.

MEDICAL AND DENTAL EXPENSES

Table with 2 columns for 2020 and 2019 amounts. Rows include 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, and Other.

TAXES PAID

Table with 2 columns for 2020 and 2019 amounts. Row includes State income taxes - 1/20 payment on 2019 state estimate.

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TAXES PAID (continued)

2020 Amount 2019 Amount

- State income taxes - paid with 2019 state extension
State income taxes - paid with 2019 state return
State income taxes - paid for prior years and/or to other states
City/local income taxes - 1/20 payment on 2019 city/local estimate
City/local income taxes - paid with 2019 city/local extension
City/local income taxes - paid with 2019 city/local return
State and local sales taxes (except autos and special items)
Use taxes paid on 2020 purchases
Use taxes paid on 2019 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

Table with 2 columns: 2020 Amount, 2019 Amount. Contains rows for various tax categories and a 'Attach Tax Notice' label.

Personal property taxes (including automobile fees in some states)

INTEREST PAID

Home mortgage interest and points paid:

Form with lines for entering mortgage interest and points paid.

Table with 2 columns: 2020 Amount, 2019 Amount. Contains 'Attach Forms 1098' label.

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

Form with lines for entering mortgage interest not on Form 1098.

Points not reported on Form 1098:

Form with lines for entering points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts

Investment interest (interest on margin accounts):

Form with lines for entering mortgage insurance and investment interest.

Passive interest

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).

Form with lines for entering cash contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Form with lines for entering volunteer expenses and charitable miles.

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.

Form with lines for entering noncash contributions.

MISCELLANEOUS DEDUCTIONS

Union and professional dues

Tax return preparation fee

Safe deposit box rental

Investment expenses

Estate tax, section 691(c)

Unreimbursed employee expenses:

Form with lines for entering miscellaneous deductions.

Other:

Form with lines for entering other miscellaneous deductions.

Table with 2 columns: 2020 Amount, 2019 Amount. Contains rows for various contribution and deduction categories.

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES

NO

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return?

Were there any changes in dependents?

Did you and your dependents have health care coverage for the full-year?

Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.

Did you receive unreported tip income of \$20 or more in any month?

Did you receive any disability income?

Did you buy or sell any stocks, bonds or other investment property?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?

Did you transfer or rollover any amount from one retirement plan to another?

Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

Did you incur a loss because of damaged or stolen property?

Did you use your car on the job (other than to and from work)?

May the IRS discuss your tax return with your preparer?

Was your home rented out or used for business?

Were you notified or audited by either the IRS or the State taxing agency?

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Direct Deposit &amp; Estimates (Form 1040 ES)</b>	<b>3, 6</b>
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Please enter all pertinent 2020 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2020 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2020 information.

APPLICATION OF 2020 OVERPAYMENT (7.1)

If you have an overpayment of 2020 taxes, do you want the excess refunded?  or applied to 2021 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2021 ESTIMATED TAX INFORMATION

Do you expect your 2021 taxable income to be different from 2020? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2021 withholding to be different from 2020? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1





<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Business Income (Schedule C) (cont.)</b>	No. <input style="width:40px;" type="text"/>	<b>16</b> p2
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2020 Amount	2019 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:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

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

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <input style="width:40px;" type="text"/>	<b>18</b>
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2020 Amount	2019 Amount
Description of property .....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address .....		
City .....		
State .....		
ZIP code .....		
Type of property (see table) .....		
Other type of property .....		
Number of days rented .....	34	

Percentage of ownership if not 100% (xxxx) .....		1=did not actively participate .....	
Percentage of tenant occupancy if not 100% (xxxx) .....		1=real estate professional .....	
1=spouse, 2=joint .....		1=rental other than real estate .....	
1=qualified joint venture .....		1=investment .....	
1=nonpassive activity, 2=passive royalty .....		1=single member limited liability company .....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....			

**INCOME**

	2020 Amount	2019 Amount
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.

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:		
.....		
.....		
.....		

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

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Sch. E) (cont.)</b>	No. <input style="width:30px;" type="text"/>	<b>18</b> p2
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Please enter all pertinent 2020 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.....	<input style="width:100%;" type="text"/>
Foreign postal code.....	<input style="width:100%;" type="text"/>
Foreign country.....	<input style="width:100%;" type="text"/>

**OIL AND GAS**

	2020 Amount	2019 Amount
Production type (preparer use only).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cost depletion.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Percentage depletion rate or amount.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
State cost depletion, if different (-1 if none).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
State % depletion rate or amount, if different (-1 if none).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

**PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)**

Number of days personal use.....	<input style="width:100%;" type="text"/>
Number of days owned (if optional method elected).....	<input style="width:100%;" type="text"/>

**INDIRECT EXPENSES**

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

Advertising.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Association dues.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Auto and travel (not entered elsewhere).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cleaning and maintenance.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Commissions.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Gardening.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Insurance.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Legal and professional fees.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Licenses and permits.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Management fees.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Miscellaneous.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Mortgage interest (paid to banks, etc.).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Qualified mortgage insurance premiums.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Excess mortgage interest.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Other interest (not entered elsewhere).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Painting and decorating.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Pest control.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Plumbing and electrical.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Repairs.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Supplies.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxes - real estate.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Taxes - other (not entered elsewhere).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Telephone.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Utilities.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Wages and salaries.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Other:	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
_____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>



Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2020 Amount		2019 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 .....				

**ROTH IRA CONTRIBUTIONS**

	2020 Amount	2019 Amount
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)**

	2020 Amount	2019 Amount
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.) .....		
<b>SIMPLE contributions:</b>		
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**

	2020 Amount	2019 Amount
<b>Self-employed health insurance:</b>		
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 .....		
<b>Other adjustments to income:</b>		
_____		
_____		

Alimony paid:	Taxpayer	Spouse
Date of divorce or sep. agreement .....		
Recipient's first name .....		
Recipient's last name .....		
Recipient's SSN .....		
Amount paid .....	2019 amt:	2019 amt:

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Employee/Vehicle Bus. Exp. (Form 2106)</b>	No. <input style="width:40px;" type="text"/>	<b>30</b>
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

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

Form.....	<input style="width:100%;" type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input style="width:100%;" type="text"/>	
1=spouse.....	<input style="width:100%;" type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input style="width:100%;" type="text"/>	
1=minister's expenses.....	<input style="width:100%;" type="text"/>	

**EMPLOYEE BUSINESS EXPENSES**

	2020 Amount	2019 Amount
Meal and entertainment expenses.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
1=Department of Transportation (80% meal allowance).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Travel expenses while away from home overnight.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

Other business expenses:

<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
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<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Education Credits / Tuition Deduction</b>	No. <input style="width:40px;" type="text"/>	<b>38</b>
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Please complete the information below if you paid qualified education expenses in 2020 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 2020 (or the first 3 months of 2021 if the qualified expenses were made in 2020) at an eligible institution in a qualified program.....  
 1=student completed first four years of post-secondary education before 2020.....  
 1=student was convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance.....


**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name.....  
 Street address.....  
 City.....  
 State.....  
 ZIP code.....  
 1=2020 Form 1098-T was NOT received.....  
 1=2020 Form 1098 -T received with Box 2 & 7 completed.....  
 1=2019 Form 1098-T received with Box 2 & 7 completed.....  
 Federal ID number from Form 1098-T.....


**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name.....  
 Street address.....  
 City.....  
 State.....  
 ZIP code.....  
 1=2020 Form 1098-T was NOT received.....  
 1=2020 Form 1098 -T received with Box 2 & 7 completed.....  
 1=2019 Form 1098-T received with Box 2 & 7 completed.....  
 Federal ID number from Form 1098-T.....


**QUALIFIED EDUCATION EXPENSES**

Qualified tuition & fees paid in 2020 (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 \*.....

2020 Amount	2019 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.



