

From:

To:

L Ballard & Company, PSC, CPA's
906 Main Street
Shelbyville, KY 40065-1313



2020 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

L Ballard & Company, PSC, CPA's
906 Main Street
Shelbyville, KY 40065-1313
502-633-1422

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2020 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2019 personal income tax return.

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (***_**_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Tax Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2020 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

L Ballard & Company, PSC, CPA's

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

- | | | |
|---|--------------------------|--------------------------|
| Did you incur a casualty or theft loss during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an expense account or allowance during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use your car on the job, for other than commuting? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

Miscellaneous Information

- | | | |
|--|--------------------------|--------------------------|
| Did you make gifts of more than \$13,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any educational expenses during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term health care premiums for yourself or your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any COBRA health care coverage continuation premiums? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or your dependents attend a post-secondary school during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the Internal Revenue Service? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____. | | |

Residential Energy Credits:

Were any residential improvements made that would qualify for the "Residential Energy Credit". If so please list:_____.

Please note the following items (Per IRS requirements):

Charitable Contributions: All cash contributions in excess of \$250 require a statement from the charity confirming the receipt of the contribution. All other cash contributions require documentation (either cancelled check or cash receipt) to claim the deduction.

Non-cash donations require a receipt from the charity showing the date of the contribution; listing the items contributed, and fair value of the items contributed.

If you have charitable contributions please initial to confirm that you have documentation to conform to the above requirements:_____.

Business Deduction Requirements: For individuals that have deductible business expenses; vehicle, travel, entertainment, etc. The individual is required to have a business log to support deductions taken. A travel log is required to support business documentation. Cancelled checks and receipts should also be retained to support the deductions taken.

If you have business expenses please initial to confirm that you have documentation to conform to the above requirements. _____.

Please list below any other questions or items that need to be discussed:

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) 1
 Mark if you were married but living apart all year Mark if your nonresident alien spouse does not have an ITIN
 Taxpayer Spouse
 Social security number _____
 First name _____
 Last name _____
 Occupation _____
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)
 Mark if legally blind
 Mark if dependent of another taxpayer
 Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____
 Date of birth _____
 Date of death _____
 Work/daytime telephone number/ext number _____
 Do you authorize us to discuss your return with the IRS (Y, N) Y

General: 1040, Contact **Present Mailing Address**

Address _____
 Apartment number _____
 City/State postal code/Zip code _____
 Foreign country name _____
 Foreign phone number _____
 Home/evening telephone number _____
 Taxpayer email address _____
 Spouse email address _____

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:
 Business name _____
 First and Last name _____
 Street address _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____
 Amount paid to care provider in 2020 _____
 Taxpayer Spouse
 Employer-provided dependent care benefits that were forfeited _____

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
<u>NTC 1444</u>	—	<u>ECONOMIC IMPACT PAYMENT (EIP1)</u>	—
<u>NTC 1444B</u>	—	<u>ECONOMIC IMPACT PAYMENT (EIP2)</u>	—
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Income: B1 Interest Income

Please provide all copies of Form 1099-INT or other statements reporting interest income.

Table with 4 columns: T/S/J, Payer Name, Interest Income, Prior Year Information. Includes 5 rows of blank lines for data entry.

Income: B3 Seller Financed Mortgage Interest

T, S, J Payer's name Payer's social security number
Payer's address, city, state, zip code
Amount received in 2020 Amount received in 2019

Income: B2 Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

Table with 5 columns: T/S/J, Payer Name, Ordinary Dividends, Qualified Dividends, Prior Year Information. Includes 5 rows of blank lines for data entry.

Income: D Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

Table with 6 columns: T/S/J, Description of Property, Date Acquired, Date Sold, Gross Sales Price (Less expenses of sale), Cost or Other Basis. Includes 8 rows of blank lines for data entry.

Income: Income Other Income

Please provide copies of all supporting documentation.

State and local income tax refunds 2020 Information Prior Year Information

Alimony received T/S Agreement Date 2020 Information Prior Year Information

Unemployment compensation Taxpayer Spouse Prior Year Information

Unemployment compensation repaid

Social security benefits

Medicare premiums to be reported on Schedule A

Railroad retirement benefits

T/S/J Other Income: 2020 Information Prior Year Information

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

Traditional IRA Contributions for 2020 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2020

Roth IRA Contributions for 2020 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2020

Educate: Educate2 **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2020 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2020 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2020. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2020 Information	Prior Year Information
___	___	_____	_____	_____	_____
___	___	_____	_____	_____	_____

Street address _____

City, State and Zip code _____

*Enter the divorce/separation agreement date

Taxpayer Spouse Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2020 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2020 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2019 state and local income taxes paid in 2020	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2020 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	SSN or EIN	
—	_____	_____	_____
	Address	City	State Zip Code

T/S/J		2020 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinancing Information: Refinance #1		Refinance #2
T/S/J	Recipient/Lender name	_____	_____
	Total points paid at time of refinance	_____	_____
	Date of refinance	_____	_____
	Term of new loan (in months)	_____	_____
	Reported on Form 1098 in 2020	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2020 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St **Miscellaneous Deductions**

T/S/J		2020 Information	Prior Year Information
	Other expenses		
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J	Unreimbursed expenses***	2020 Information	Prior Year Information
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____

Identification number _____

Issue date _____

Expiration date _____

Location of issuance _____

Document number (New York only) _____

NOTES/QUESTIONS:

If you have an overpayment of 2020 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2021 estimated tax liability _____ [53]

Do you expect a considerable change in your 2021 income? (Y, N) _____ [54]

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2021? (Y, N) _____ [59]

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2021 withholding? (Y, N) _____ [64]

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2021? (Y, N) _____ [69]

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2020 Federal Estimated Tax Payments
--

2019 overpayment applied to 2020 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	7/15/20	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	7/15/20	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/20	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/21	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

*Method of payment indicated in prior year
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)
 State postal code

____[1]
KY[2]

Amount paid with 2019 return + _____[3]
 2019 overpayment applied to '20 estimates + _____[4]
 Treat calculated amounts as paid ____[8]

	Date Paid		Amount Paid		Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	+	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	+	
3rd quarter payment	_____ [13]	+	_____ [14]	+	
4th quarter payment	_____ [15]	+	_____ [16]	+	
Additional payment	_____ [17]	+	_____ [18]	+	

2020 City Estimated Tax Payments

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2019 return + _____ [31]</p> <p>2019 overpayment applied to '20 estimates- _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2019 return + _____ [53]</p> <p>2019 overpayment applied to '20 estimates- _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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<table border="0" style="width: 100%;"> <tr> <th style="width: 50%;"></th> <th style="text-align: center; width: 10%;">Date Paid</th> <th style="width: 10%;"></th> <th style="text-align: center; width: 15%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment</td> <td style="text-align: right;">_____ [37]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [38]</td> </tr> <tr> <td>2nd quarter payment</td> <td style="text-align: right;">_____ [39]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [40]</td> </tr> <tr> <td>3rd quarter payment</td> <td style="text-align: right;">_____ [41]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [42]</td> </tr> <tr> <td>4th quarter payment</td> <td style="text-align: right;">_____ [43]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [44]</td> </tr> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [37]	+	_____ [38]	2nd quarter payment	_____ [39]	+	_____ [40]	3rd quarter payment	_____ [41]	+	_____ [42]	4th quarter payment	_____ [43]	+	_____ [44]	<table border="0" style="width: 100%;"> <tr> <th style="width: 50%;"></th> <th style="text-align: center; width: 10%;">Date Paid</th> <th style="width: 10%;"></th> <th style="text-align: center; width: 15%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment</td> <td style="text-align: right;">_____ [59]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [60]</td> </tr> <tr> <td>2nd quarter payment</td> <td style="text-align: right;">_____ [61]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [62]</td> </tr> <tr> <td>3rd quarter payment</td> <td style="text-align: right;">_____ [63]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [64]</td> </tr> <tr> <td>4th quarter payment</td> <td style="text-align: right;">_____ [65]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [66]</td> </tr> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [59]	+	_____ [60]	2nd quarter payment	_____ [61]	+	_____ [62]	3rd quarter payment	_____ [63]	+	_____ [64]	4th quarter payment	_____ [65]	+	_____ [66]
	Date Paid		Amount Paid																																						
1st quarter payment	_____ [37]	+	_____ [38]																																						
2nd quarter payment	_____ [39]	+	_____ [40]																																						
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	Date Paid		Amount Paid																																						
1st quarter payment	_____ [59]	+	_____ [60]																																						
2nd quarter payment	_____ [61]	+	_____ [62]																																						
3rd quarter payment	_____ [63]	+	_____ [64]																																						
4th quarter payment	_____ [65]	+	_____ [66]																																						

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2019 return + _____ [75]</p> <p>2019 overpayment applied to '20 estimates- _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2019 return + _____ [97]</p> <p>2019 overpayment applied to '20 estimates- _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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<table border="0" style="width: 100%;"> <tr> <th style="width: 50%;"></th> <th style="text-align: center; width: 10%;">Date Paid</th> <th style="width: 10%;"></th> <th style="text-align: center; width: 15%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment</td> <td style="text-align: right;">_____ [81]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [82]</td> </tr> <tr> <td>2nd quarter payment</td> <td style="text-align: right;">_____ [83]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [84]</td> </tr> <tr> <td>3rd quarter payment</td> <td style="text-align: right;">_____ [85]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [86]</td> </tr> <tr> <td>4th quarter payment</td> <td style="text-align: right;">_____ [87]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [88]</td> </tr> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [81]	+	_____ [82]	2nd quarter payment	_____ [83]	+	_____ [84]	3rd quarter payment	_____ [85]	+	_____ [86]	4th quarter payment	_____ [87]	+	_____ [88]	<table border="0" style="width: 100%;"> <tr> <th style="width: 50%;"></th> <th style="text-align: center; width: 10%;">Date Paid</th> <th style="width: 10%;"></th> <th style="text-align: center; width: 15%;">Amount Paid</th> </tr> <tr> <td>1st quarter payment</td> <td style="text-align: right;">_____ [103]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [104]</td> </tr> <tr> <td>2nd quarter payment</td> <td style="text-align: right;">_____ [105]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [106]</td> </tr> <tr> <td>3rd quarter payment</td> <td style="text-align: right;">_____ [107]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [108]</td> </tr> <tr> <td>4th quarter payment</td> <td style="text-align: right;">_____ [109]</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____ [110]</td> </tr> </table>		Date Paid		Amount Paid	1st quarter payment	_____ [103]	+	_____ [104]	2nd quarter payment	_____ [105]	+	_____ [106]	3rd quarter payment	_____ [107]	+	_____ [108]	4th quarter payment	_____ [109]	+	_____ [110]
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3rd quarter payment	_____ [107]	+	_____ [108]																																						
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Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

1 Preparer use only

	2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	
Employer identification number _____	[3]	
Business name _____	[5]	
Principal business/profession _____	[6]	
Business code _____	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address _____	[15]	
City/State/Zip _____ [16] _____ [17] _____	[18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____	[19]	
If other: _____	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____	[22]	
If other enter explanation: _____	[24]	

Enter an explanation if there was a change in determining your inventory: _____	[25]	

Did you "materially participate" in this business? (Y, N) _____	[26]	_
If not, number of hours you did significantly participate _____	[28]	_
Mark if you began or acquired this business in 2020 _____	[30]	
Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N) _____	[31]	_
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[33]	_
Mark if this business is considered related to qualified services as a minister or religious worker _____	[35]	_
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____	[37]	_
Medical insurance premiums paid by this activity + _____	[40]	_
Long-term care premiums paid by this activity + _____	[44]	_
Amount of wages received as a statutory employee + _____	[47]	_

Business Income

	2020 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2020 Information	Prior Year Information
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

1 Preparer use only

	2020 Information	Prior Year Information
Description _____ [2]		
Taxpayer/Spouse/Joint (T, S, J) __ [3]	State postal code KY [5]	
Physical address: Street _____ [6]		
City, state, zip code _____ [7] ____ [8] _____ [9]		
Foreign country _____ [11]		
Foreign province/county _____ [12]		
Foreign postal code _____ [13]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____ [15]		
Did you make any payments in 2020 that require you to file Form(s) 1099? (Y,N) _____ [16]		
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [18]		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [20]		
Percentage of ownership if not 100% _____ [22]		
Business use percentage, if not 100% (Not vacation home percentage) _____ [24]		

Rent and Royalty Income

	2020 Information	Prior Year Information
Rents and royalties _____ + _____ [33]		_____
_____		_____

Rent and Royalty Expenses

	2020 Information	Percent if not 100%		Prior Year Information
Advertising + _____ [35]	_____ [36]			_____
Auto + _____ [38]	_____ [39]			_____
Travel + _____ [41]	_____ [42]			_____
Cleaning and maintenance + _____ [44]	_____ [45]			_____
Commissions:				_____
_____ + _____ [47]	_____ [49]			_____
_____ + _____				_____
Insurance:				_____
_____ + _____ [50]	_____ [52]			_____
_____ + _____				_____
Legal and professional fees + _____ [54]	_____ [55]			_____
Management fees:				_____
_____ + _____ [57]	_____ [59]			_____
_____ + _____				_____
Mortgage interest paid to banks, etc (Form 1098)				_____
_____ + _____ [60]	_____ [62]			_____
_____ + _____				_____
Other mortgage interest + _____ [63]	_____ [65]			_____
Qualified mortgage insurance premiums + _____ [66]	_____ [67]			_____
Other interest:				_____
_____ + _____ [69]	_____ [71]			_____
_____ + _____				_____
Repairs + _____ [72]	_____ [73]			_____
Supplies + _____ [75]	_____ [76]			_____
Taxes:				_____
_____ + _____ [78]	_____ [80]			_____
_____ + _____				_____
Utilities + _____ [81]	_____ [82]			_____
Depreciation + _____ [84]	_____ [85]			_____
Depletion + _____ [87]	_____ [88]			_____
Other expenses:				_____
_____ + _____ [90]	_____			_____
_____ + _____				_____
_____ + _____				_____
_____ + _____				_____

Please provide all Forms 1099-K

1 Preparer use only

	2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	
Employer identification number _____	[3]	
Description _____	[4]	
Principal Product _____	[5]	
State postal code _____	KY [6]	
Accounting method (1 = Cash, 2 = Accrual) _____	[7]	
Agricultural activity code _____	[9]	_____
Did you "materially participate" in this business? (Y, N) _____	[12]	_____
Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N) _____	[14]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[16]	_____
Mark if Schedule F net income or loss should be excluded from self-employment income _____	[18]	_____
Medical insurance premiums paid by this activity + _____	[21]	_____
Long-term care premiums paid by this activity + _____	[25]	_____

Schedule F Income

		2020 Information	Prior Year Information
Sales Code**	Income description		
—	_____	+ _____ [35]	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2020 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method) + _____	[37]	_____
Beginning inventory of livestock and other items (Accrual method) + _____	[39]	_____
Accrual cost of livestock, produce, grains, and other products purchased + _____	[41]	_____
Ending Inventory of livestock and other items (Accrual method) + _____	[43]	_____
Total cooperative distributions you received + _____	[45]	_____
Taxable cooperative distributions you received + _____	[47]	_____

	2020 Total	2020 Taxable		Prior Year Information
Agricultural program payments				
_____ + _____		+ _____ [50]		_____
_____ + _____		+ _____		_____
_____ + _____		+ _____		_____

	2020 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits _____	[52]	_____
Commodity credit loans reported under election: _____	[54]	_____
_____	[54]	_____
Total commodity credit loans forfeited + _____	[56]	_____
Taxable commodity credit loans forfeited + _____	[58]	_____

	2020 Total	2020 Taxable		Prior Year Information
Total crop insurance proceeds you received in 2020				
_____ + _____		+ _____ [61]		_____
_____ + _____		+ _____		_____
_____ + _____		+ _____		_____
Mark if electing to defer crop insurance proceeds to 2021 _____		[63]		_____
Crop insurance proceeds deferred from 2019 + _____		[65]		_____

1 Preparer use only

Description _____

	2020 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)		_____
_____	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)		_____
_____	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:		_____
_____	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:		_____
_____	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____