

Welgaard CPAs & Advisors
916 W 16th St
Pella, IA 50219-7918

2020 Client Organizer



Why did Schuring & Uitermarkt's name change?

Schuring & Uitermarkt is now Welgaard CPAs & Advisors. You may be asking, why the name change?

We assure you that the only thing changing is our name. We have not been bought out or acquired. We are simply planning for the future and continued success. We are still the same company, and the same team you know and trust.

Still have questions? Check out our new website at www.welgaardcpa.com or follow us on Facebook, LinkedIn, or Twitter.

Sincerely,

The Welgaard Team

Focusing Beyond the Numbers

Advisory Services
Wealth Management
Business Services
QuickBooks
Tax

NEW POLICY FOR ADDITIONAL COPIES OF TAX RETURNS

We have updated our policy for additional copies of tax returns. Beginning January 1, 2020, a fee of \$25 will be charged for each additional copy of your returns to be sent to you. This includes your 2019 tax return and all prior year returns. Payment is required before you receive your additional copies of returns.

If you need to request extra copies of your return, you may choose to have the return uploaded to your Client Access Portal to have the \$25 fee waived. Ask us about setting up a Portal account so you can access your tax returns online for 12 months after they are posted. You will be updated of changes to the Client Access Portal document retention policy due to any software updates.

Client Access Portal

What is Client Access Portal?

Client Access Portal is a private secure internet portal with:

- Easy to sign up and use
- 24/7 access to electronic copies of your documents (Tax returns and financial statements)
- Access to your documents for 12 months after they are posted
- Efficient transfer of information (QuickBooks backups)
- A way for Welgaard to send you additional copies of your information at NO CHARGE to you!

How do I sign up?

To register for this safe, secure, and invaluable service, please email Jodi at jdeberg@welgaardcpa.com with "SIGN ME UP" in the subject line and send us:

- Your name if you want to receive your personal tax return and other info
- Name of your company(s)
- Preferred email address

Or call our office at 641-628-4521 and ask to set up a Client Access Portal account.

If you choose to sign up, within 2 business days you will receive an email from "Do-Not-Reply@welgaardcpa.com" containing instructions about how to log in to Portal. Please be sure to "ALLOW" that email address on your system and check your spam.



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641-628-4521

Dear :

We appreciate the opportunity to work with you. 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, you will find certain information from your 2019 personal income tax return, when available. In some cases, 2019 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

Please submit your completed organizer and all related tax documents to our office as soon as you have gathered all of your tax information. If you would like to make an appointment to review your completed tax return, you may schedule that when you deliver your information.

You have several options for delivering your tax documents to our office.

- g Mail or drop off your tax information to our office.
- g Scan and email your documents in .PDF format to info@welgaardcpa.com.
Please employ technical measures to ensure the safety of your information.
- g Upload your documents to Client Access Portal, our secure client web portal.
Please contact our office if you want to get registered for Client Access Portal.

To enable the highest level of service we can offer, early submission of your tax information will increase the likelihood of completing your tax return before the due date. If we do not receive your information by **April 1, 2021**, we will make every effort to complete your return without filing an extension, but will give priority service to clients who submitted information on time. This means that an extension may be filed on your behalf, depending on our workload late in the filing season.

Please enter your 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 complete and accurate tax return possible. Please answer all applicable questions and provide any additional information not provided in the Client Organizer.

There is no need to enter amounts on the checklist pages. Simply provide us with the Government forms (1099, W-2, K-1, etc.) If you no longer have this type of income, cross out the item or make a notation.

TAX DOCUMENTATION REQUIRED - Please provide the following forms and documents:

- * W-2 forms for wages, salaries, tips and gambling winnings.
- * 1099 forms for interest, dividends, retirement, Social Security, state or local refunds, miscellaneous income, etc.
- * Schedule K-1 from partnerships, S corporations, estates and trusts.
- * 1098 and other statements supporting deductions for mortgage interest, real estate taxes, and auto registration fees.
- * Evidence of contributions and, if greater than \$250, a written communication, statement or Form 1098-C from the donee organization.

- * HUD-1 Closing Statements and other documentation regarding the sale, purchase or refinance of a home or other real property.
- * 1098-T and detailed transcript or statement showing detail of college tuition, books, room, board and technology expenses paid.
- * 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or 1095-C (Employer-Provided Health Insurance Offer and Coverage)
- * Any tax notices sent to you by the IRS or other taxing authority.
- * A copy of your federal and state income tax returns from last year, if not prepared by this office.

If you are a farmer or have started a new business, rental or other activity, please visit the Client Center on our website at www.welgaardcpa.com/resource-center to download a **farm worksheet** or blank organizer pages for your new activity. You can also contact our office and we can mail or email you a copy of the farm worksheet or blank organizer pages.

NEW PAYMENT POLICY - We have updated our tax preparation payment policy. Your payment is requested to be paid when the return is signed. There will be a direct debit authorization form included in all returns.

RETURNING THE ORGANIZER - If you would like a copy of your organizer, please make a copy before returning it to us. We will not return the original organizer to you. In all cases, please return the Organizer to us along with your other important tax information even if you have completed very little of it. It is very helpful for us to have your Organizer as we prepare your return.

If you need to request extra copies of your return, you may choose to have the return uploaded to your Client Access Portal, or a fee will apply for additional returns printed.

TIMING - Please provide us with your completed Organizer as soon as possible. If any Schedules K-1 have not been received when your other data is complete, do not hold for those documents. Rather, send us the Organizer and documents you have and forward the Schedules K-1 later.

One of the few deductions that can be added after year-end is the funding of the HSA, IRA, SEP, SIMPLE or Keogh retirement plan contribution. Please let us know if you wish to maximize any of these deductions for 2020.

Your privacy is important to us. 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. Please make any necessary changes or updates to any social security number or bank account information. 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.

Thank you for the opportunity to serve you.

Sincerely,

Welgaard CPAs & Advisors

Welgaard CPAs & Advisors
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Engagement Letter for 2020 Individual Income Tax Return Preparation

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

YOUR RESPONSIBILITY:

It is your responsibility to provide us all the information required for the preparation of complete and accurate returns. In that regard you state that, to the best of your knowledge and belief, you have provided true, correct and complete information, and have maintained written documentation supporting all amounts. Attached you will find an organizer to help you gather the information. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

You understand that your returns may be selected for examination or inquiry by taxing authorities. This can be an on site examination or by correspondence requesting additional information. You should retain all the documents, canceled checks and other data that form the basis of the income and deductions for five years. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. In the event of such examination or correspondence, we will be available upon request to represent you. An additional fee will be invoiced for the time and expenses incurred, if the review is determined to be of no fault of our own. If you enroll in our Audit Protection Plan, we will handle any correspondence or audit of your 2020 income tax returns on your behalf at no additional charge.

OUR SERVICES:

We will prepare your 2020 Federal and State income tax returns from the information you furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask for clarification of some of the information. We are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest. You will contact us immediately if you discover additional information that will lead to a change in your return, or you receive any letters from the IRS, state or local taxing authorities.

We will use our professional judgement to resolve questions in your favor where the tax law is unclear or if there is a reasonable justification for doing so, unless otherwise instructed by you. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments. The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

We will electronically file all qualifying returns at no additional charge. With electronic filing, you have the option to have your refund mailed to your home or direct deposited into your bank account. If you choose to have direct deposit, please enclose a voided check.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable prior to your return being filed.

PRIVACY POLICY:

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

If you request a copy of your tax returns to be sent directly to any third-party institution, we will require a signed

consent form **before** these can be sent.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

If this fairly sets forth your understanding, we will assume that you concur with these terms if data is supplied to compile your tax return.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Welgaard CPAs & Advisors

Audit Protection

For Individuals – 2020

To alleviate the cost burden of federal and state income tax audits, notices and correspondence, Welgaard CPAs & Advisors offers you its 2020 Audit Protection Plan for Individuals.

Welgaard CPAs & Advisors continues to see an increasing number of federal and state audits and tax notices issued to taxpayers. It is our experience that many of these notices are partially or completely incorrect; however, they need to be handled correctly, as do audits. We ask that you submit all tax notices to us for review, no matter how minimal the dollar amount, so we can verify the accuracy of the notice and prepare a proper response.

In response to these notices and audits, Welgaard CPAs & Advisors offers our Audit Protection Plan. Our Audit Protection Plan gives you peace of mind that there will be no additional charge for our services in responding to these tax notices and audits. For a one-time fee of \$100, we will cover your 1040 tax return for 2020, in the event of an IRS or state notice or audit.

SIGN UP FOR AUDIT PROTECTION



The 2020 Audit Protection Plan enrollment voucher will be included with your 2020 tax return. The deadline for enrolling in this plan is April 30, 2021.

IF YOU ARE AUDITED



For the one-time \$100 fee, Welgaard will handle all correspondence to resolve letters of inquiry relating to your 2020 federal and state individual income tax returns on your behalf at no additional charge.

If your 2020 federal or state income tax return should be audited, Welgaard will represent you up to and including any appeals or protests needed to be filed with the IRS or the State Departments of Revenue at no additional charge.

Whenever you receive an audit notice or letter of inquiry from the federal or state government relating to your 2020 income tax return, simply send it to Welgaard and authorize us to represent you. This is only effective for notices or audits, received after you are enrolled.

WHAT THE PLAN COVERS



The Audit Protection Plan for Individuals includes IRS Form 1040 and associated state income tax returns. The one-time \$100 fee provides coverage for one state, for your 2020 individual tax return. You may add additional coverage at \$25 per state.

In addition to the peace of mind this program offers, our Audit Protection Plan could save you a substantial amount of money in terms of service fees. Service fees for responding to a tax notice can average \$150. Service fees for an audit representation can generally average \$3,000.

Please note: You are, of course, responsible for maintaining adequate records and making them available to us so that we can properly represent you before the taxing authorities. Similarly, you are liable for any additional taxes, penalties or interest that may eventually be assessed. This Audit Protection Plan applies only to individual income tax returns for 2020 and does not cover business, payroll or other tax returns. We reserve the right to offer this Audit Protection Plan on a case-by-case basis.

Questionnaire

This Client Questionnaire asks about pertinent tax events and information necessary for preparing the most accurate tax return possible.

Check all boxes that apply to the taxpayer or spouse during the 2020 tax year. Attach tax forms, statements, documentation and/or a detailed explanation for all checked items.

Personal Information

- Marital status changed from last year.
- Address changed from last year.
- You can be claimed as a dependent by another taxpayer.
- If you have a tax refund, you want direct deposit or a paper check mailed to you.
- If you have a tax liability, you want funds automatically withdrawn as of _____ date or a payment voucher to mail with payment.
- You have the same bank account as prior years and have verified your account on the "Direct Deposit/Electronic Funds Withdrawal Information" Section of this organizer.
- Have a new bank account for direct deposit or automatic withdrawal. (Provide a voided check)
- You, your spouse or any dependent received an Identity Protection PIN from the Internal Revenue Service or have been a victim of identity theft. (Attach any IRS letter received)

COVID-19 Information

- Received first round of Economic Impact Payment (1st Stimulus payment). If yes, \$ _____
- Received second round of Economic Impact Payment (2nd Stimulus payment). If yes, \$ _____
- Received Paycheck Protection Program (PPP) loan. If yes, \$ _____
(Please provide letters if you received one)
- Received special unemployment benefits or compensation under the Coronavirus Relief Act during the year.
- If you are self-employed, you were unable to work due to COVID related reasons.
- Made withdrawals from an IRA/ Roth/ myRA/ Keogh/ SIMPLE/ SEP/ 401(k) or other qualified retirement plans due to COVID-19.

Dependent Information

- You had a change in dependents.
- You paid any expenses related to the adoption of a child during the year
- You have dependents who may need to file a return.
Please provide a copy of their return or allow our office to assist in the preparation of their return.
- You have children under age 19 or a full time student age under 24 with unearned income in excess of \$2,200.
- You paid for child care while you worked or looked for work.
- You are divorced or separated with child(ren) you can claim as dependents.
Child(ren) you can claim as dependents this year: _____
- Dependents lived with you over half of the year and did not provide over half of their own support.
If no, provide Form 8332 signed by the custodial parent releasing the exemption.

Income Information - Please check sources of income you received this year

- | | |
|---|--|
| <input type="checkbox"/> Social Security benefits. (SSA-1099) | <input type="checkbox"/> Any prizes, gambling or lottery winnings (W2-G) |
| <input type="checkbox"/> Disability income | <input type="checkbox"/> Tip income not reported to your employer |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Long-term care insurance distributions (1099-LTC) |
| <input type="checkbox"/> Alimony - received or paid | <input type="checkbox"/> Life insurance policy matured or surrendered policy |
| <input type="checkbox"/> Debts cancelled/ forgiven (1099-C) | <input type="checkbox"/> Other _____ |

Retirement Information

- Have made or intend to make IRA contributions for 2020:
 - Traditional IRA Taxpayer: \$ _____ Spouse: \$ _____
 - Roth IRA Taxpayer: \$ _____ Spouse: \$ _____
- Received distributions, including lump-sum payments, from a qualified retirement plan. (1099-R)
- Completed a rollover or converted any amounts from a qualified retirement plan.
- Contributed to a charitable organization directly from an IRA.
- Received military retirement benefits or military survivor benefits.

Business, Farm or Real Estate Information

- Started or bought a new business, rental, real estate or other property.
- Sold an existing business, rental, real estate or other property.
- Acquired a new or additional interest in a partnership or S corporation. (K-1)
- Sold or disposed of an interest in a partnership or S corporation. (K-1)
- Paid over \$600 to any person in rent or services
 - If yes, you have or will file required Form 1099s.

Investment Information

- Bought or sold any stocks, bonds or other investment property.
- Have a financial interest in or signature authority over a foreign financial account not reported on a 1099, such as a bank account, securities account, cash value of life insurance through a foreign insurer, or other account or entity located in a foreign country.
- Have any foreign income or pay any foreign taxes, directly or indirectly, such as investment accounts, partnerships or a foreign employer, not reported on a 1099.
- Received a distribution from, or were a grantor or transferor for a foreign trust.
- Have virtual currencies that you have sold or exchanged, used to pay for goods or services, or hold as an investment.

Education Information

- Paid any educational expenses to a post-secondary school for taxpayer, spouse, or dependent. (Form 1098T is required, along with a detailed account statement/receipts from the educational institution, including amounts paid for tuition, books, room, board and technology expenses)
- A member of your family received a scholarship of any kind.
- Made withdrawals from an education savings or 529 Plan account. (1099-Q)
- Paid student loan interest.
- Incurred expenses working as a teacher, counselor, or principal for classes K-12. If yes, \$ _____
- Would like a worksheet to aid in the completion of a FAFSA.

Itemized Deduction Information - Please provide evidence, receipts, 1098s, etc

- Bought, sold, refinanced, foreclosed or abandoned principal or 2nd residence. (Closing statements)
- Took out a home equity loan or have an outstanding balance on a home equity loan.
- Own a vehicle and pay auto registration fees. Amount \$ _____ (Car registration)
- Made any cash or noncash charitable contributions. i.e. clothes, furniture, vehicle, boat, stocks, charitable mileage or travel expense.
- Paid sales tax on major purchases during the year. (Cars, boats, etc.)

Miscellaneous Information

- Made gifts of more than \$15,000 total to any individual in 2020.
- Purchased a qualified plug-in electric drive vehicle or fuel cell vehicle. (Attach sales agreement)
- Received a letter of correspondence from the State or the Internal Revenue Service other than 1099-G that we have not yet received.
- Have had child credits, earned income credits, or education credits disallowed in the past.
- Taxpayer or spouse wants to designate \$3 to the Presidential Election Campaign Fund.
- Made qualified energy efficient improvements to primary residence in 2020. Qualifying improvements include energy-efficient windows, doors, roofs, insulation, solar, wind, geothermal and fuel-cell technology. If yes, \$ _____ (Please attach receipts)

State/Iowa Information

- Wish to donate to one of the state checkoff donations. Please indicate the organization and amount on the state Organizer page.
- Made contributions to a College Savings Iowa or Iowa Advisor 529 Plan account.
- Taxpayer or spouse is a volunteer firefighter, EMS or Reserve Peace Officer.
- Have a dependent attending grades K-12 in an accredited Iowa School.
If yes, list each dependent and the amount paid for tuition and other required school expenses.

_____ \$ _____ \$ _____

Health Care Information

- Had health care through the Marketplace. Received premium tax credit advance.
- Paid out-of-pocket medical, dental, vision or prescription expenses **not reimbursed** through HSA, MSA, or flex spending account.
- Contributed to or received distributions from a Health Savings Account (HSA), Archer MSA or Medicare Advantage MSA.
- Contributed/ withdrew from an ABLE (Achieving a Better Life Experience). (Attach 1099-QA)
- Paid **after-tax** health insurance premiums. \$ _____ (Do not include payroll deductions)
- Paid premiums for supplemental health insurance. \$ _____
- Paid long-term care premiums. \$ _____

2021 Estimates and Tax Planning

- Expect a large fluctuation in income, deductions, or withholding in 2021. Explain:

Method for making quarterly estimate payments, if necessary:

- Mail check and voucher
- Schedule automatic withdrawal with e-file (federal estimates only)
- EFTPS - Electronic Federal Tax Payment System (federal estimates only)
- You schedule payments. Welgaard schedules payments (fee applies)
- Iowa eFile & Pay (Iowa estimates only)

You would like additional information about:

- Education Planning Investment Planning Retirement Planning
- Estate Planning Social Security Planning Other _____

Delivery options for your 2020 tax returns

How would you like to receive your copy of your 2020 tax returns? (CHECK ONE)

*There will be a \$25 fee for additional copies of your returns, unless sent by Portal (see below)

- Paper Portal

How would you like to be notified when your return is complete? (CHECK ONE)

- Text message # _____ Phone # _____
- Taxpayer Email _____ Spouse Email _____

How would you like to receive your 2021 organizer? (CHECK ONE)

- Paper Portal

A fee of \$25 will be charged for each additional copy of your returns. You may choose to have the return uploaded to your Client Access Portal to have the \$25 fee waived.

What is Client Access Portal? Client Access Portal is a private, secure internet portal with:

- ° High security and efficient transfer of your documents and private information
- ° Easy to set up and use
- ° 24/7 access to electronic copies of your documents (tax returns and financial statements)
- ° Access to your documents for 12 months after they are posted

To sign up, please go to our website www.welgaardcpa.com. Click on About at the top and select Client Access. At the bottom of the page, enter your name and email address in the sign up area. We will get your portal setup for you within a couple business days.

Focusing beyond the numbers for your success!

www.welgaardcpa.com

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 [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

Social security number Taxpayer [4] Spouse [5]

First name [6] [7]

Last name [8] [9]

Occupation [10] [11]

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) 2 [12] [14]

Mark if dependent of another taxpayer [15] [16]

Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]

Mark if legally blind [20] [21]

Date of birth [22] [24]

Date of death [26] [27]

Work/daytime telephone number/ext number [28] [29] [30] [31]

Home/evening telephone number [32] [33]

Do you authorize us to discuss your return with the IRS? (Y, N) Y [34]

Present Mailing Address

Address [40]

Apartment number [41]

City, state postal code, zip code [42] [43] [44]

Foreign country name [46]

Foreign phone number [49]

In care of addressee [50]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

Table with 8 columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months in home, Dep Codes, Care expenses paid for dependent.

Name of child who lived with you but is not your dependent [52]

Social security number of qualifying person [53]

Dependent Codes

- *Basic 1 = Child who lived with you, 2 = Child who did not live with you due to divorce/separation, 3 = Other dependent, 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC), 5 = Qualifying child for Earned Income Credit only, 6 = Children who lived with you, but do not qualify for Earned Income Credit, 7 = Children who lived with you, but do not qualify for Child Tax Credit, 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit.
***Months 77 = Reported on odd year return, 88 = Reported on even year return, 99 = Not reported on return.
**Other 1 = Student (Age 19 - 23), 2 = Disabled dependent, 3 = Dependent who is both a student and disabled.

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

Preferred method of contact: _____ [18] _____ [26]

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [26]

NOTES/QUESTIONS:

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)

__ [1]

State postal code

__ [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]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ </div>
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2020 City Estimated Tax Payments

City #1		City #2	
City name	_____ [28]	City name	_____ [50]
Amount paid with 2019 return	+ _____ [31]	Amount paid with 2019 return	+ _____ [53]
2019 overpayment applied to '20 estimates	+ _____ [32]	2019 overpayment applied to '20 estimates	+ _____ [54]
Treat calculated amounts as paid	__ [36]	Treat calculated amounts as paid	__ [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

Calculated Amount

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

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

City #3		City #4	
City name	_____ [72]	City name	_____ [94]
Amount paid with 2019 return	+ _____ [75]	Amount paid with 2019 return	+ _____ [97]
2019 overpayment applied to '20 estimates	+ _____ [76]	2019 overpayment applied to '20 estimates	+ _____ [98]
Treat calculated amounts as paid	__ [80]	Treat calculated amounts as paid	__ [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

Calculated Amount

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

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

Credits: Rebate

Economic Impact Payment (EIP)/Stimulus Payment

Please provide all copies of Notices 1444 and 1444-B that you receive.

Taxpayer

Spouse

Economic impact payment(s) (EIP) received (also known as the stimulus payment): EIP 1 _____
 EIP 2 _____

Mark if taxpayer or spouse, if married, was member of US Armed Forces in 2020 _____

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---

Income: B1

Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D

Sales of Stocks, Securities, and Other Investment Property

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

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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			2020 Information	Prior Year Information
Other Income:			_____	_____
_____			_____	_____
_____			_____	_____

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.

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

Taxpayer

Spouse

	_____	_____
	_____	_____
	_____	_____
	_____	_____

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:

	_____	_____
	_____	_____
	_____	_____

Please provide all Forms 5498-SA.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	
Name of Trustee	_____ [4]	
State postal code	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2020 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2020	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2020	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2019 taken as constructive contributions for 2020	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2020? (Y, N) _____ [33]

NOTES/QUESTIONS:

Please provide all Forms 1099-SA.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Gross distributions received (Box 1)	+ _____[7]	
Earnings on excess contributions (Box 2)	+ _____[9]	
Distribution code (Box 3)	_____[11]	
Fair Market Value on date of death (Box 4)	+ _____[12]	
Box 5 -		
HSA	_____[13]	
Archer MSA	_____[14]	
MA MSA	_____[15]	
All distributions were used to pay unreimbursed qualified medical expenses	_____[17]	—
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2020	+ _____[19]	
Withdrawal of excess contributions by the due date of the return	+ _____[21]	
Amount of distribution rolled over for 2020	+ _____[23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/19	+ _____[27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2019 and in effect for the month of December 2019? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/20? (Y, N)	_____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2020 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____[39]	
Social security number of insured _____	_____[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____[42]	
Accelerated death benefits paid (Box 2)	+ _____[44]	
Check one (Box 3)		
Per diem	_____[46]	
Reimbursed amount	_____[47]	
Qualified contract (Box 4)	_____[48]	
Check, if applicable (Box 5)		
Chronically ill	_____[49]	
Terminally ill	_____[50]	
Are there other individuals who received LTC payments during 2020? (Y, N)	_____[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____[53]	
Number of days during the long-term care period _____	_____[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____[55]	

NOTES/QUESTIONS:

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	2020 Information
—	_____	_____	_____
	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		2020 Information	Prior Year Information
—	Unreimbursed expenses***	_____	_____
—	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***	_____	_____

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J	2020 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[1] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Union dues, other than amounts reported on Form W-2:		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[7] Tax preparation fees	+ _____ [8]	
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
[10] _____	+ _____ [11]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[13] Safe deposit box rental	+ _____ [14]	
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
[16] _____	+ _____ [17]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

NOTES/QUESTIONS:

Iowa General Information

County of residence as of December 31st _____ [1]
 School district _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Fish and Wildlife Fund _____ [3]
 State Fairgrounds Renovation _____ [4]
 Firefighters Fund and Veterans Trust Fund _____ [5]
 Child Abuse Prevention _____ [6]

Residency Information

Residency code _____ [7]

Residency Code

- | | |
|--|--|
| Blank = Both spouses have the same residency status | 4 = Taxpayer nonresident, spouse part-year resident |
| 1 = Taxpayer nonresident, spouse resident | 5 = Taxpayer resident, spouse part-year resident |
| 2 = Taxpayer resident, spouse nonresident | 6 = Taxpayer part-year resident, spouse resident |
| 3 = Taxpayer part-year resident, spouse nonresident | |

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	_____ [8]	_____ [10]
Moved out of Iowa	_____ [9]	_____ [11]

Nonresident Information

Illinois residents:

Iowa wages or salary only _____ [12]
 Wages or salary and other Iowa source income _____ [13]

NOTES/QUESTIONS:

Missouri General Information

County of residence name _____ [1]
 County of residence _____ [2]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund _____ [3]
 Veterans Trust Fund _____ [4]
 Elderly Home Delivered Meals Trust Fund _____ [5]
 Missouri National Guard Trust Fund _____ [6]
 Workers' Memorial Trust Fund _____ [7]
 Childhood Lead Testing Trust Fund _____ [8]
 Missouri Military Family Relief Trust Fund _____ [9]
 General Revenue Trust Fund _____ [10]
 Organ Donor Program Trust Fund _____ [11]
 Kansas City Regional Law Enforcement Memorial Foundation Trust Fund _____ [12]
 Soldiers Memorial Military Museum in St. Louis Trust Fund _____ [13]
 Trust Fund _____ [14] _____ [15]
 Trust Fund _____ [16] _____ [17]

Trust Fund Codes

01 = American Cancer Society	08 = March of Dimes
02 = American Diabetes Association	09 = National Arthritis Foundation
03 = American Heart Association	10 = National Multiple Sclerosis Society
04 = American Lung Association	12 = Cervical Cancer Fund
05 = ALS (Lou Gehrig's Disease)	13 = Breast Cancer Awareness Fund
07 = Muscular Dystrophy Association	14 = Adoptive Parent's Recruitment and Retention

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	Spouse
Missouri residency dates:		
From	_____ [18]	_____ [19]
To	_____ [20]	_____ [21]
Other state residency dates:		
From	_____ [22]	_____ [23]
To	_____ [24]	_____ [25]
Other state of residency	_____ [26]	_____ [27]
If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:		
Taxpayer	_____ [28]	
Spouse	_____ [29]	

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran _____ [30]
 Mark if you are disabled per section 135.010(2), RSMo _____ [31]
 Mark if surviving spouse social security benefits were received during the tax year _____ [32]

NOTES/QUESTIONS:

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) _____

Social security number _____