

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

TRADITIONAL IRA CONTRIBUTIONS

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)	1	51		
Contributions made to date	3	53		
1=covered by plan, 2=not covered	5	55		
.....	8	58		

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)	27	77		
Contributions made to date	30	80		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)	11	61		
Defined benefit contributions you expect to make	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)	12	62		
Plan contribution rate if not .25 (.xxxx)	501	551		
Individual 401k: SE elective deferrals (except Roth) (1=max.)	44	94		
Individual 401k: SE designated Roth contributions (1=max.)	144	194		
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)	22	72		
Employer matching rate if not .03 (.xxxx)	502	552		
1=nonelective contributions (2%)	24	74		
Contributions made to date	14	64		

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)	16	66		
Long-term care premiums	26	76		
Student loan interest paid (1098-E, box 1)	23	73		
Educator expenses (kindergarten thru grade 12)	28	78		
Jury duty pay given to employer	43	93		
Expenses from rental of personal property	37	87		
Other adjustments to income:				
_____	19	69		
_____	19	69		
_____	19	69		

Alimony paid:

	Taxpayer	Spouse
Date of divorce or sep. agreement	102.____	103.____
Recipient's first name	39.____	89.____
Recipient's last name	40.____	90.____
Recipient's SSN	41.____	91.____
Amount paid	18.____	68.____
	2019 amt:	2019 amt: