



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2020 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2020 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2019 information is included for your reference. You do not need to make any 2019 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2019 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, or Form 1099-NEC.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2019 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2019 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld.....	_____	_____
Medicare C premiums withheld.....	_____	_____
Medicare D premiums withheld.....	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income and 1099-NEC

1099-MISC Payer Name and 1099-NEC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2019 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2019 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions

	Taxpayer	Spouse
Traditional IRA contributions made for 2020	_____	_____
Roth IRA contributions made for 2020	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2020 Deductions

Medical and Dental Expenses	2020 Amount	2019 Amount
Prescription medications.....	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
Taxes	2020 Amount	2019 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____
Interest Expenses		
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name	2020 Amount	2019 Amount
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2020 Amount	
_____	_____	
Cash/Check/Credit Contributions	2020 Amount	2019 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
Miscellaneous Deductions	2020 Amount	2019 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list): _____	_____	_____

	Yes	No
1 Did you receive an Economic Impact (Stimulus) Payment? If yes, how much did you receive?	<input type="checkbox"/>	<input type="checkbox"/>
2 Did a lender cancel any of your debt in 2020? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020? If yes, please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a motor vehicle or boat during 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you purchase a hybrid or electric vehicle in 2020? If yes, enter year, make, model, and date purchased:	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you donate a vehicle in 2020? If yes, attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
7 What was the sales tax rate in your locality in 2020 ? % State ID	<input type="checkbox"/>	<input type="checkbox"/>
8 Did your marital status change during 2020?	<input type="checkbox"/>	<input type="checkbox"/>
9 If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
10 Were you or your spouse permanently and totally disabled in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200?...	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you provide over half the support for any other person during 2020?	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you incur adoption expenses during 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive any disability payments in 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2020 ? If yes, attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
19 a If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
20 b Did you incur any casualty or theft losses during 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you pay any individual for domestic services in 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you take a retirement account distribution related to the corona virus or a natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you buy or sell any stocks or bonds in 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you incur any moving expenses? If yes, attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
27 Did you receive any income not included in this Tax Organizer?.....	<input type="checkbox"/>	<input type="checkbox"/>
28 If yes, please attach information.	<input type="checkbox"/>	<input type="checkbox"/>
29 Do you expect your income and deductions in 2021 to be the same as 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
30 If no, attach explanation of changes expected.	<input type="checkbox"/>	<input type="checkbox"/>
31 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
32 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	<input type="checkbox"/>	<input type="checkbox"/>
33 a Did you obtain a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
34 b If yes, has any portion of that loan been forgiven?	<input type="checkbox"/>	<input type="checkbox"/>
35 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____	<input type="checkbox"/>	<input type="checkbox"/>
36 Enter your state of residence..... Taxpayer _____ Spouse _____	<input type="checkbox"/>	<input type="checkbox"/>

Electronic Filing and Direct Deposit of Refund Yes No

If your tax return is eligible for Electronic Filing, would you like to file electronically?.....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.
If you receive a refund, would you like direct deposit?

If yes, please provide a voided check (not a deposit slip) if your bank account information has changed.
What type of account is this?..... Checking Savings

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

General Questions

ORG3

PERSONAL INFORMATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 Did you receive an Economic Impact (Stimulus) Payment? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how much did you receive? | | |
| 2 Did your marital status change during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , explain | | |
| 3 Do you want to allow your tax preparer to discuss this year's return with the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no , enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy. | | |
| Designee's Name | | |
| Phone Number | | |
| Personal Identification Number (5 digit PIN) | | |
| 4 Do you or your spouse plan to retire in 2021? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Were you or your spouse permanently and totally disabled in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Enter date of death for taxpayer or spouse (if during 2020 or 2021): Taxpayer: _____ Spouse: _____ | | |
| 7 Were you or your spouse a member of the U.S. Armed Forces during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |

DEPENDENT INFORMATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| 8 a Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you provide over half the support for any other person during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you incur adoption expenses during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |

IRA, PENSION AND EDUCATION SAVINGS PLANS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 13 Did you take a retirement account distribution related to the corona virus or a natural disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 a Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you roll over all or part of a qualified plan into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |

ITEMS RELATED TO INCOME/LOSSES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 18 Did you receive any disability payments in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2020? (Attach copies of any escrow statements or Forms 1099.) | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Are you planning to purchase a home soon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did you incur any casualty or theft losses during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR YEAR TAX RETURNS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 23 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , enclose agent's report or notice of change. | | |
| 24 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
25 Did you have foreign income or pay any foreign taxes in 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
26 a At any time during 2020, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2020? Report all interest income on Org 11	<input type="checkbox"/>	<input type="checkbox"/>
27 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
28 Did you at any time during 2020, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
29 Did you receive Form 1095-A (Health Coverage)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
30 a Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
31 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
32 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	Yes	No
33 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
34 Did you start paying mortgage insurance premiums in 2020? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
35 Did you purchase a motor vehicle or boat during 2020?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing sales tax paid.		
36 Did you purchase an energy efficient vehicle in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter year, make, model, and date purchased: _____		
37 Did you donate a vehicle in 2020? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
38 What was the sales tax rate in your locality in 2020? _____ % State ID _____		
39 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
40 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
41 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach details.		
42 Did you or your spouse participate in a medical savings account in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
43 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you pay any individual for domestic services in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you, your spouse, or your dependents attend post-secondary school in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
47 Did a lender cancel any of your debt in 2020? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
48 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach information.		
49 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..	<input type="checkbox"/>	<input type="checkbox"/>
50 a Did you obtain a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, has any portion of that loan been forgiven?	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
51 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
52 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>

Caution: Review transferred information for accuracy.

53 If yes, please provide the following information:		
a Name of your financial institution	_____	
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)	_____	
c Account number	_____	
d What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2020	2019
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes.....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2020	2019
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2020	2019
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2020
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
	
	

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2019 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2020	2019
Premiums paid in 2020 for qualified mortgage insurance not from Form 1098 import		

Interest Paid and Cash Contributions (continued)

ORG14

INVESTMENT INTEREST		
	2020	2019
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2020 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2020					
Points paid in 2020					
Months loan outstanding					
Principal pd on loan in 2020					
b Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in 2020					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2020	2019
			<input type="checkbox"/>
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

