

2019  
**Organizer**  
for your income tax return  
information

# Taxpayer Information

## Personal Information

First name \_\_\_\_\_ Initial \_\_\_\_\_ Last name \_\_\_\_\_ Social Security Number \_\_\_\_\_ M/F \_\_\_\_\_  
 \_\_\_\_\_ TP  
 \_\_\_\_\_ SP

Street address \_\_\_\_\_ Apt. number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ County \_\_\_\_\_

Foreign Country \_\_\_\_\_ Foreign Province \_\_\_\_\_ Foreign Zip code \_\_\_\_\_

Preferred: Home/Cell Business/Cell Ext Fax  
 Taxpayer Telephone . . . ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Spouse Telephone . . . ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) \_\_\_\_\_  
 X if you authorize taxing authority to discuss return with paid preparer Federal . . . State . . .  
 X if you don't want state tax forms mailed to you next year . . . . .

## Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate X for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single . . . . .  
 Married, filing jointly . . . . .  
 Married, filing separately . . . . .  
 Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child) . . . . .  
 Widow (widower), as of 2017 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child . . . . .

### Head of Household or Qualifying Widow(er)

Indicate the name of the qualifying child who is not a dependent \_\_\_\_\_  
 Social security number of qualifying child . . . . .

## Taxpayer

## Spouse

### General

Occupation: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Date of death: \_\_\_\_\_  
 Disabilities: Blind \_\_\_ Deaf \_\_\_ Totally Disabled \_\_\_ Quadriplegic \_\_\_ Paraplegic/Quadriplegic/Hemiplegic \_\_\_ Other \_\_\_  
 Contribute to Presidential Campaign Fund . Yes \_\_\_ No \_\_\_ . . . . . Yes \_\_\_ No \_\_\_

## Information for Direct Deposit of Refund

Routing number \_\_\_\_\_ (should be 9 digits)  
 Account number \_\_\_\_\_  
 (Attach a voided check)

Account type  
 Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X . . . . .

If you want to direct your refund to more than one bank account (up to three in total) or to Purchase Savings Bonds with your refund, please indicate such on the continuation sheet.

# Dependent Information

## Dependents

In general, individuals may not be claimed as a dependent, unless:

- 1) they were a U.S. citizen or a U.S. legal resident, **and**
- 2) you provided over half of their total support in 2019, **and**
- 3) they had gross income of less than \$4,200 and was your qualifying relative, **or**, the individual was your child **and**
  - a) Your child was under age 19 at the end of 2019, **or**
  - b) Your child was under age 24 at the end of 2019 **and** was a student for any 5 mos.

No. of months lived in your home in 2019, born and died in the same year

Dependency relationship son, other, grandchild, etc. (Indicate with \* if dependent is part of non-custodial agreement)

Child care expenses incurred and paid in 2019\*

Indicate: T = Taxpayer, S = Spouse, J = Joint

First name	Last name	Social security number	Date of birth	Dependency relationship	No. of months lived in your home in 2019, born and died in the same year	Child care expenses incurred and paid in 2019*

\* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on a continuation sheet. Only include expenses incurred prior to each dependent's 13th birthday.

Organizer | General Information | Dependents | Columnar Dependents Entry

## Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return . . . . . 7

Organizer | General Information | Basic Return Data | Taxpayer Information

## Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate. Please attach supporting statements.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

Parent's name

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2019 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2018 unearned income.

First name	Last name	Interest & Ordinary Dividends	Net Capital Gain <span style="border: 1px solid black; padding: 2px;">1</span>	Investment Interest Expense	Qualified Dividends

Organizer | Income | Kid-tax Income | Tax for Children

## Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return. Please attach supporting statements. (Forms 1099-B; 1099-DIV and 1099-INT)

First name	Last name	Interest	Tax-exempt interest	Capital gains <span style="border: 1px solid black; padding: 2px;">1</span>	Total Dividends <span style="border: 1px solid black; padding: 2px;">2</span>

1 Please indicate amount of both short-term and long-term (including capital gain distribution).

2 Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.







# Schedule C - Profit or Loss from Business or Profession

<b>Activity Information</b>	
Indicate: <b>T</b> = Taxpayer, <b>S</b> = Spouse, <b>J</b> = Joint . . . . . _____ 1	
Business name . . . . . _____ 2	
Street . . . . . _____ 3	
City, state, zip, country . . . . . _____ 4	
Principal business/profession _____ 5	
Employer identification number _____ 6	<b>See Exhibit H</b>
Tax shelter registration number _____	
<b>Accounting Method</b>	
Indicate method of accounting: <b>A</b> = Accrual, <b>O</b> = Other, <b>Blank</b> = Cash, <b>B</b> = Leave unanswered . . . . . _____ 7	
If other (specify) _____ 8	
<b>Inventory Valuation</b>	
Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)	
C = Cost, L = Lower of cost or market, O = Other, D = Not applicable . . . . . _____ 9	
X if there was any change in determining quantities, cost, or valuation of inventories . . . . . _____ 10	
<b>Miscellaneous Information</b>	
Indicate <b>X</b> if this business was started or acquired during 2019 . . . . . _____ 11	
Indicate <b>X</b> if you received earnings as a statutory employee . . . . . _____ 12	
Indicate <b>X</b> if the business was disposed of in 2019 . . . . . _____ 13	
Indicate <b>X</b> if the business was ever audited by IRS, State, or Foreign Tax Authority . . . . . _____ 14	
Year of audit . . . . . _____ 15	
Indicate <b>X</b> if you made any payments in 2019 that would require you to file Form(s) 1099 . . . . . _____ 16	
Indicate <b>X</b> if you filed all required Form(s) 1099 . . . . . _____ 17	

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

<b>Income</b>		
<b>Gross Receipts or Sales</b>		
	2019 amount	PY amount
<b>See Exhibit I</b>		
Total or override		
Returns & allowances . . . . .		
<b>Cost of Goods Sold and/or Operations</b>		
	2019 amount	PY amount
Inventory at beginning of year . . . . .		
Purchases less cost of items withdrawn for personal use . . . . .		
Cost of labor . . . . .		
Materials and supplies . . . . .		
Other costs related to inventory		
Inventory at end of year . . . . .	<b>See Exhibit I</b>	
<b>Reimbursements</b>		
Meals and Entertainment . . . . .		
Other reimbursements . . . . .		
<b>Other Income</b>		
	2019 amount	PY amount
Total other income (Lines 29-30)		
Portfolio Income . . . . .		

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

# Schedule C - Profit or Loss from Business or Profession

**Business name:** \_\_\_\_\_

## Expenses

	2019 amount	PY amount	
Advertising . . . . .	_____	_____	32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page) . . . . .	_____	_____	33
Commissions and fees . . . . .	_____	_____	34
Contract Labor . . . . .	_____	_____	35
Employee benefit programs . . . . .	_____	_____	36
Insurance (other than health insurance) . . . . .	_____	_____	37
Mortgage interest paid to financial institutions . . . . . If amount is entered, please attach details and required bank documents.	_____	_____	38
Other interest . . . . .	_____	_____	39
Legal and professional services . . . . .	_____	_____	40
Office expenses postage, etc. . . . .	_____	_____	41
Pension and profit-sharing plans . . . . .	_____	_____	42
Machinery and equipment rent . . . . .	_____	_____	43
Other business property rent . . . . .	_____	_____	44
Repairs and maintenance . . . . .	_____	_____	45
Supplies . . . . .	_____	_____	46
Taxes and licenses . . . . .	_____	_____	47
Travel . . . . .	_____	_____	48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation) . . . . .	_____	_____	49
Utilities . . . . .	_____	_____	50
Wages (gross) . . . . .	_____	_____	51
Total expenses (Lines 32-51)	_____	_____	
Indicate <b>X</b> if you were subject to the Department of Transportation hours of service limits . . . . .			52

**See Exhibit I**

## Other Expenses

	2019 amount	PY amount	
Local transportation including train, cabs, bus, etc. . . . .	_____	_____	53
Overnight travel expense (lodging, car rental, taxi, etc. <b>excluding meals</b> ) . . . . .	_____	_____	54
Telephone . . . . .	_____	_____	55
Professional dues . . . . .	_____	_____	56
Stationery, postage . . . . .	_____	_____	57
Professional magazines, journals . . . . .	_____	_____	58
Other expenses (e.g. uniforms required as condition of employment) . . . . .	_____	_____	59
_____ . . . . .	_____	_____	60
_____ . . . . .	_____	_____	61
_____ . . . . .	_____	_____	62
_____ . . . . .	_____	_____	63
Total (Lines 53-63)	_____	_____	T

## Domestic Production Deduction - Sec. 199A

	2019	PY	
- Qualified Business Income . . . . .	_____	_____	64
- Specified Service Trade of Business . . . . .	_____	_____	65
- If there were wages paid to employees, provide a copy of Form W-3 filed for this activity . . . . .	_____	_____	66

# Schedule C - Profit or Loss from Business or Profession

**Business name:** \_\_\_\_\_

## Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2019. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
<div style="background-color: yellow; padding: 5px; display: inline-block;"><b>See Exhibit J</b></div>	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**New Clients:** For assets placed in service prior to 1/1/2019, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | *Business Name* | Depreciation and Amortization | Asset Detail \_\_\_\_\_

Notes:



# Interest Expense

## Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2019. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the Vacation Home organizer or the Office-in-Home organizer.)

### Form 1098 - Mortgage Interest and Taxes (Name of Lender)

	2019 amount	PY amount
<input type="checkbox"/> <b>X if home equity line/loan</b>		
Mortgage interest received from payer(s)/borrower(s) (Box 1) . . . . .		
Points paid on purchase of principal residence (Box 2) . . . . .		
Refund of overpaid interest (Box 4) . . . . .	<b>See Exhibit K</b>	
Qualified Mortgage Insurance Premiums (Box 5) . . . . .		
Real estate taxes paid or other amount shown . . . . .		

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

### Form 1098 - Mortgage Interest and Taxes (Name of Lender)

(Enter any additional Form 1098 information on a continuation sheet)

	2019 amount	PY amount
<input type="checkbox"/> <b>X if home equity line/loan</b>		
Mortgage interest received from payer(s)/borrower(s) (Box 1) . . . . .		
Points paid on purchase of principal residence (Box 6) . . . . .		
Refund of overpaid interest (Box 4) . . . . .		
Qualified Mortgage Insurance Premiums (Box 5) . . . . .		
Real estate taxes paid or other amount shown . . . . .		

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

### Other Mortgage Interest Not Reported on Form 1098

Indicate: T = Taxpayer, S = Spouse, J = Joint

	2019 amount	PY amount
_____		
_____		
Total (Lines 13 - 14)		

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

### Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2019 Points Paid	PY amount
<input type="checkbox"/> X if loan is a refinancing				

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

### Mortgage Interest Paid To an Individual

Name _____	SSN _____	I confirm this loan has properly
Address _____		been recorded _____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

### Other Mortgage Information

If your **home acquisition debt** (mortgages to buy, build, or improve your principal home and one other residence) totaled \$1 million or more at any time during 2019 (\$500,000 if married filing separately) or your **home equity debt** totaled \$100,000 or more at any time during 2018 (\$50,000 if married filing separately), provide balances below.

	Loan 1	Loan 2	Loan 3	Loan 4
Name of Lender	_____	_____	_____	_____
Jan 1 Beginning Balance	_____	_____	_____	_____
Dec 31 Ending Balance	_____	_____	_____	_____
Interest paid per Form 1098	_____	_____	_____	_____

If you meet the requirements listed above **and** you borrowed any new amounts on a mortgage this year, you prepaid more than one month's principal, or you did not make level payments at fixed intervals, also provide all monthly loan statements.


### Investment Interest Expense

Include margin loan interest paid to purchase securities

	2019 amount	PY amount
_____		
_____		
Total (Lines 22 - 23)		

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense




		<b>a</b> Employee's social security number		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>		
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld						
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld						
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld						
				<b>7</b> Social security tips		<b>8</b> Allocated tips						
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits						
<b>e</b> Employee's first name and initial		Last name		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12				
						<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>				
						<b>14</b> Other		<b>12c</b>				
<b>f</b> Employee's address and ZIP code								<b>12d</b>				
<b>15</b> State		Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name
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Form **W-2** Wage and Tax Statement

2019

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

		<b>a</b> Employee's social security number		OMB No. 1545-0008		Safe, accurate, <b>FAST! Use</b>				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld					
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld					
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld					
				<b>7</b> Social security tips		<b>8</b> Allocated tips					
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits					
<b>e</b> Employee's first name and initial		Last name		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12			
<b>f</b> Employee's address and ZIP code						<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>			
						<b>14</b> Other		<b>12c</b>			
								<b>12d</b>			
<b>15</b> State	Employer's state ID number		<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax		<b>20</b> Locality name			
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Form **W-2** Wage and Tax Statement

2019

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)		OMB No. 1545-0112		<b>2019</b> Form <b>1099-INT</b>	<b>Interest Income</b>
		1 Interest income					
		\$					
2 Early withdrawal penalty		\$					
PAYER'S TIN	RECIPIENT'S TIN	3 Interest on U.S. Savings Bonds and Treas. obligations				This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		\$					
RECIPIENT'S name		4 Federal income tax withheld	\$	5 Investment expenses	\$		
		6 Foreign tax paid		\$	7 Foreign country or U.S. possession		
Street address (including apt. no.)		8 Tax-exempt interest	\$	9 Specified private activity bond interest			
		10 Market discount		\$	11 Bond premium		
City or town, state or province, country, and ZIP or foreign postal code		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond			
		\$		\$			
		FATCA filing requirement <input type="checkbox"/>					
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State	16 State identification no.		17 State tax withheld
						\$	
						\$	

Form **1099-INT**

(keep for your records)

[www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Payer's RTN (optional)		OMB No. 1545-0112		<b>2019</b> Form <b>1099-INT</b>	<b>Interest Income</b>		
		1 Interest income							
		\$		2 Early withdrawal penalty		<b>Copy B</b> <b>For Recipient</b>			
		\$		3 Interest on U.S. Savings Bonds and Treas. obligations					
PAYER'S TIN		RECIPIENT'S TIN				This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			
RECIPIENT'S name		4 Federal income tax withheld		5 Investment expenses					
		\$		\$					
Street address (including apt. no.)		6 Foreign tax paid		7 Foreign country or U.S. possession					
		\$							
City or town, state or province, country, and ZIP or foreign postal code		8 Tax-exempt interest		9 Specified private activity bond interest					
		\$		\$					
		10 Market discount		11 Bond premium					
		\$		\$					
		FATCA filing requirement <input type="checkbox"/>		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond			
		\$		\$					
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State identification no.		17 State tax withheld	
								\$	

Form **1099-INT**

(keep for your records)

[www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

**Dividends and Distributions**

**2019**

Form **1099-DIV**

**Copy B  
For Recipient**

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		<b>1a</b> Total ordinary dividends	OMB No. 1545-0110
		\$	
		<b>1b</b> Qualified dividends	
		\$	
PAYER'S TIN		<b>2a</b> Total capital gain distr.	<b>2b</b> Unrecap. Sec. 1250 gain
		\$	\$
RECIPIENT'S TIN		<b>2c</b> Section 1202 gain	<b>2d</b> Collectibles (28%) gain
		\$	\$
RECIPIENT'S name		<b>3</b> Nondividend distributions	<b>4</b> Federal income tax withheld
		\$	\$
Street address (including apt. no.)		<b>5</b> Section 199A dividends	<b>6</b> Investment expenses
		\$	\$
City or town, state or province, country, and ZIP or foreign postal code		<b>7</b> Foreign tax paid	<b>8</b> Foreign country or U.S. possession
		\$	
		<b>9</b> Cash liquidation distributions	<b>10</b> Noncash liquidation distributions
		\$	\$
FATCA filing requirement <input type="checkbox"/>		<b>11</b> Exempt-interest dividends	<b>12</b> Specified private activity bond interest dividends
		\$	\$
Account number (see instructions)		<b>13</b> State	<b>14</b> State identification no.
			<b>15</b> State tax withheld
			\$
			\$

Form **1099-DIV**

(keep for your records)

[www.irs.gov/Form1099DIV](http://www.irs.gov/Form1099DIV)

Department of the Treasury - Internal Revenue Service

**2019 CONSOLIDATED FORM 1099**



Hyte Fund  
 211 Lexington Drive  
 Minneapolis, MN 55417  
 612-555-5555

Frank & Marilyn Carson  
 5473 W. Second Avenue  
 Minneapolis, MN 55417  
 612-111-1111

**PAYER'S FEDERAL ID NUMBER**  
 75-909090

**RECIPIENT'S ID NUMBER**  
 845-52-8589

**2019 FORM 1099-INT: INTEREST INCOME**

<i>(BOX)</i>	<i>(AMOUNT)</i>
1. INTEREST INCOME NOT INCLUDED IN BOX 3	0.00
2. EARLY WITHDRAWAL ON PENALTY	0.00
3. INTEREST ON US SAVINGS BONDS & TREASURY OBLIGATIONS	0.00
4. <b>FEDERAL INCOME TAX WITHHELD</b>	<b>0.00</b>
5. INVESTMENT EXPENSE	0.00
6. FOREIGN TAX PAID	0.00
7. FOREIGN COUNTRY OR U.S. POSSESSION	-----

**2019 FORM 1099-DIV: DIVIDENDS & DISTRIBUTIONS**

<i>(BOX)</i>	<i>(AMOUNT)</i>
1a. TOTAL ORDINARY DIVIDENDS	12.00
1b. QUALIFIED DIVIDENDS	0.00
2a. TOTAL CAPITAL GAIN DISTRIBUTIONS	276.00
2b. UNRECAPTURED SECTION 1250 GAIN	0.00
2c. SECTION 1202 GAIN	0.00
2d. COLLECTIBLES (28%) GAIN	0.00
3. NONDIVIDEND DISTRIBUTIONS	0.00
4. <b>FEDERAL INCOME TAX WITHHELD</b>	<b>0.00</b>
5. INVESTMENT EXPENSE	0.00
6. FOREIGN TAX PAID	0.00
7. FOREIGN COUNTRY OR US. POSSESSION	NONE
8. CASH LIQUIDATION	0.00
9. NONCASH LIQUIDATION	0.00

**2019 FORM 1099-B: PROCEEDS FROM BROKER & BARTER EXCH. TRANSACTIONS**

<i>DATE</i>	<i>DESCRIPTION</i>	<i>SHARES</i>	<i>PROCEEDS STOCK, BONDS, ETC</i>	<i>FED TAX WITHHELD</i>
03/01	VARIOUS STOCK	100	345.00	0.00
9/15	HYTE FUND	200	1,586.00	0.00
	<b>TOTAL</b>		1,931.00	0.00



Hyte Fund  
 211 Lexington Drive  
 Minneapolis, MN 55417  
 612-555-5555

**2019 CONSOLIDATED FORM 1099**

Frank & Marilyn Carson  
 5473 W. Second Avenue  
 Minneapolis, MN 55417  
 612-111-1111

**PAYER'S FEDERAL ID NUMBER**  
 75-909090

**RECIPIENT'S ID NUMBER**  
 845-52-8589

**LONG TERM CAPITAL GAINS/LOSSES**

<i>DATE ACQUIRED</i>	<i>DATE SOLD</i>	<i>SHARES SOLD</i>	<i>DESCRIPTION</i>	<i>PROCEEDS</i>	<i>PURCHASE PRICE</i>
12/5/2014	3/1/2019	100	VARIOUS	345.00	427.00
4/17/2009	9/15/2019	200	HYTE FUND	1,586.00	1,493.00
<b>TOTAL</b>				<b>1,931.00</b>	<b>1,920.00</b>

# New Dimensions

444 W. 44<sup>th</sup> Street  
New York, NY 10004  
555-555-5555

Frank & Marilyn Carson  
5473 W. Second Avenue  
Minneapolis, MN 55417  
612-111-1111

**PAYER'S FEDERAL ID NUMBER**  
77-221122

**RECIPIENT'S ID NUMBER**  
845-52-8589

**In 2019, you completed the following transaction with New Dimensions. This transaction is recorded with the IRS. Please notify us immediately if any discrepancies exist.**

<b>DATE ACQUIRED</b>	<b>DATE SOLD</b>	<b>SHARES SOLD</b>	<b>DESCRIPTION</b>	<b>PROCEEDS</b>	<b>PURCHASE PRICE</b>
03/05/2012	08/01/2019	100	<i>NEW DIMENSIONS FUND</i>	1,204.00	896.00

**SCHEDULE C**

---

<i>Activity Number</i>	100
<i>Owner</i>	Spouse
<i>Business Name</i>	Craftiques, Inc
<i>Address</i>	5473 W. Second Avenue Minneapolis, MN 55417
<i>Employer ID number</i>	12-2382721
<i>Principal Business code</i>	453220
<i>Inventory Valuation</i>	Cost
<i>Business Started</i>	4/15/2019

**Craftiques  
Income Statement  
For the Year Ended December 31, 2019**

**Revenue**

Gross Sales	\$ 19,150.00
Less: Sales Returns and Allowances	0.00
<b>Net Sales</b>	<b>\$ 19,150.00</b>

**Cost of Goods sold**

Beginning Inventory	0.00
Add: Purchases	\$ 9,750.00
Direct Labor	0.00
Gross Available for Sale	\$ 9,750.00
Less: Ending Inventory	\$ (2,975.00)
<b>Cost of Goods Sold</b>	<b>\$ 6,775.00</b>
<b>Gross Profit (Loss)</b>	<b>\$ 12,375.00</b>

**Expenses**

Advertising	\$ 100.00
Depreciation	\$ 375.00
Insurance	\$ 550.00
Legal and Professional Services	\$ 400.00
<b>Total Expenses</b>	<b>\$ 1,425.00</b>

**Net Income/loss**

**\$ 10,950.00**

The total of depreciation should not be entered, but should be calculated based on asset detail entered.

# A+ Computers

*The Best Computers for less*

1525 Main St.  
Minneapolis, MN 55417  
Phone 999.999.9011 Fax 999.999.9012

**SOLD TO:**  
Craftiques  
758 Millway Dr.  
Minneapolis, MN 55417

**SHIP TO:**  
Pick-up

**INVOICE # 002-004**  
**INVOICE DATE: April 15, 2019**

Date	Order #	Sale Rep	Ship Via	Terms	Customer ID
04/15/2019	01-654	John Doe	Pick-up	Net	5467

QUANTITY	ITEM	DESCRIPTION	UNIT PRICE	TOTAL
1	Laptop Computer	ACME 1000 XII	\$2,500.00	\$2,500.00
				\$2,500.00
Remittance \$2,500 4/15/2019				
Amount Due: - 0 -				
<b>TOTAL DUE</b>				<b>\$2,500.00</b>

Notes to Preparer:  
Computer is used for Craftiques Business.  
Mrs. Carson plans to keep the laptop computer for five years for business/  
personal purposes.  
Depreciation method: 5 years MACRS

**Exhibit J**

CORRECTED (if checked)

# Mortgage Interest Statement

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		* <b>Caution:</b> The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-1380 <b>2019</b> Form <b>1098</b>
RECIPIENT'S/LENDER'S TIN		PAYER'S/BORROWER'S TIN		<p><b>Copy B For Payer/ Borrower</b></p> <p>The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.</p>
PAYER'S/BORROWER'S name		1 Mortgage interest received from payer(s)/borrower(s)* \$		
Street address (including apt. no.)		2 Outstanding mortgage principal \$		
City or town, state or province, country, and ZIP or foreign postal code		3 Mortgage origination date		
9 Number of properties securing the mortgage		4 Refund of overpaid interest \$		
10 Other		5 Mortgage insurance premiums \$		
Account number (see instructions)		6 Points paid on purchase of principal residence \$		
		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
		8 Address or description of property securing mortgage (see instructions)		
		11 Mortgage acquisition date		

Form **1098**

(Keep for your records)

[www.irs.gov/Form1098](http://www.irs.gov/Form1098)

Department of the Treasury - Internal Revenue Service



United Way Campaign Pledge Receipt

To: Frank and Marilyn Carson  
5473 W. Second Ave.  
Minneapolis, MN 55417

Cash received: \$ 50.00

Date: 10/15/2019

*Thank you for supporting the United Way.*

**Church of Faith  
Benefit Receipt**

To: Frank and Marilyn Carson  
5473 W. Second Avenue  
Minneapolis, MN 55417

**Cash Received \$ 600.00**  
Date of Contribution: 12/31/2019

**Church of Faith  
4355 Meadow Drive  
Minneapolis, MN 55417**

*Lucinda Jones*  
Secretary - Treasurer

**From the Desk of Frank B. Carson**

*Miscellaneous Cash Contributions for 2019*

American Red Cross	\$ 50.00
Boy Scouts	40.00
Local school drive	25.00
Girl Scouts	10.00