GOSYSTEM TAX™

1040: CARSON CASE STUDY

FOR TAX YEAR 2019

Last Updated: February 14, 2020

THOMSON REUTERS®

TABLE OF CONTENTS

CHAPTER 1: CARSON CASE STUDY GUIDE

Upon completion of this case study, you will be able to:

- enter basic data from the Organizer and other source documents
- navigate through the tax system
- review the return using the Tax Forms
- compare your answers to a correctly completed return.

Click here to view and download a PDF of the guide, including the source documents.

INTRODUCTION

The Carson case study is designed for someone new to the tax software. The case study steps through the basics of preparing a return using the tax application and teaches many aspects of navigation and review. This training return provides hands-on data entry experience for a variety of tax topics such as entering wages, adding a business, and entering depreciation.

- Paper Organizer

CHAPTER 2: CARSON TAX RETURN SCENARIO

Frank and Marilyn Carson are sample clients. You are going to prepare their 2019 return using GoSystem Tax. The Carsons have completed an Organizer booklet that contains most of the information you need to complete this training return. Some of the information already appears in the tax return since this return was completed by your firm last year. Other information you will have to enter.

THE ORGANIZER BOOKLET

Begin by reviewing the Carsons' Organizer booklet information. Here are some things to note in the information that will be important when you enter data into the tax application.

- Some information is rolled over from 2018. You will need to verify this information.
- There are some items you will have to add to the return.
- There are some proforma'd items that rolled over from 2018 that you will need to delete to complete the return.

ITEMS TO NOTE

- Marilyn Carson changed jobs in 2019.
- The Carsons closed a bank account in 2018, that has proforma'd to 2019. Delete the proforma'd data that does not pertain to 2019.
- A consolidated 1099 was added in 2019, which includes dividend income and capital gains and losses.
- Marilyn Carson started a small business, so you will need to add a new Schedule C.
- The Schedule C business has an asset, so you will need to depreciate it.
- The Carsons had capital gains and losses.
- The Carsons had various itemized deductions.

Normally when information is proforma'd from the prior year, the address information, martial status, and dependent information would roll over. For case study purposes, you will need to enter and verify this information.

For navigation, see **Screen Components (page 6)**. For data entry techniques, see **Data Entry (page 9)**.

CHAPTER 3: SCREEN COMPONENTS

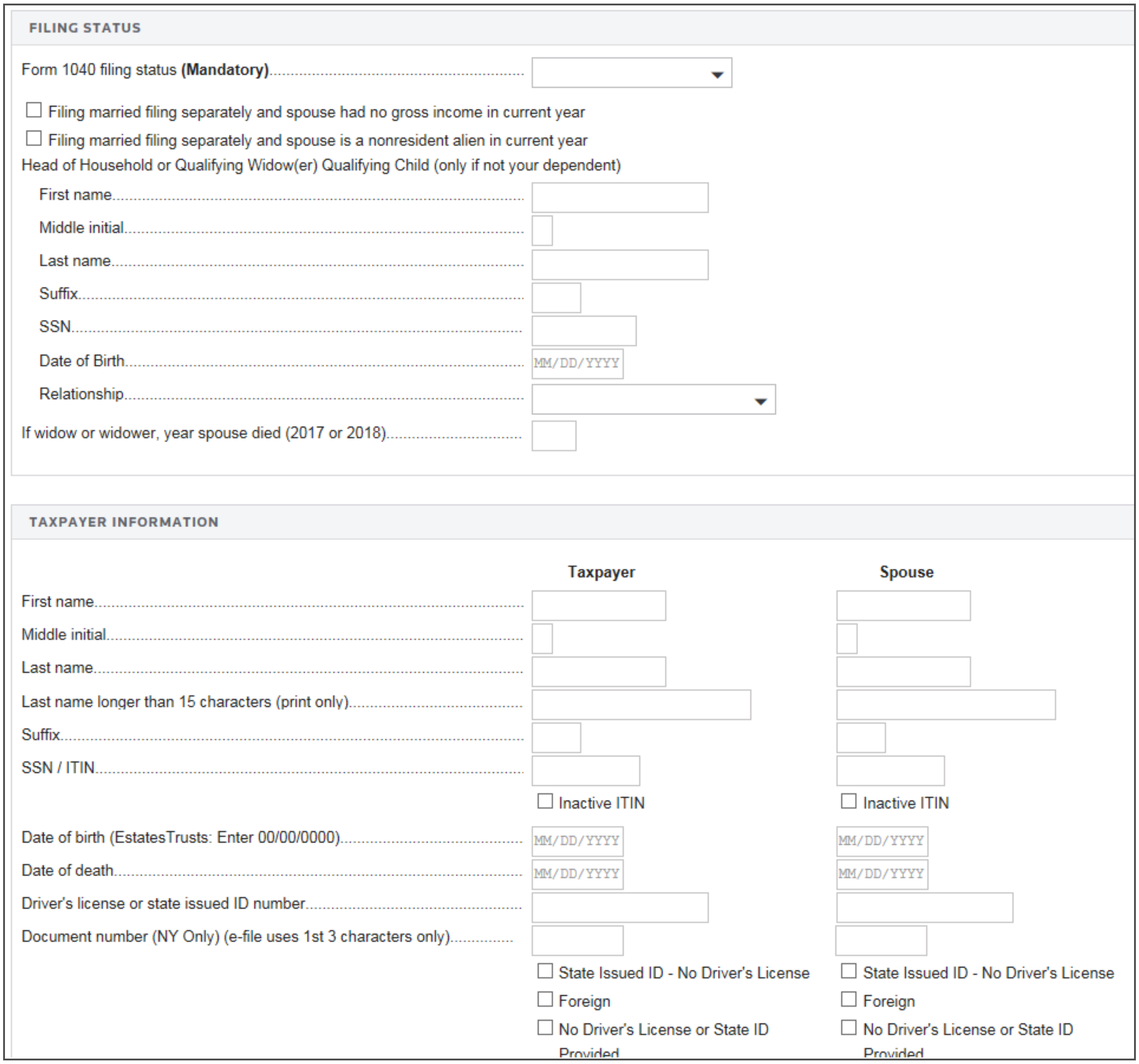
FORMS LIST WINDOW

The **Forms List Window** is used to access the **Organizer** and **Tax Form** screens. The **Forms List Window** is similar to other file management systems. **Organizer** and **Tax Forms** reside within a hierarchical arrangement of folders that can be expanded and collapsed for convenient viewing and access. The folders expands to show additional folders and page icons. A single-page icon indicates one screen for data entry, while the multi-page icon indicates multiple screens or tabs for data entry. Multi-page Organizer screens use tabs to access these additional pages.

Two **Forms List** tabs, **Organizer** and **Tax Forms**, provide separate lists for their respective contents. You can open a folder, **Organizer** screen, or **Tax Form** screen by selecting the item in the list. When you open an **Organizer** screen or **Tax Form** screen, it appears in the **Forms List** pane on the right.

ORGANIZER SCREEN

Information you enter in **Organizer** screens flows to the actual tax return.


FILING STATUS

Form 1040 filing status **(Mandatory)**

☐ Filing married filing separately and spouse had no gross income in current year
☐ Filing married filing separately and spouse is a nonresident alien in current year

Head of Household or Qualifying Widow(er) Qualifying Child (only if not your dependent)

First name
Middle initial
Last name
Suffix
SSN
Date of Birth — MM/DD/YYYY
Relationship

If widow or widower, year spouse died (2017 or 2018)

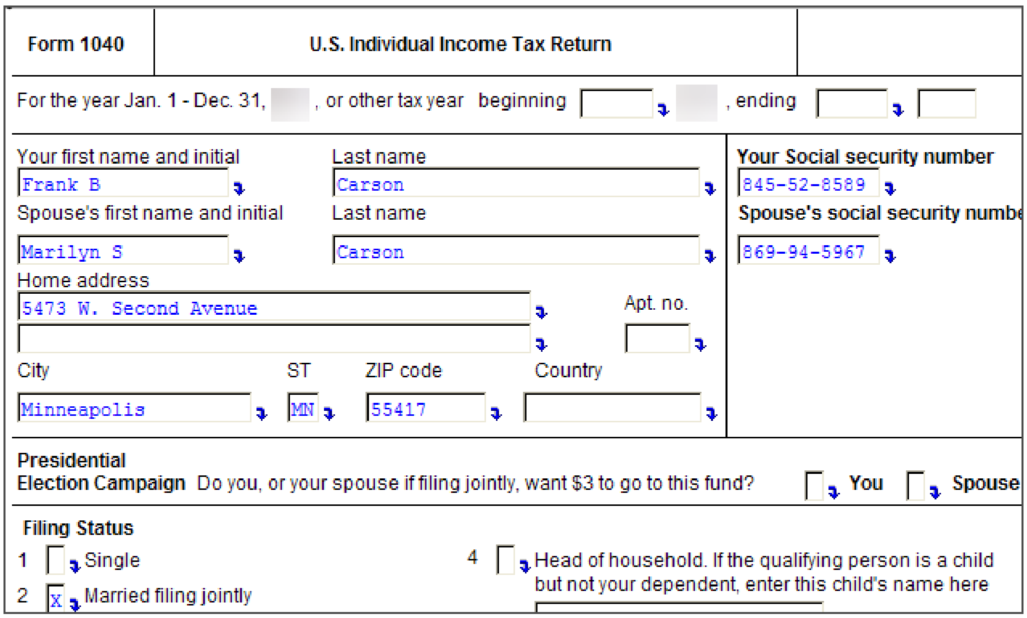
TAXPAYER INFORMATION

	Taxpayer	Spouse
First name		
Middle initial		
Last name		
Last name longer than 15 characters (print only)		
Suffix		
SSN / ITIN		
	☐ Inactive ITIN	☐ Inactive ITIN
Date of birth (EstatesTrusts: Enter 00/00/0000)	MM/DD/YYYY	MM/DD/YYYY
Date of death	MM/DD/YYYY	MM/DD/YYYY
Driver's license or state issued ID number		
Document number (NY Only) (e-file uses 1st 3 characters only)		
	☐ State Issued ID - No Driver's License	☐ State Issued ID - No Driver's License
	☐ Foreign	☐ Foreign
	☐ No Driver's License or State ID Provided	☐ No Driver's License or State ID Provided

Figure 3:1

TAX FORMS SCREEN

Tax Forms screens are on-screen facsimiles of the actual federal and state tax forms that are reproduced for the tax return.


Form 1040 U.S. Individual Income Tax Return

For the year Jan. 1 - Dec. 31, , or other tax year beginning , ending

Your first name and initial: Frank B
Last name: Carson
Your Social security number: 845-52-8589

Spouse's first name and initial: Marilyn S
Last name: Carson
Spouse's social security numbe: 869-94-5967

Home address: 5473 W. Second Avenue
Apt. no.

City: Minneapolis
ST: MN
ZIP code: 55417
Country

Presidential
Election Campaign Do you, or your spouse if filing jointly, want $3 to go to this fund? **You** **Spouse**

Filing Status
1 Single
2 X Married filing jointly
4 Head of household. If the qualifying person is a child but not your dependent, enter this child's name here

Figure 3:2

CHAPTER 4: DATA ENTRY

ORGANIZER BOOKLET

To begin, verify or enter all the data from the **Organizer** booklet. At the bottom of each **Organizer** page, the navigation to that data entry screen is shown. Start by clicking the **Organizer** tab and selecting the applicable **Organizer** screen.

Employee Compensation and Withholding

Wages and Salaries

Please enclose all copies of 2019 Forms W-2. Enter payments of estimated tax on the **Payments of Federal, State & City Estimated Tax** organizer.

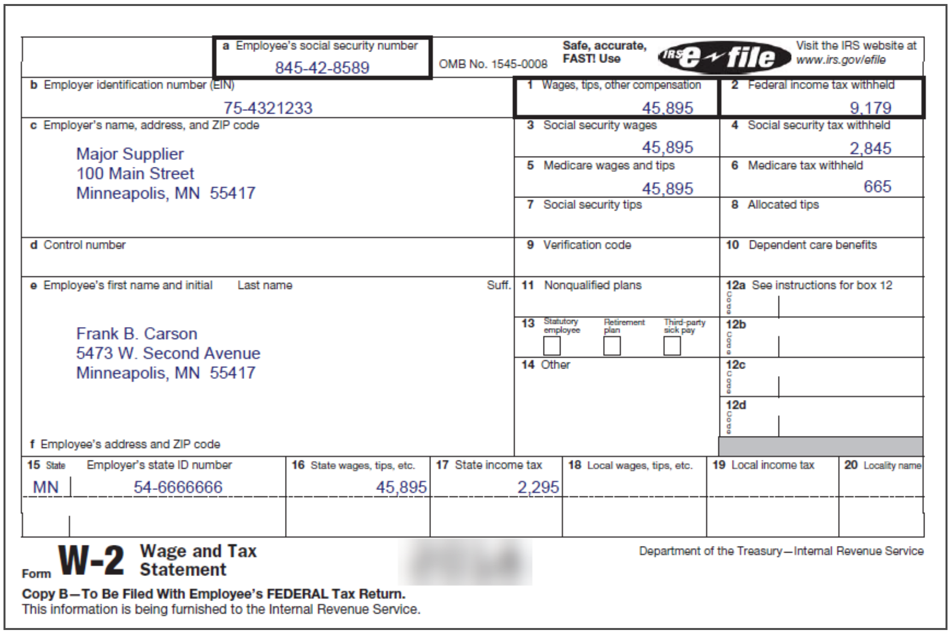
Indicate: **T** = Taxpayer, **S** = Spouse

	Employer's name / Name of state	Box 1 Wages and Salaries	Box 2 Federal income tax withheld	Box 4 Social Security tax withheld	Box 6 Medicare tax withheld	Box 17 State tax withheld Name state*:	Box 19 City tax withheld Name state*:
T	Major Supplier/MN	45,895	9,179	2,845	665	2,295/MN	
S	Smith Barney/MN	26,758	4,013	1,659	228	803/MN	

Figure 4:1

SOURCE DOCUMENTS

The source documents detail the items and information that must be entered in the return. Use these documents to enter the data in the Organizer.



a Employee's social security number: 845-42-8589
OMB No. 1545-0008
Safe, accurate, FAST! Use IRS e-file
Visit the IRS website at www.irs.gov/efile

b Employer identification number (EIN) 75-4321233	1 Wages, tips, other compensation 45,895
	2 Federal income tax withheld 9,179
c Employer's name, address, and ZIP code: Major Supplier, 100 Main Street, Minneapolis, MN 55417	3 Social security wages 45,895
	4 Social security tax withheld 2,845
	5 Medicare wages and tips 45,895
	6 Medicare tax withheld 665
	7 Social security tips
	8 Allocated tips
d Control number	9 Verification code
	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff.: Frank B. Carson, 5473 W. Second Avenue, Minneapolis, MN 55417	11 Nonqualified plans
	12a See instructions for box 12
	13 Statutory employee / Retirement plan / Third-party sick pay
	12b
	14 Other
	12c
	12d
f Employee's address and ZIP code	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MN	54-6666666	45,895	2,295			

Form **W-2** Wage and Tax Statement
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.

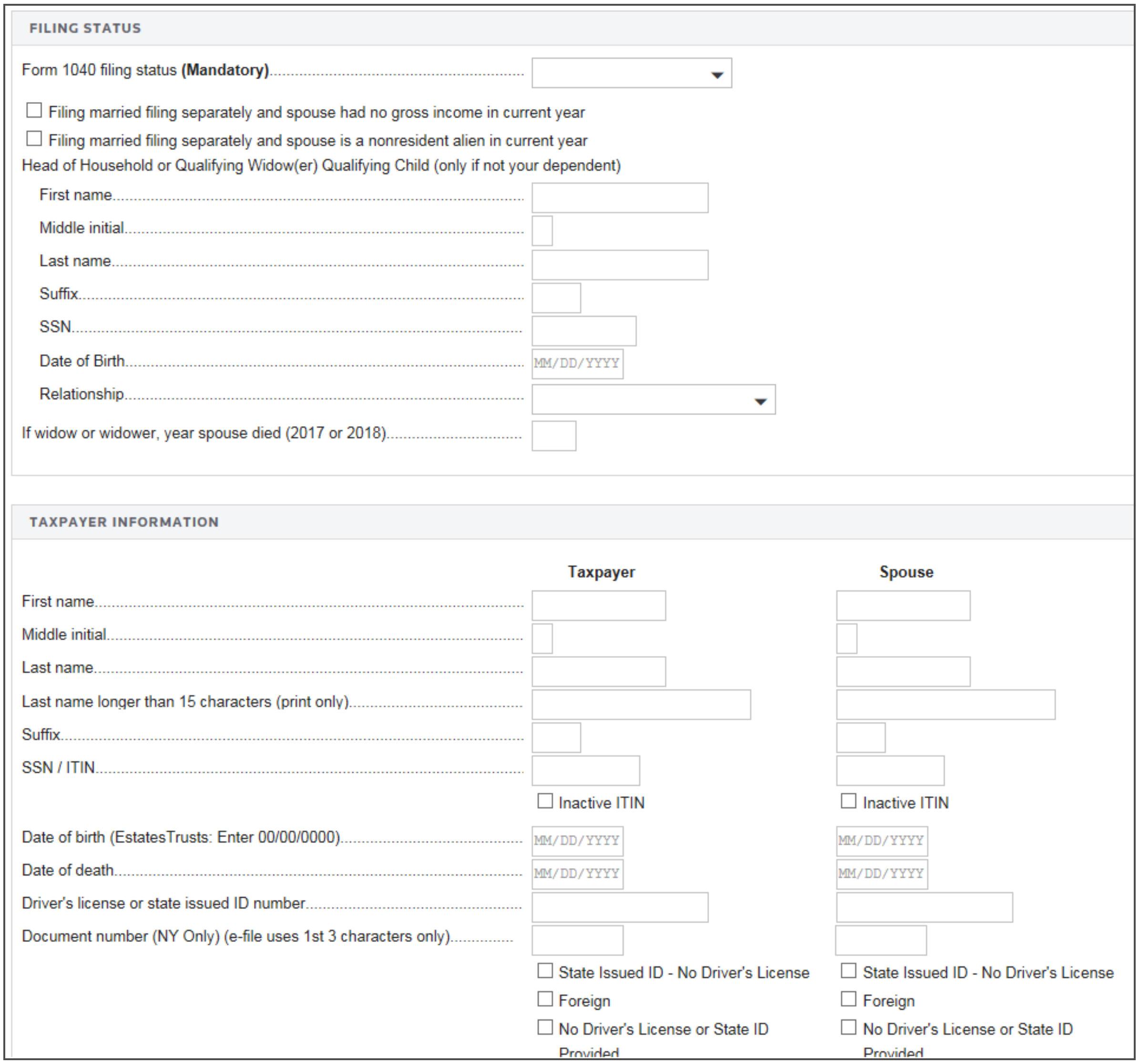
Figure 4:2

ENTERING INFORMATION

Basic Return Information

To begin, verify or enter the data from the Organizer booklet that relates to **General Information**. Start by clicking the **Organizer** tab and selecting the applicable **Organizer** screen.

1. Select **General Information > Basic Return Information > Taxpayer Information**.
2. Verify all the taxpayer information listed in the Organizer booklet, and add or change any applicable information.



FILING STATUS

Form 1040 filing status **(Mandatory)**

☐ Filing married filing separately and spouse had no gross income in current year
☐ Filing married filing separately and spouse is a nonresident alien in current year

Head of Household or Qualifying Widow(er) Qualifying Child (only if not your dependent)

First name
Middle initial
Last name
Suffix
SSN
Date of Birth — MM/DD/YYYY
Relationship

If widow or widower, year spouse died (2017 or 2018)

TAXPAYER INFORMATION

	Taxpayer	Spouse
First name		
Middle initial		
Last name		
Last name longer than 15 characters (print only)		
Suffix		
SSN / ITIN	☐ Inactive ITIN	☐ Inactive ITIN
Date of birth (EstatesTrusts: Enter 00/00/0000)	MM/DD/YYYY	MM/DD/YYYY
Date of death	MM/DD/YYYY	MM/DD/YYYY
Driver's license or state issued ID number		
Document number (NY Only) (e-file uses 1st 3 characters only)	☐ State Issued ID - No Driver's License ☐ Foreign ☐ No Driver's License or State ID Provided	☐ State Issued ID - No Driver's License ☐ Foreign ☐ No Driver's License or State ID Provided

Figure 4:3

3. Continue entering all data from each Organizer booklet page using the source documents until you have completed the date entry for the return. All of the information in this section relates to the Organizer booklet and source documents.

   Filing Status is ***mandatory*** and must be entered.

4. Enter or verify that all the dependent information shown here appears in the tax application. Both dependents lived with their parents for the full 12 months. No entry is required, as 12 months is the default.

Employer Information

Since Marilyn did not work for Kelly Services in 2019, the wage information should be deleted.

1. Click **Kelly Services** on the **Forms List** window.
2. Press the **Delete** key on the keyboard.
3. Click **OK**.

Since Marilyn changed employers in the current tax year, you must add a new employer to the return.

1. From the **Employer Name** list, select **Add new Employer Name**.
2. Enter *Smith Barney* in the **Add new Employer Name** dialog box.
3. Select the **Spouse** option.
4. Enter Marilyn's wage information.

Wage Income

1. Select **Organizer > Income > Wages and Salaries > Wage Input**.
2. Select the employer **Major Supplier**.
3. On the facts that you printed out, find Frank Carson's gross wages from Major Supplier. Type that amount.
4. Enter the federal tax withheld.
5. Enter the amount of wages subject to Social Security tax.
6. Enter the Social Security tax withheld.

7. Enter the amount of wages subject to Medicare tax.
8. Enter the amount of Medicare tax withheld.
9. Enter the state zip or postal code in the 2-digit field and then type the amount of state tax withheld.
10. Select **Kelly Services**.
11. Since Marilyn did not work for Kelly Services in the tax year, press the **Delete** key on the keyboard to delete Kelly Services from the return. Click **OK** to confirm the deletion.

Make sure that **Compute** is off. To do so, select **Compute > Auto Compute** to turn the **Compute** option on or off.

Interest and Dividend Information

Include the couple’s interest income in the return.

1. Select **Organizer > Income > Interest Income > 1099-INT**.
2. Select **Norwest Bank** and then enter the interest income not included in Box 3.
3. Select **American Savings**, and then enter the interest income not included in Box 3.
4. Remove **First Interstate** from the **Organizer** screen. To do so, select **First Interstate**. Then select **Delete**.

Include the couple's dividend income in the return.

1. Select **Organizer > Income > Dividend Income > 1099-DIV > New Dimension**.
2. Enter the amount for Ordinary Dividends in the **Ordinary Dividend** field.
3. Enter the amount for Capital Gain Distributions in the **Total capital gain distribution** field.
4. From the **Dividend Input** list, select **Add new 1099-DIV payer**.
5. Enter **Hyte Fund** in the **Add new 1099-DIV payer** dialog box.
6. Select **OK**.
7. Enter the amounts for **Ordinary Dividends** and **Total capital gain distributions** as you did in steps 2 and 3.

The Carsons entered into a new investment in the current tax year called the Hyte Fund. You must

Dividend income carries to Schedule B and capital gains information carries to Schedule D.

Capital Gains and Losses

Capital gains and losses should be entered in the **Gains and Losses** folder. The gains and losses that relate to the Consolidated 1099 should be entered in that screen.

1. Select **Organizer > Gains and Losses > Capital Gains and Losses > Add new Description of Property**.
2. Enter **New Dimensions Fund** in the **Add new Description of Property** dialog box.
3. Enter the date acquired and date sold in the **Date acquired and Date sold** fields.
4. In **Computation of Gain(Loss)**, enter the sale proceeds in the **Proceeds (sales price)** field.
5. In **Computation of Gain(Loss)**, enter the cost in the **Cost or other basis** field.

Each activity has a folder for entering **Gains and Losses** that relate to that activity. For gains and losses that do not relate to a particular activity, scroll down and enter them in the main **Gains and Losses** folder.

Schedule C Business Information

In 2019, Marilyn Carson started a small business, which is reported on Schedule C.

1. Select **Organizer > Income > Business Income > Add new Business Name**.
2. In the **Add new Business Name** dialog box, type *Craftiques* (the name of Marilyn's new business), and then click **OK**.
3. Enter *001* in the **Activity** number field.
4. Select the **Spouse** option to indicate that this Schedule C belongs to Marilyn.
5. Verify that the **Accounting Method** is **Accrual**. If not, change it to **Accrual**.
6. Verify that the **Inventory Valuation** method is *Cost*.
7. Verify that under **Income Type**, the **Taxpayer materially participates** option is selected.
8. Select the option to indicate that Marilyn's business was acquired during the year of the return.

Schedule C Business Income and Expenses

Enter the business information and income and expenses for Marilyn’s new company, including the depreciable asset.

1. Include Marilyn's business expenses in the tax return.
2. Select the **Income/Expense** tab in the Craftique Organizer.
3. Enter the income and expenses listed in the facts that you printed out.
4. Enter the depreciation for Marilyn's computer in the **Business Income** section of the Organizer.
5. Select **Depreciation and Amortization > Asset Detail > Add New Asset**.
6. Enter the depreciation information from the facts that you printed.

Mortgage Interest and Real Estate Taxes

Mortgage interest and real estate taxes should be entered in the **1098** folder.

1. Select **Organizer > Itemized Deductions**.
2. Select **Form 1098 - Mortgage Interest**.
3. Select **Add New Form 1098 - Mortgage Interest**.
4. Enter the mortgage interest and tax amounts.

Charitable Contributions

Charitable contributions should be entered under **Contributions**.

1. Select **Organizer > Itemized Deductions**.
2. Select **Contributions Current Year**, and enter the cash contributions.
3. Select **Miscellaneous-2%**, and enter the amount of the tax preparation fees.

CHAPTER 5: REVIEWING THE RETURN

The tax preparation process includes thorough review to ensure complete and accurate information on the return. System tools and features let you locate errors and verify data. You can view the complete return online and make corrections before printing.

The return must be fully computed after all information has been entered. Select **Compute > Full Recompute**.

1. Review diagnostics and overrides (described in the next section).
2. Review the Tax Forms.
3. Review the supporting work papers.
4. Review the return through print preview.
5. Enter any corrections or changes before printing the return.

DIAGNOSTICS

Viewing Diagnostics

The following directions and windows guide you through the process of viewing diagnostics in the tax application.

1. Select **Compute > Full Recompute** to recompute the return, if necessary.
2. Click the **Organizer** or the **Tax Forms** tab on the **Forms List Window**.

3. Select **View > Diagnostics**.

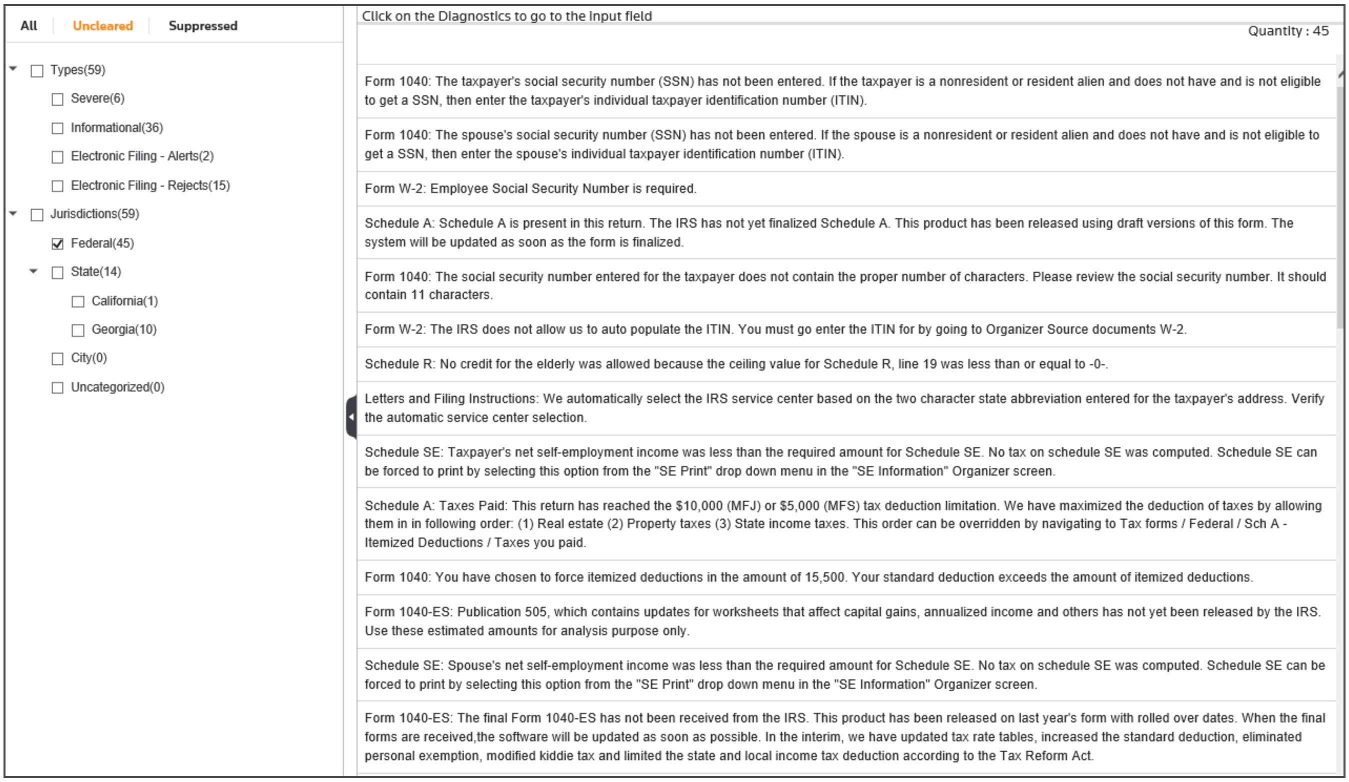


Figure 5:1

4. Select the diagnostic description box or highlight the specific diagnostic and click the diagnostic to go to the input field.

   The diagnostic types are:

   - **Severe**: errors that have a negative impact on the computation of the return. These errors must be corrected and the return recomputed before the return will be correct.
   - **Informational**: explanations and assumptions made during the compute process. These provide information and have no negative impact on your ability to properly compute the tax return. Review these diagnostics to be sure the proper assumptions were applied. If not, modify your input for the item and recompute the tax return.
   - **E-file**: errors or omissions that affect the application’s ability to create an electronic data file for use in e-file. Each of these diagnostics must be corrected and the return recomputed for an electronic data file to be created. These errors prevent the return from being available for e-file.

5. Complete or correct the data as needed on the Organizer.
6. Repeat the steps to review the next diagnostic message for this return.

Preparers have the ability to “clear” or “suppress” diagnostics. However, all diagnostics will print. The “cleared” or “suppressed” diagnostics print with an asterisk “*” in front of the diagnostic. If you are printing diagnostics for a state, only that state’s diagnostics will print.

Suppressing Diagnostics

1. Select **View > Diagnostics**.
2. Navigate to the **All** tab.
3. Place a check mark in the box next to the diagnostic you wish to suppress.

OVERRIDES

When reviewing **Tax Forms**, look for any field that has a blue or red asterisk (*), which marks an override. You should have no overrides from your data entry if you have been entering data through Organizers.

Clearing Overrides

1. Select **View > Overrides**.

Click on the Overrides to go to the Input field
Check and Click Clear Override to Clear Override

	Computed Value	Override Value
☐	75-2154788	96-5200471
☐	Firm Name	FOREST TAXES

Figure 5:2

2. Follow the on-screen instructions to clear the override.

Deleting Overrides

1. Click the Organizer field with the override.
2. Right-click and select **Clear Override**.

COMPARISON

When the case study is completed, you can compare your entries with the master return that Thomson Reuters completed using the same data. To compare the Carson return you prepared to the master, select **Case Study Comparison** from the **Help** menu.

Differences between the amount in your return and the amount in the master return are noted in the **Difference** column. There should be no amounts in the **Difference** column if you entered the data correctly.

There should be no overrides in the return if all entries are made through the Organizer screens. If you have differences on the case study comparison screen, open the Master Carson case study and compare the **Organizer** screens to your screens.

PRINTING THE CARSON RETURN

You can print the Carson return in several ways.

Printing from Print Preview

While viewing the Preview Return version of the return:

1. Select **Print**. Doing so allows you to print the completed tax form you are viewing.
2. When the **Print** dialog box opens, make the selections you want.
3. Select **OK**.

Selective Printing from Print Preview

1. Select the form that you wish to print on the **Forms List Window**.
2. Select **Print**.
3. When the **Print** dialog box opens, select the current selection.
4. Select **OK**. You will print the completed tax form that you selected.

CHAPTER 6: CREATING TRAINING RETURNS

To complete a case study, you need to create a new return:

1. On the top menu, select **Help > Case Studies > New**.
2. Set the Tax Year to 2019
3. Select the master case study that you wish to clone, and enter a name for your return. For example, if you select the Carson Case Study, enter *XXCARSON* as the name of your return (where *XX* represents your initials). Include the case name in the **Name** field to identify the case data duplicated into the return.

   New case studies automatically assign the person who creates them as the preparer.

4. Enter a password if desired, and then re-enter the password to validate it.
5. Select **Add**.
6. Your newly created case study will be queued for addition.
7. To access your new case study, select **Help > Case Studies > Preparer**.
8. Select *2019* for the tax year.
9. Select yourself as the preparer.
10. Click **Continue**.
11. A list of your cloned case studies appear. Select the case study you wish to work on, and click the locator number in the second column.
12. Your case study return opens.

CHAPTER 7: 1040 CARSON CASE STUDY FACTS (CASCAM)

- Frank B. & Marilyn S. Carson
- 1040 Learning Return for 2019

Frank and Marilyn Carson are sample clients. You are going to prepare their 2019 return using the tax application. The Carsons completed an Organizer.

The Carson case study is designed for someone new to the tax software. The case study steps through the basics of preparing a return using the tax application and teaches many aspects of navigation and review. This training return provides hands-on data entry experience for a variety of tax topics such as entering wages, adding a business, and entering depreciation.

The ***Carson Case Study Guide (page 1)*** contains completed facsimiles of the Carsons' Organizer and source documents.

TARGETED AREAS

- Taxpayer/dependents
- Wages
- Interest
- Dividends
- Schedule C income
- Depreciation
- Capital gain/loss (stocks)
- Itemized deductions
- Charitable contributions

DATA ENTRY AREAS

RETURN INFORMATION

Taxpayer Information

1. Select **Quick Track > Basic Return Data**.

    OR

    Select **General Information > Basic Return Information > Taxpayer Information**.

2. Enter the following information:

	TAXPAYER	SPOUSE
NAME	***Frank B Carson***	***Marilyn S Carson***
ADDRESS	***5473 W. Second Avenue*** ***Minneapolis, MN 55417***	
TELEPHONE NUMBERS	Home ***(612) 111-1111*** Business ***(612) 222-2222***	
DATE OF BIRTH	***01/10/1969***	***03/01/1972***
SSN	***845-52-8589***	***869-94-5967***
OCCUPATION	***Manager***	***Secretary***
CONTRIBUTE TO PRESIDENTIAL CAMPAIGN?	***Yes***	***Yes***

3. Verify that ***Married filing joint*** is selected. The filing status is a ***mandatory*** entry on the 1040 return.

Dependent Information

1. Select **Quick Track > Dependent Information**.

   OR

   Select **General Information > Dependents > Dependent Input > Add new First Name**.

2. Add the following dependents:

NAME	DATE OF BIRTH	SSN
Craig A	***10/10/2001***	***863-19-4662***
Karen C	***06/01/2010***	***863-24-8813***

3. Both dependents lived with their parents for the full 12 months (no entry required, *12 months* is the default).

W-2 Information

Taxpayer W-2 Information

1. Select **Quick Track > W-2 Wages & Salaries**.

   OR

   Select **Source Documents (W-2, 1099s, 1098) > W-2**.

2. Select ***Major Supplier***, and enter the following:

   EIN ***75-4321233***

   State EIN ***54-6666666***

   Address: ***100 Main Street, Minneapolis, MN 55417***

3. Select ***Taxpayer*** from the radio button choices.

4. Enter the following. Social Security and Medicare Wages are the same as Wages.

   Wages ***$45,895***

   Federal W/H ***$ 9,179***

   Social Security W/H ***$ 2,845***

   Medicare W/H ***$ 665***

   State W/H ***$ 2,295***

Spouse W-2 Information

1. Since Marilyn did not work for *Kelly Services* in 2019, that wage information should be deleted. Click *Kelly Services* from the Forms List window. Press the **Delete** key. A pop-up window asks you to confirm your

selection. Click **OK**.

2. Select **Add new Employer Name**.
3. Enter ***Smith Barney***.

   EIN ***75-5553211***

   State EIN ***54-4545454***

   Address ***5473 W. Second Ave., Minneapolis, MN 55417***
4. Click the ***Spouse*** radio button.
5. Enter the following for Smith Barney. Social Security and Medicare Wages are the same as Wages.

   Wages ***$26,758***

   Federal W/H ***$ 4,013***

   Social Security W/H ***$ 1,659***

   Medicare W/H ***$ 388***

   State W/H ***$ 803***

INCOME INFORMATION

Interest Income

1. Select **Quick Track > 1099-INT Interest**.

   OR

   Select **Source Documents (W-2, 1099s,1098) > 1099-INT/1099-OID**.
2. Enter the following 2019 amounts. These interest items are owned jointly.

   Norwest Bank ***$ 493***

American Savings ***$ 289***

3. Click **First Interstate** and press the **Delete** key to remove this line item from the Organizer screen.

Dividend Income

1. Select **Quick Track > 1099-DIV Dividends**.

   OR

   Select **Source Documents (W-2, 1099s, 1098) > 1099-DIV**.

2. Enter the following for ***New Dimension Fund***:

   Ordinary Dividends ***$ 118***

   Capital Gain Distributions ***$ 348***

3. Select **Add new 1099-DIV Payer**.
4. Enter ***Hyte Fund*** and click **OK**.
5. Enter the following:

   Ordinary Dividends ***$ 12***

   Total Capital Gain Distribution ***$ 276***

The dividend income carries to Schedule B, and the capital gains distribution information carries to Schedule D.

Business Information

Marilyn Carson started a small business in 2019, which will be reported on Schedule C.

1. Select **Quick Track > Business Income**.

   OR

   Select **Income > Business Income > Add new business name**.

2. Enter ***Craftiques*** and click **OK**.

   Craftiques is now listed under **Business Income**.

3. Click the **Spouse** radio button to indicate that this Schedule C belongs to Marilyn.
4. Enter the **Business Address**: ***5473 W. Second Ave., Minneapolis, MN 55417***.
5. Enter the **Principal Business Code**: ***453220***.
6. Verify under the **Sch C Miscellaneous Info** tab that the **Accounting Method** is ***Cash*** and the **Inventory Valuation** method is ***Cost***.
7. Verify under **Income Type** that Marilyn Carson ***materially participates***.
8. Verify the **At Risk Information**: ***All at risk***.
9. Check under **Miscellaneous Information** that the business was acquired during the year.
10. To enter business income and expenses, click the **Income/Expenses Detail** tab at the top of this form.
11. Enter ***$ 19,150 Sale of Crafts*** for **Gross Receipts or Sales Detail**.
12. Click the **Sch C Inc/Exp** tab.
13. Enter the following:

    Purchases less cost of items withdrawn for personal use ***$ 9,750***

    Inventory at end of year ***$ 2,975***

    Advertising ***$ 100***

    Insurance ***$ 550***

    Legal and professional services ***$ 400***

Depreciation Information

The depreciation on the laptop that Marilyn Carson uses for her business should be entered on the Business Income part of the Organizer.

1. Select **Depreciation and Amortization > Asset Detail > Add new Asset**.
2. Enter ***Laptop Computer*** and click **OK**.
3. Enter the following asset information:

   Date placed in service ***04/15/2019***

   Cost ***$ 2,500***

   Method ***5 year MACRS***

   > Drop-down lists of alternative tax treatments facilitate entering assets for depreciation.
   >
   > Leave the **Life** field blank. The system, by default, uses the 5-year life for 5 Year modified accelerated cost recovery property.

4. Since the laptop was used only 75% for business, scroll to the **Business Percent and Salvage Value** section.
5. Enter ***.75*** in the **Business use % if not 100%** field.

> The asset is over 50% business use. However, for this training return, guidance in selecting a **Property Type** option will not be provided.

Capital Gains and Losses

1. Select **Quick Track > Capital Gains and Losses**.

   OR

   Select **Gains and Losses > Capital Gains and Losses > Add new Description of Property >**

Capital Gains and Losses.

2. Enter the following information: (Joint Ownership):

	DATE ACQUIRED	DATE SOLD	SALES PROCEEDS	COST
NEW DIMENSIONS FUND	***03/05/2012***	***08/01/2019***	***$1,204***	***$ 896***
HYTE FUND	***04/17/2010***	***09/15/2019***	***$1,586***	***$1,493***
VARIOUS	***12/05/2015***	***03/01/2019***	***$ 345***	***$ 427***

Each activity has a folder for entering gains and losses that relate to that activity. For gains and losses that do not relate to a particular activity, enter them in the main **Gains and Losses** folder.

ITEMIZED DEDUCTIONS

1. Select **Quick Track > 1098 Mortgage Interest**.

   OR

   Select **Itemized Deductions > Taxes and Interest > Columnar Input – Form 1098**.

2. If you use **Quick Track**, select **Add new 1098 - Mortgage Interest & T**.
3. Enter ***Mortgage Lender's Trust***.
4. Enter Mortgage Interest (Joint): ***$9,683***.
5. Enter Real Estate Taxes Paid: ***$1,164***.

   You can use **Previous** and **Next** to page through all the forms screen by screen.

6. Select **Itemized Deductions > Contributions > Contributions - CY and Carryovers**.

7. Enter for **Current-Year Cash Contributions (Joint)**:

   United Way ***$ 50***

   Church ***$ 600***

   Miscellaneous Charities ***$ 125***

8. Enter ***60%*** as limitation.

FILING INSTRUCTIONS

1. Select **Quick Track > Letters & Filing Instruct**.

   OR

   Select **Letters and Filing Instructions > General Options**.

2. Select **Transmittal Letter and Filing Instructions**.

This activates the filing instructions by referring to the taxpayer address already entered. You can override the selection by clicking the **Preferences** tab and choosing from the drop-down list titled **IRS Service Center (Override)**.

2019

Organizer

for your income tax return information

Taxpayer Information

Personal Information

First name | Initial | Last name | Social Security Number | M/F

___ ___ ___ ___ ___ **TP** 1

___ ___ ___ ___ ___ **SP** 2

Street address | Apt. number

___ ___ 3

___ 4

City | State | Zip code | County

___ ___ ___ ___ 5

Foreign Country | Foreign Province | Foreign Zip code

___ ___ ___ 6

Preferred:	Home/Cell	Business/Cell	Ext	Fax	
Taxpayer Telephone . .	( )	( )	___	( )	7
Spouse Telephone . . .	( )	( )	___	( )	8

E-Mail Address ___ 9

X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) ___ 10

X if you authorize taxing authority to discuss return with paid preparer Federal . . ___ State . . ___ 11

X if you don't want state tax forms mailed to you next year . . . . ___ 12

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 . . . . ___ 13

Married, filing jointly . . . . ___ 14

Married, filing separately . . . . ___ 15

Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child) . . . . ___ 16

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 . . . . ___ 17

Head of Household or Qualifying Widow(er)

Indicate the name of the qualifying child who is not a dependent ___ 18

Social security number of qualifying child . . . . ___ 19

General

	Taxpayer	**Spouse**	
Occupation:	___	___	20
Date of birth:	___	___	21
Date of death:	___	___	22
Disabilities:	Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___	Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___	23
	Paraplegic/Quadriplegic/Hemiplegic ___ Other ___	Paraplegic/Quadriplegic/Hemiplegic ___ Other ___	24
Contribute to Presidential Campaign Fund	. Yes ___ No ___	. . . . Yes ___ No ___	25

Information for Direct Deposit of Refund

Routing number ___ (should be 9 digits) 26

Account number ___ 27

(Attach a voided check)

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.

Account type

Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X . . . . ___ 28

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.

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

Indicate	First name	Last name	Social security number	Date of birth	Dependency relationship son, other, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)	No. of months lived in your home in 2019, born and died in the same year	Child care expenses incurred and paid in 2019*	
								1
								2
								3
								4
								5
								6

* 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

___ ______________________ 8

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	2019 Unearned Income: Interest & Ordinary Dividends	[1] Net Capital Gain	Investment Interest Expense	Qualified Dividends	
						9
						10
						11
						12

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	[1] Capital gains	[2] Total Dividends	
						13
						14
						15
						16

[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.

Employee Compensation and Withholding

Wages and Salaries

Please enclose all copies of 2019 Forms W-2. Enter payments of 2019 estimated tax on the **Payments of 2019 Federal, State & City Estimated Tax** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse

See Exhibits A & B

T/S	Employer's name / Name of state	Box 1 Wages and Salaries	Box 2 Federal income tax withheld	Box 4 Social Security tax withheld	Box 6 Medicare tax withheld	Box 17 State tax withheld Name state*:	Box 19 City tax withheld Name state*:	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
	Total (Lines 1-10)							T

Organizer | **Income** | **Wages and Salaries** | **Columnar Wages Entry**

* if more than one state/city please list under "Other Federal, State and City Tax Withholdings" section below

Other Wage Information

Other Federal, State and City Tax Withholdings

Do not duplicate elsewhere. Enter payments of 2019 estimated tax on the **Payments of 2019 Federal, State & City Estimated Tax** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

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

T/S/J	Description	Federal	State	City/Local	Name of state	
						11
						12
						13
						14
	Total (Lines 11-14)					T

Other W-2 Information

	Taxpayer	Spouse	
If your employer provided any other economic benefit not reported excluding company provided fringe benefits, indicate the total amount			15

If any of the following income items were received, provide details on a continuation sheet:

- tip income
- reimbursements in excess of expenses
- professional fees
- personal use of company automobile
- discriminatory medical payments

Organizer | **Income** | **Wages and Salaries** | **Other Wage Withholding & Misc.**

Interest Income - 1099-INT

List all interest received per Forms 1099-INT or other information statements you received. Enter any early withdrawal penalties on the next page. Please enclose copies of all 1099-INT's, Schedules K-1, and other documents indicating interest received.

- Include supplemental information provided by the broker for determining any modifications for state income tax purposes.
- Include interest credited to your savings accounts during the year as of Dec. 31.
- Include interest credited annually on dividends left on deposit with a life insurance company.
- **Do not** list interest from Schedule K-1.
- If you've entered an amount in the Foreign Taxes Paid column, please enter foreign source income below and foreign country on a Continuation Sheet.

Interest Income

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

Enter **"X"** if state withholding is present

See Exhibits C & D

T/S/J	X	Name of Payer	Box 1 Interest Income not Included in Box 3	Box 1 PY Amount	Box 3 Interest on U.S. Savings Bonds & Treasury Obligations	Box 4 Federal Income Tax Withheld	Box 5 Investment Expenses	Box 6 Foreign Tax Paid	- Foreign Source Interest Income	Box 8 Tax-exempt Interest	- Nonresident Tax-Exempt Interest	Box 9 Specified Private Activity Bond Interest
		Total interest										

Dividend Income - 1099-DIV

List all dividends received by you or for your account.

Please enclose copies of all 1099-DIV's, Schedules K-1, and other documents indicating dividends received.

- Include dividends left with a company to be reinvested in the company's stock.
- Do **not** include Credit Union Dividends here. They should be included on the **Interest Income - 1099-INT** organizer.
- Do **not** include dividends received as a return of premiums from mutual insurance companies.
- Do **not** list dividends from Schedules K-1.
- If you've entered an amount in the Foreign Taxes Paid column, please enter foreign country and break out foreign qualified dividends on a Continuation Sheet.

Dividends

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

Enter **"X"** if state withholding is present

See Exhibits E & F

T/S/J	X	Name of Payer	Box 1a Ordinary Dividends	Box 1a PY Amount	Box 1b Qualified Dividends	Box 2a Capital Gain distribution	- U.S. Gov't Interest incl. in dividends	Box 2b Unrecap. sec. 1250 gain	Box 2c Sec. 1202 gain	Box 3 Non-taxable distribution	Box 10 Exempt-interest dividends	Box 11 Specified Private Activity	Box 5 Investment expenses	Box 6 Foreign Tax Paid	- Foreign Source Dividend Income
		Total dividends													

Schedule C - Profit or Loss from Business or Profession

Activity Information

Indicate: **T** = Taxpayer, **S** = Spouse, **J**= Joint . . . . ____ 1

Business name . . . . ______ 2

Street . . . . ______ 3

City, state, zip, country . . . . ______ 4

Principal business/profession ______ 5

______ 6

Employer identification number — See Exhibit H — Tax shelter registration number

Accounting Method

Indicate method of accounting: **A** = Accrual, **O** = Other, **Blank** = Cash, **B** = Leave unanswered . . . . . . ____ 7

If other (specify) ______ 8

Inventory Valuation

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

Miscellaneous Information

Indicate **X** if this business was started or acquired during 2019 . . . . ____ 11

Indicate **X** if you received earnings as a statutory employee . . . . ____ 12

Indicate **X** if the business was disposed of in 2019 . . . . ____ 13

Indicate **X** if the business was ever audited by IRS, State, or Foreign Tax Authority . . . . ____ 14

Year of audit . . . . ______ 15

Indicate **X** if you made any payments in 2019 that would require you to file Form(s) 1099 . . . . ____ 16

Indicate **X** if you filed all required Form(s) 1099 . . . . ____ 17

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

Income

Gross Receipts or Sales

	2019 amount	PY amount	
______ See Exhibit I	______		18
______	______		19
Total or override	______		T
Returns & allowances	______		20

Cost of Goods Sold and/or Operations

	2019 amount	PY amount	
Inventory at beginning of year	______		21
Purchases less cost of items withdrawn for personal use	______		22
Cost of labor	______		23
Materials and supplies	______		24
Other costs related to inventory			
______	______		25
______	______		26
Inventory at end of year . . . . . See Exhibit I	______		27
	______		T

Reimbursements

Meals and Entertainment	______		28
Other reimbursements	______		29

Other Income

	2019 amount	PY amount	
______	______		30
______	______		31
Total other income (Lines 29-30)	______		T
Portfolio Income	______		32

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			38

If amount is entered, please attach details and required bank documents.

See Exhibit I

	2019 amount	PY amount	
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 **X** if you were subject to the Department of Transportation hours of service limits . . . . ____ 52

Other Expenses

	2019 amount	PY amount	
Local transportation including train, cabs, bus, etc.			53
Overnight travel expense (lodging, car rental, taxi, etc. **excluding meals)**			54
Telephone			55
Professional dues			56
Stationery, postage			57
Professional magazines, journals			58

Other expenses (e.g. uniforms required as condition of employment)

	2019 amount	PY amount	
			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
See Exhibit J						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

Notes:

Capital Gains and Losses

Complete the following for each sale of stock, bonds; including municipals, mutual funds, or similar securities. Indicate the amount of any transfer taxes paid after the description. The amounts shown on this form must reconcile to Form 1099-B.

- If any sales were transacted outside the U.S., provide the following details on a continuation sheet:
  (a) the name of the country where the sale took place and
  (b) information regarding any tax imposed on the sale by that country.
- If you had an installment sale in 2019, provide that information on a continuation sheet. For installment sales prior to 2019, use the **Installment Sales** form.
- If you had a like-kind transaction (section 1031) during 2019, please provide details below and additional details on a continuation sheet.
- **Dispositions of depreciable business assets should be shown on Business, Farm or Rental income forms or on a continuation sheet.**
- **Include cost basis statements for capital gain transactions, if not included in broker's statements referenced in the note below.**

Please enclose all broker's statements (i.e. Form(s) 1099-B or equivalent statement such as broker's confirmation statement) for purchases and sales of stock.

Sales of Stocks, Bonds, etc.

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

Indicate: **A** = Transaction is reflected on Form 1099B with proceeds and basis (covered), **B** = Transaction is refle

See Exhibit G

on Form 1099B with only proceeds (non-covered), **C** = Transaction is not reported on Form 1099B

T/S/J	A/B/C	Number of shares and company name	Date acquired MM/DD/YYYY	Date sold or date worthless* MM/DD/YYYY	Sales proceeds net of selling expense	Cost or other basis	Adjustments before limitations	Code	LT ST	
										1
										2
										3
										4
										5
										6
										7
										8
										9
										10
										11
										12
										13
										14
										15
										16
										17
										18
										19
										20
										21
										22
										23
										24
				Total (Lines 1 - 24)						T
					Net Gain/Loss					GT

See Exhibit F

NOTE: The amounts that are recorded on Exhibit F have already been entered under the Consolidated 1099 screen. Do not re-enter these amounts.

Indicate **X** if you owned any securities which became worthless during 2019 25
*(Also provide on a continuation sheet how it was determined to be worthless.)

Indicate **X** if you re-purchased securities within 30 days before or after the sale of any securities from the same company or fund within any taxable or nontaxable account. If so, provide details on Continuation sheet. . . 26

Indicate **X** if you engaged in any collar transactions during 2019. If so, provide details on Continuation sheet. 27

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	
___ ______ **X** if home equity line/loan ___			1
Mortgage interest received from payer(s)/borrower(s) (Box 1)			2
Points paid on purchase of principal re			3
Refund of overpaid interest (Box 4) . . .			4
Qualified Mortgage Insurance Premiums (Box 5)			5
Real estate taxes paid or other amount shown			6

See Exhibit K

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	
___ ______ **X** if home equity line/loan ___			7
Mortgage interest received from payer(s)/borrower(s) (Box 1)			8
Points paid on purchase of principal residence (Box 6)			9
Refund of overpaid interest (Box 4)			10
Qualified Mortgage Insurance Premiums (Box 5)			11
Real estate taxes paid or other amount shown			12

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	
___ ______			13
___ ______			14
Total (Lines 13 - 14)			T

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	
___ **X** if loan is a refinancing					15

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 been recorded ___		16
Address				17

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					18
Jan 1 Beginning Balance					19
Dec 31 Ending Balance					20
Interest paid per Form 1098					21

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	
___ ______			22
___ ______			23
Total (Lines 22 - 23)			T

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

Charitable Contributions & Misc. Itemized Deductions

Contributions

Cash Contributions

List only contributions to United States or Canadian organized charities. Include payroll deduction amounts for 2019. Keep written receipts from donee organization, canceled checks or payroll pledge card to substantiate contributions. Each contribution of $250 or more requires written acknowledgment of the contribution from the charitable organization - cancelled checks are not considered adequate substantiation for this purpose. Do not include political contributions. Reduce any contribution made by the value of any benefit received; i.e. meals, merchandise.

	Name of organization:	prep. use only 30% 60% 100%	2019 Amount	PY amount	
					1
					2
					3
	See Exhibits L, M, & N				4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
					15
	Total (Lines 1 - 15)				T

Volunteer Expenses

		2019 Amount	PY amount	
	Standard charitable miles Jan - Dec			16
	Actual gas/oil, expenses incurred			17
	Parking fees/tolls			18

Organizer | Itemized Deductions | Contributions | Contributions - CY and Carryovers

Miscellaneous Deductions

		2019 amount	PY amount	
	Amortized Bond Premium:			
				19
				20
	Claim Repayments:			
				21
				22
	Unrecovered Pension Investments:			
				23
				24
	Gambling losses (not to exceed gambling winnings)			T
	Total (Lines 25 - 30)			

Organizer | Itemized Deductions | Miscellaneous

	a Employee's social security number	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial Last name Suff.	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code
f Employee's address and ZIP code		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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.

Exhibit A

a Employee's social security number	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial Last name Suff.	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code
f Employee's address and ZIP code		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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.

Exhibit B

☐ 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 2019 Form **1099-INT**	**Interest Income**
		1 Interest income $			
		2 Early withdrawal penalty $			**Copy B** **For Recipient**
PAYER'S TIN	RECIPIENT'S TIN	**3** Interest on U.S. Savings Bonds and Treas. obligations $			
RECIPIENT'S name		**4** Federal income tax withheld $	**5** Investment expenses $		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.
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 ☐	**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 Department of the Treasury - Internal Revenue Service

Exhibit C

☐ 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 **2019** Form **1099-INT**	**Interest Income**
	1 Interest income $		
	2 Early withdrawal penalty $		**Copy B** **For Recipient**
PAYER'S TIN / RECIPIENT'S TIN	**3** Interest on U.S. Savings Bonds and Treas. obligations $		
RECIPIENT'S name	**4** Federal income tax withheld $	**5** Investment expenses $	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.
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 ☐	**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 Department of the Treasury - Internal Revenue Service

Exhibit D

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1a Total ordinary dividends $	OMB No. 1545-0110 **2019** Form **1099-DIV**		**Dividends and Distributions**
	1b Qualified dividends $			
	2a Total capital gain distr. $	2b Unrecap. Sec. 1250 gain $		**Copy B** **For Recipient**
PAYER'S TIN / RECIPIENT'S TIN	2c Section 1202 gain $	2d Collectibles (28%) gain $		
RECIPIENT'S name	3 Nondividend distributions $	4 Federal income tax withheld $		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.
Street address (including apt. no.)	5 Section 199A dividends $	6 Investment expenses $		
City or town, state or province, country, and ZIP or foreign postal code	7 Foreign tax paid $	8 Foreign country or U.S. possession		
	9 Cash liquidation distributions $	10 Noncash liquidation distributions $		
FATCA filing requirement ☐	11 Exempt-interest dividends $	12 Specified private activity bond interest dividends $		
Account number (see instructions)	13 State / 14 State identification no.	15 State tax withheld $ $		

Form **1099-DIV** (keep for your records) www.irs.gov/Form1099DIV Department of the Treasury - Internal Revenue Service

Exhibit E

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

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

2019 FORM 1099-DIV: DIVIDENDS & DISTRIBUTIONS

(BOX)		*(AMOUNT)*
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.	**FEDERAL INCOME TAX WITHHELD**	**0.00**
5.	INVESTMENT EXPENSE	0.00
6.	FOREIGN TAX PAID	0.00
7.	FOREIGN COUNTY OR US. POSSESSION	NONE
8.	CASH LIQUIDATION	0.00
9.	NONCASH LIQUIDATION	0.00

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

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

Exhibit F

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

LONG TERM CAPITAL GAINS/LOSSES

DATE ACQUIRED	*DATE SOLD*	*SHARES SOLD*	*DESCRIPTION*	*PROCEEDS*	*PURCHASE PRICE*
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
			TOTAL	**1,931.00**	**1,920.00**

New Dimensions

444 W. 44th 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.

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

Exhibit G

SCHEDULE C

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

Exhibit H

Craftiques
Income Statement
For the Year Ended December 31, 2019

Revenue		
Gross Sales		$ 19,150.00
Less: Sales Returns and Allowances		0.00
Net Sales		$ 19,150.00
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)	
Cost of Goods Sold		$ 6,775.00
Gross Profit (Loss)		$ 12,375.00
Expenses		
Advertising	$ 100.00	
Depreciation	$ 375.00	
Insurance	$ 550.00	
Legal and Professional Services	$ 400.00	
Total Expenses		$ 1,425.00
Net Income/loss		**$ 10,950.00**

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

Exhibit I

A+ Computers

The Best Computers for less

INVOICE

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
			TOTAL DUE	$2,500.00

Remittance $2,500 4/15/2019

Amount Due: - 0 -

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)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		*Caution: 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 2019 Form 1098
		1 Mortgage interest received from payer(s)/borrower(s)* $	
RECIPIENT'S/LENDER'S TIN	PAYER'S/BORROWER'S TIN	2 Outstanding mortgage principal $	3 Mortgage origination date
		4 Refund of overpaid interest $	5 Mortgage insurance premiums $
PAYER'S/BORROWER'S name		6 Points paid on purchase of principal residence $	
Street address (including apt. no.)		7 ☐ 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.	
City or town, state or province, country, and ZIP or foreign postal code		8 Address or description of property securing mortgage (see instructions)	
9 Number of properties securing the mortgage	10 Other		
Account number (see instructions)			

Mortgage Interest Statement

Copy B

For Payer/ Borrower

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.

11 Mortgage acquisition date

Exhibit K

United Way

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.

Exhibit L

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

Exhibit M

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

Exhibit N