

File by Mail Instructions for your 2020 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Kimberly L Hall
2600 Upland Trail Lane
Aubrey, TX 76227

Balance Due/Refund	Your federal tax return (Form 1040) shows you owe a balance due of \$10,776.00. Note: If you file your tax return after May 17, 2021, late payment penalties and interest may apply. If any late payment penalties and interest are due, the Internal Revenue Service will send you a bill.		
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. Your payment - Mail a check or money order for \$10,776.00, payable to "United States Treasury". Write your Social Security number and "2020 Form 1040" on the check. Mail the return and check together. Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040. Mail your return, attachments and payment to: Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 Deadline: Postmarked by Monday, May 17, 2021 Note: Your state return may be due on a different date. Please review your state filing instructions. Don't forget correct postage on the envelope.		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
2020 Federal Tax Return Summary	Adjusted Gross Income	\$	128,532.00
	Taxable Income	\$	114,720.00
	Total Tax	\$	23,051.00
	Total Payments/Credits	\$	12,275.00
	Payment Due	\$	10,776.00
	Effective Tax Rate		16.81%

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Estimated Payments to Make for Next Year's Return

Estimated Payments for 2021 - Do not mail these vouchers with your 2020 income tax return. The estimated vouchers displayed below are used to prepay your 2021 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2021, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/15/2021	\$ 2,694.00
2	06/15/2021	\$ 2,694.00
3	09/15/2021	\$ 2,694.00
4	01/18/2022	\$ 2,694.00

Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.

Mail payments to:
Internal Revenue Service
P.O. Box 1300
Charlotte, NC 28201-1300

Changed Your Mind About e-filing?

You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2021**

2021 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,694.

REV 08/30/21 TTW

1555

450-85-2281
KIMBERLY L HALL

2600 UPLAND TRAIL LANE
AUBREY TX 76227

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

450852281 K0 HALL 30 0 202112 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2021**

2021 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,694.

REV 08/30/21 TTW

1555

450-85-2281
KIMBERLY L HALL

2600 UPLAND TRAIL LANE
AUBREY TX 76227

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

450852281 K0 HALL 30 0 202112 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2021**

2021 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,694.

REV 08/30/21 TTW

1555

450-85-2281
KIMBERLY L HALL

2600 UPLAND TRAIL LANE
AUBREY TX 76227

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

450852281 K0 HALL 30 0 202112 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **01/18/2022**

2021 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2021 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

2,694.

REV 08/30/21 TTW

1555

450-85-2281
KIMBERLY L HALL

2600 UPLAND TRAIL LANE
AUBREY TX 76227

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

450852281 K0 HALL 30 0 202112 430

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2020

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

10,776.

REV 08/30/21 TTW

1555

KIMBERLY L HALL

2600 UPLAND TRAIL LANE
AUBREY TX 76227

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

450852281 K0 HALL 30 0 202012 610

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Kimberly L		Last name Hall		Your social security number 450-85-2281	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 2600 Upland Trail Lane				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Aubrey			State TX		ZIP code 76227
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ☒ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	115,304.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i>, see instructions.	5a	Pensions and annuities	5b	6,417.
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	7	
	8	Other income from Schedule 1, line 9	8	10,181.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	131,902.
	10 Adjustments to income:			
	a	From Schedule 1, line 22	10a	3,120.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	250.
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	3,370.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	128,532.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	1,412.
	14	Add lines 12 and 13	14	13,812.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	114,720.

Form **1040** (2020)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Kimberly L Hall

Your social security number
450-85-2281

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	10,181.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	10,181.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	720.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	2,400.
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	3,120.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 08/30/21 TTW

Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Kimberly L Hall

Your social security number
450-85-2281

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,439.
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 .	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A . . .	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	1,439.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 08/30/21 TTW

Schedule 2 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor Kimberly L Hall		Social security number (SSN) 450-85-2281
A Principal business or profession, including product or service (see instructions) Social Media Content Creator		B Enter code from instructions ► 5 1 9 1 0 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.) 0 6 1 8 3 4 0 4 1
E Business address (including suite or room no.) ► 2600 Upland Trail Lane City, town or post office, state, and ZIP code Aubrey, TX 76227		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2020, check here ☐		
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ► ☐	1	28,070.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	28,070.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	28,070.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ►	7	28,070.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	995.	18 Office expense (see instructions)	18	510.
9 Car and truck expenses (see instructions).	9	3,605.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	950.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	350.	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	650.	21 Repairs and maintenance	21	150.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	675.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	3,725.
b Other	16b		b Deductible meals (see instructions)	24b	275.
17 Legal and professional services	17	1,700.	25 Utilities	25	4,074.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	200.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28	17,859.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	10,211.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	30.			
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	10,181.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a ☐ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: a Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
47a	Do you have evidence to support your deduction? ☐ Yes ☐ No
b	If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

credit card fees	200.
48 Total other expenses. Enter here and on line 27a	48 200.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with **self-employment** income ►

Kimberly L Hall

450-85-2281

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 10,181.

3 Combine lines 1a, 1b, and 2 **3** 10,181.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 9,402.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 9,402.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 9,402.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 **7** 137,700

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a** 125,792.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 125,792.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 11,908.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1,166.

11 Multiply line 6 by 2.9% (0.029) **11** 273.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 1,439.

13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** **13** 720.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **or (b)** your net farm profits² were less than \$6,107.

14 Maximum income for optional methods **14** 5,640

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,640. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . .	18	0 .
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 . . .	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . .	20	
21	Combine lines 19 and 20 . . .	21	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . .	22	
23	Multiply line 22 by 92.35% (0.9235) . . .	23	0 .
24	Add lines 21 and 23 . . .	24	0 .
25	Enter the smaller of line 9 or line 24 . . .	25	0 .
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . .	26	0 .

BAA

REV 08/30/21 TTW

Schedule SE (Form 1040) 2020

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2020**Attachment
Sequence No. **55**

Name(s) shown on return

Kimberly L Hall

Your taxpayer identification number

450-85-2281

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Kimberly L Hall	06-1834041	7,061.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	7,061.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	7,061.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		1,412.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		1,412.
11	Taxable income before qualified business income deduction	11	116,132.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	116,132.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		23,226.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15		1,412.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

Before you begin: Complete 2020 Form 8606, Nondeductible IRAs, if required.

Part III Qualified 2020 Disaster Distributions From Traditional, SEP, SIMPLE, and Roth IRAs

12	Did you receive a qualified 2020 disaster distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on 2020 Form 8606? ☐ Yes. Go to line 13. ☒ No. Skip lines 13 and 14, and go to line 15.	
13	Enter the amount, if any, from 2020 Form 8606, line 15b. But if you are entering amounts here and on 2020 Form 8915-D, line 22, or Form 8915-C, line 23, only enter on line 13 the amount on Form 8606, line 15b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 15b . . .	13
14	Enter the amount, if any, from 2020 Form 8606, line 25b. But if you are entering amounts here and on 2020 Form 8915-D, line 23, or Form 8915-C, line 24, only enter on line 14 the amount on Form 8606, line 25b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 25b . . .	14
15	If you completed line 2, column (c), enter that amount. Otherwise, enter the amount from line 2, column (b), if any. Don't include on line 15 any amounts reported on 2020 Form 8606	15
16	Add lines 13, 14, and 15	16
17	If you elect NOT to spread the taxable amount over 3 years, check this box ☐ and enter the amount from line 16 (see instructions). You must check this box if you checked the box on line 9. Otherwise, divide line 16 by 3.0	17
18	Enter the total amount of any repayments you made before filing your 2020 tax return. But don't include any repayments made later than the due date (including extensions) for that return. Don't use this form to report repayments of qualified 2016, 2017, 2018, or 2019 disaster distributions. See instructions	18
19	Amount subject to tax in 2020. Subtract line 18 from line 17. If zero or less, enter -0-. Include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b	19

Part IV Qualified Distributions for the Purchase or Construction of a Main Home in Qualified 2020 Disaster Areas

Do **not** complete Part IV if your only disaster was the coronavirus. Complete this part only if in 2020 you received a qualified distribution (as defined in the instructions) that you repaid, in whole or in part, before June 26, 2021. See instructions for allowable repayments. If the qualified distribution was received in 2019, see *2019 qualified distributions* under *Amending Form 8915-E* in the instructions.

Caution: A distribution can't be a qualified distribution for the purchase or construction of a main home unless it is received no more than 180 days before the disaster period begins and no more than 30 days after the disaster period ends.

Disaster name ►

20	Did you receive a qualified distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on 2020 Form 8606? ☐ Yes. Complete lines 21 through 25 only if you also had qualified distributions not required to be reported on 2020 Form 8606. ☐ No. Go to line 21.	
21	Enter the total amount of qualified distributions you received in 2020 for the purchase or construction of a main home. Don't include any amounts reported on 2020 Form 8606. Also, don't include any distributions you reported on line 6 or line 15, or on 2020 Form 8915-C or 2020 Form 8915-D, if any. See instructions	21
22	Enter the applicable cost of distributions, if any. See instructions	22
23	Subtract line 22 from line 21	23
24	Enter the total amount of any repayments you made. See instructions for allowable repayments. Don't include any repayments treated as rollovers on 2020 Form 8606. See instructions	24
25	Taxable amount. Subtract line 24 from line 23 • If the distribution is from an IRA, include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b. • If the distribution is from a retirement plan (other than an IRA), include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 5b.	25

Note: You may be subject to an additional tax on the amount on line 25. See instructions.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► Your signature _____ Date _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ►	Firm's EIN ►			
Firm's address ►	Phone no.			

Expenses for Business Use of Your Home

► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

► **Go to www.irs.gov/Form8829 for instructions and the latest information.**

Name(s) of proprietor(s)

Kimberly L Hall

Your social security number

450-85-2281

Part I Part of Your Home Used for Business**Social Media Content Creator**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	120
2	Total area of home	2	3,100
3	Divide line 1 by line 2. Enter the result as a percentage	3	3.87 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784	5	8,784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	3.87 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	3,194.
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	3,194.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	
20	Repairs and maintenance	20	
21	Utilities	21	
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	
24	Multiply line 23, column (b), by line 7	24	
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	0.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	3,194.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	30.
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	30.
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	30.
34	Add lines 14, 27, and 33	34	30.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions. ►	36	30.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	30.

Part IV Carryover of Unallowed Expenses to 2021**See Attached**

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	0.

Name(s) of Proprietor(s)
Kimberly L Hall

Your SSN
450-85-2281

Business name Social Media Content Creator
2600 Upland Trail Lane

Part I – Calculation of Line 7

Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:

1	Area used exclusively for daycare	1	
2	Total area of home.	2	
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2	3	%
4	Area used only partly for daycare	4	
5	Divide line 4 by line 2	5	%
6	Multiply days used for daycare during year by hours used per day	6	hr
7	Total hours available for use during the year (366 x 24 hours).	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E	8	
9	Business % for area used only partly for daycare. Multiply line 8 by line 5	9	%
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . .	10	%

Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A

Calculation of business income limit when part of gross income is from a place of business other than this home office:

1	Gross income from Schedule C, line 7.	1	28,070.
2	Percent of gross income from business use of home reported on Schedule C.	2	75.00 %
3	Gross income from business use of home. Multiply line 1 by line 2	3	21,053.
4	Gain from business use of your home shown on Schedule D or Form 4797	4	
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4	5	21,053.
6	Total expenses from Schedule C, line 28.	6	17,859.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. Enter the expenses as a positive number	7	
8	Any losses from this business shown on Schedule D or Form 4797. Enter the losses as a positive number	8	
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8 or Simple Wks, ln A .	9	3,194.

Part III – Calculation of Line 42

1	Depreciation attributable to business use of home	1	
2	Depreciation for additions and improvements attributable to business use of home	2	30.
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 42.	3	30.

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020Attachment
Sequence No. **179**

Name(s) shown on return

Kimberly L Hall

Business or activity to which this form relates

Sch C Social Media Content Creator

Identifying number

450-85-2281

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	650.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		150.	5.0	HY	200 DB	30.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	680.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No		24b If "Yes," is the evidence written? ☒ Yes ☐ No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
BMW 760L	01/01/2018	50.00 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .	4,000					
31 Total commuting miles driven during the year	0					
32 Total other personal (noncommuting) miles driven	4,000					
33 Total miles driven during the year. Add lines 30 through 32	8,000					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person? . . .	X					
36 Is another vehicle available for personal use?	X					

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Kimberly L Hall

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status					Single
Total income					131,902.
Adjustments to income					3,370.
Adjusted gross income					128,532.
Tax expense					1,640.
Interest expense . . .					
Contributions					125.
Misc. deductions . . .					
Other itemized ded'ns					0.
Total itemized/ standard deduction . .					12,400.
Exemption amount . .					0.
QBI deduction					1,412.
Taxable income					114,720.
Tax					21,612.
Alternative min tax . .					
Total credits					
Other taxes					1,439.
Payments					12,275.
Form 2210 penalty . .					
Amount owed					10,776.
Applied to next year's estimated tax .					
Refund					
Effective tax rate % . .					16.81
**Tax bracket %					24.0

**Tax bracket % is based on Taxable income.

Section 1.263(a)-1(f)

▶ Attach to your income tax return

Name(s) Shown on Return

Kimberly L Hall

Identification Number

450-85-2281Tax Year: 2020**Section 1.263(a)-1(f)
De Minimis Safe Harbor Election**

The taxpayer elects to make the de minimis safe harbor election under the Regulation 1.263(a)-1(f)

Name:

Kimberly L Hall

Address:

2600 Upland Trail Lane, Aubrey TX 76227

Identification Number:

450-85-2281

Charitable Organization Worksheet**2020**

► Keep for your records

Name(s) Shown on Return

Kimberly L Hall

Social Security Number

450-85-2281

Charity Name . . . Grace Bridge Resale

Address

City State ZIP code

Combined Amounts Worksheet**Note:** Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	08/12/2020	Summary	Items - ItsDeductible	125.00
			Total:	125.00
Prior Year Total:				

ItsDeductible Item Donations Worksheet**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	08/12/2020	1	Women's Pants: Dress Slacks	14.00	4	8.00	0	56.00
1	08/12/2020	1	Women's Shirt: Polo	11.00	1	8.00	0	11.00
1	08/12/2020	1	Women's Suit: Pant Suit	30.00	1	19.00	0	30.00
1	08/12/2020	1	Women's Sweater: Pullover	14.00	2	7.00	0	28.00

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Kimberly L Hall

450-85-2281

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2020 Amount
				☐	Once	☐	Recur	
				☐	Once	☐	Recur	
				☐	Once	☐	Recur	
				☐	Once	☐	Recur	
				☐	Once	☐	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs			Value of Miles		
		☐ Once ☐ Recur				
		☐ Once ☐ Recur				
		☐ Once ☐ Recur				

Kimberly L Hall

450-85-2281

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity ☐ (c) 50% Charity, 100% donation

Federal Information Worksheet

► Keep for your records

2020

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Kimberly
 Middle initial L Suffix
 Last name Hall
 Social security no. 450-85-2281
 Occupation Engineer
 Date of birth 02/11/1972 (mm/dd/yyyy)
 Age as of 1-1-2021 48
 Daytime phone (313) 622-1488 Ext
 Legally blind ☐
 Date of death

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2021
 Daytime phone Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☐ No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☐ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 2600 Upland Trail Lane Apt no.
 City Aubrey State TX ZIP code 76227

Foreign Address:

Check this box to use foreign address . . . ☐
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
 Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name MI Last Name Suff
 Child's social security number
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2018 ☐ 2019 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2020				

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No
 Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2020? ☐ Yes ☐ No
 If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐
 Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2020 ☐
 Check if you were notified by the IRS that EIC cannot be claimed in 2020 or if you are ineligible to claim the EIC in 2020 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☐ Yes ☒ No
 Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional)
 Check the appropriate box ☐ Checking ☐ Savings ☐
 Routing number Account number

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above
 Balance-due amount from this return

Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No
 Enter the payment date to withdraw from the account above
 Balance-due amount from this **amended** return

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐
 Check this box if you are married filing separately and your spouse itemized deductions ☐
 Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No
 Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2020, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐
 Resident country USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands
 Excludable income from Puerto Rico

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐
 Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name
 Third party designee phone number
 Personal Identification number (enter any 5 numbers)

Part VI – Additional Information for Your Federal Return – Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2020 ▶ TX

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2020 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN . . . _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return _____

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number _____

Issued by what state

License or ID license . ▶ ☐ ID . ▶ ☐ neither . ▶ ☐ decline. ▶ ☐

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID license . ▶ ☐ ID . ▶ ☐ neither . ▶ ☐ decline. ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2020

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Kimberly Middle initial . L Last name . . . Hall
Suffix

Social security no. . . 450-85-2281 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No

Date of birth 02/11/1972 (mm/dd/yyyy) age as of 1-1-2021 48

Occupation . . . Engineer Daytime phone . . . (313)622-1488 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2020 ► ☐ 2020 . ► ☐ 2019 . ► ☐ 2018 . ► ☐ Before 2018 . ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☒ No

Check if this person is legally blind ► ☐ Yes ☐ No

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2021 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Language in which you want the IRS to communicate with you ►

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2020? ► ☐ Yes ☒ No

4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2020? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2020 TX

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2020

Unreimbursed medical expenses paid for qualifying person in 2020

Employment taxes paid for dependent care providers in 2020

Full-time student for 5 calendar months during 2020? ► ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

► Keep for your records

Name(s) Shown on Return
Kimberly L HallSocial Security Number
450-85-2281

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	115,304.		115,304.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	12,275.		12,275.
3 & 7	Total social security wages/tips	125,792.		125,792.
4	Total social security tax withheld	7,799.		7,799.
5	Total Medicare wages and tips	125,792.		125,792.
6	Total Medicare tax withheld	1,824.		1,824.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	18,256.		18,256.
b	Elective deferrals to qualified plans	10,488.		10,488.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	7,768.		7,768.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld.			

Name
Kimberly L HallSocial Security Number
450-85-2281**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . 450-85-2281
b Employer ID number (EIN). . . 52-0883107
c Employer's name, address, and ZIP code
 Federal National Mortgage Associati
 Street 1100 15th Street NW
 City Washington
 State DC ZIP Code 20005

Foreign Province

Foreign Postal Code

Foreign Country

1 Wages, tips, other compensation
115,303.66
3 Social security wages
125,792.10
5 Medicare wages and tips
125,792.10
7 Social security tips

► Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld
12,274.78
4 Social security tax withheld
7,799.11
6 Medicare tax withheld
1,823.99
8 Allocated tips

d Control number . 112398 NCN3/P22**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Kimberly M.I. L
 Last Hall Suff. _____
f Employee's address and ZIP code
 Street 7997 Wade Blvd Apt. 2310
 City Frisco
 State TX ZIP Code 75034
 Foreign Province
 Foreign Postal Code
 Foreign Country

9 _____
11 Nonqualified plans
12 Enter box 12 below

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

13 ☐ Statutory employee
☒ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	130.68	A: Enter amount attributable to RRTA Tier 2 tax .
D	10,488.44	M: Enter amount attributable to RRTA Tier 2 tax .
DD	7,636.80	P: Double-click to link to Form 3903, line 4 . . .
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: ☐ Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)

Form 1099-R Summary

► Keep for your records

2020

Name(s) Shown on Return
Kimberly L Hall

Social Security No.
450-85-2281

Traditional IRA Distributions			Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions		
	a	Gross distribution transferred to Form 8915E, 3(a) . . .		
	b	Gross distribution transferred to Form 8915E, 3(a) . . .		
	c	Gross distribution transferred to Form 8915D, 3(a) . . .		
	d	Gross distribution transferred to Form 8915C, 3(a) . . .		
	e	Qualified disaster distributions		
	f	Less: Amount rolled over		
	g	Gross distribution transferred to Form 8915E, 3(b) . . .		
h	Gross distribution transferred to Form 8915E, 3(b) . . .			
i	Gross distribution transferred to Form 8915D, 3(b) . . .			
j	Gross distribution transferred to Form 8915C, 3(b) . . .			
k	Less: Amount rolled over			
3	Amount of line 2 converted to a Roth IRA			
4	Net amount of line 2 converted to a Roth IRA			
5	Amount of line 2 not converted to a Roth IRA			
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxable amount not converted to Roth IRA		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 4b		
	11	If checked, taxable amount calculated on Form 8606 . .	☐	☐

Roth IRA Distributions

Gross	12	Total gross distributions from box 1 of Form 1099-R . .		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Qualified disaster distribution		
13	Roth IRA distributions subject to distribution rules . . .			
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
15	Qualified distributions subject to distribution rules . . .			
Taxable	16	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c . . .		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 4b		

IRA Qualified Disaster Distributions From Forms 8915-B, C, D, E

Taxable	20 a	Qualified distributions on Form 1040, line 4b		
---------	------	---	--	--

Recharacterizations (See Help)

Gross	21 a	2020 form code N (included on Form 1040, line 4a) . . .		
	b	2021 form code R (not included on 1040, line 4a)		

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R	19,251.	
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 4c		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 4c	19,251.	
	a	Less: Amount rolled over		
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915E, 1(a)		
	d	Gross distribution transferred to Form 8915E, 1(a)	19,251.	
	e	Gross distribution transferred to Form 8915D, 1(a)		
	f	Gross distribution transferred to Form 8915C, 2(a)		
	g	Qualified disaster distribution	19,251.	
	h	Less: Amount rolled over		
	i	Gross distribution transferred to Form 8915E, 1(b)		
j	Gross distribution transferred to Form 8915E, 1(b)	19,251.		
k	Gross distribution transferred to Form 8915D, 1(b)			
l	Gross distribution transferred to Form 8915C, 2(b)			
Taxable	26	Taxable amount in box 2a, Form 1099-R	19,251.	
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA		
	d	Insurance premiums for retired public safety officers		
	e	Qualified disaster amount to Form 8915C, D, E	19,251.	
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 1		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
a	Taxable amount of in-plan Roth rollovers			
32 a	Taxable amount of distributions	0.		
b	Taxable distributions from Canada RRP Wks, line 7b			
c	Taxable disaster distributions from Form 8915C, D, E	6,417.		
d	Taxable amount transferred to Form 1040, line 4d	6,417.		

Section 1035 Tax-free Exchange

Pensions IRAs	33	Total gross distributions from box 1 of Form 1099-R		
	34	Total gross distributions from box 1 of Form 1099-R		

Distributions on 2020 1099-Rs Not Reported on the 2020 Return

Code P	35	Distribution reported on 2019 tax return		
Code R	36	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		

Tax Withholding

Box 4	37	Total federal tax withheld		
Box 14	38	Total state tax withheld		
Box 17	39	Total local tax withheld		

Nontaxable Distributions for Sales Tax Deduction

	40	Nontaxable IRA distributions		
	41	Nontaxable pension distributions	12,834.	

Health Insurance Premiums

	42	Health insurance deductible on Schedule A		
--	----	---	--	--

Taxable Distributions included in Net Investment Income

	43	Annuity payments and other distributions that may be subject to the net investment income tax		
--	----	---	--	--

► Keep for your records

Name Kimberly L Hall	Social Security Number 450-85-2281
-------------------------	---------------------------------------

Source Form: 1099-R . ☒ CSA-1099-R . ☐ CSF-1099-R . ☐ RRB-1099-R . ☐

If Spouse's 1099-R, check this box . ☐
Do not transfer this 1099-R to next year ☐

Corrected ☐

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code. Fidelity Investments 100 Magellan Way Covington KY 41015 Payer's foreign province Payer's foreign postal code Payer's country Payer's Phone No.		1 Gross distribution \$ 19,251.01 2a Taxable amount (See Help) \$ 19,251.01 2b Taxable amount not determined ☐ Total distribution ☐																									
Payer's Federal identification number 04-6568107		3 Capital gain (included in box 2a) \$																									
Recipient's identification number 450-85-2281		4 Federal income tax withheld \$																									
Check to transfer Recipient's information from Federal Information Worksheet ☒ Recipient's name Kimberly L Hall Street address (including apartment number) 2600 Upland Trail Lane City State ZIP code Aubrey TX 76227 Foreign Province Foreign Postal Code Foreign Country		5 Employee contributions / Designated Roth contributions or insurance premiums \$																									
		6 Net unrealized appreciation in employer securities \$																									
		7 Distribn code(s) IRA/SEP/SIMPLE 1st code ☐ 2nd code ☐																									
		8 Other % \$																									
		9a Your percentage of total distribution % 9b Total employee contributions \$																									
		11 1st year of desig. Roth contrib.																									
10 Amount allocable to IRR within 5 years \$		14 State tax withheld \$																									
		15 Payer's State / state no. / TX																									
		16 State distribution \$																									
12 FATCA filing requirement . . . ☐ Special use code for first state (See Help) . . . ☐ Special use code for second state (See Help) . . . ☐		I confirm that the state withholding identification number(s) are accurate ☐																									
Account number		17 Local tax withheld \$																									
13 Date of payment . . .		18 Name of locality																									
		19 Local distribution \$																									
► Check if NOT from a qualified retirement plan or IRA (see Help) ☐ ► If box 7 code is J or T, check if a qualified distribution (see Help) ☐ ► If box 7 code is J, enter amount used for first time home purchase ☐ ► If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) ☐																											
► Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of <table style="width: 100%; border-collapse: collapse;"> <tr><td>► Treat as recipient's own (this is treated as a rollover)</td><td>☐</td></tr> <tr><td>► Recipient, but was originally inherited from a spouse (treated as recipient's IRA)</td><td>☐</td></tr> <tr><td>► Spouse and not treat as recipient's own (taxable amount must be in box 2a)</td><td>☐</td></tr> <tr><td>► Someone other than a spouse (taxable amount must be in box 2a)</td><td>☐</td></tr> <tr><td>► From a traditional IRA</td><td>☐</td></tr> <tr><td>► From a Roth IRA</td><td>☐</td></tr> <tr><td>► From a SIMPLE plan (first two years of participation only)</td><td>☐</td></tr> <tr><td>► From a SIMPLE plan (more than two years of participation)</td><td>☐</td></tr> <tr><td>► From a SEP IRA</td><td>☐</td></tr> <tr><td>► None</td><td>☐</td></tr> <tr><td>► Subject to the penalty of early withdrawal</td><td>☐</td></tr> <tr><td>► Not subject to the penalty of early withdrawal</td><td>☐</td></tr> </table>				► Treat as recipient's own (this is treated as a rollover)	☐	► Recipient, but was originally inherited from a spouse (treated as recipient's IRA)	☐	► Spouse and not treat as recipient's own (taxable amount must be in box 2a)	☐	► Someone other than a spouse (taxable amount must be in box 2a)	☐	► From a traditional IRA	☐	► From a Roth IRA	☐	► From a SIMPLE plan (first two years of participation only)	☐	► From a SIMPLE plan (more than two years of participation)	☐	► From a SEP IRA	☐	► None	☐	► Subject to the penalty of early withdrawal	☐	► Not subject to the penalty of early withdrawal	☐
► Treat as recipient's own (this is treated as a rollover)	☐																										
► Recipient, but was originally inherited from a spouse (treated as recipient's IRA)	☐																										
► Spouse and not treat as recipient's own (taxable amount must be in box 2a)	☐																										
► Someone other than a spouse (taxable amount must be in box 2a)	☐																										
► From a traditional IRA	☐																										
► From a Roth IRA	☐																										
► From a SIMPLE plan (first two years of participation only)	☐																										
► From a SIMPLE plan (more than two years of participation)	☐																										
► From a SEP IRA	☐																										
► None	☐																										
► Subject to the penalty of early withdrawal	☐																										
► Not subject to the penalty of early withdrawal	☐																										
► Insurance <table style="width: 100%; border-collapse: collapse;"> <tr><td>► Amount of insurance premiums deductible on Schedule A</td><td>☐</td></tr> <tr><td>► Amount of health savings account (HSA) funding distributions</td><td>☐</td></tr> <tr><td>► Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution</td><td>☐</td></tr> </table>				► Amount of insurance premiums deductible on Schedule A	☐	► Amount of health savings account (HSA) funding distributions	☐	► Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution	☐																		
► Amount of insurance premiums deductible on Schedule A	☐																										
► Amount of health savings account (HSA) funding distributions	☐																										
► Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution	☐																										
► Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization																											
► RMD If this is a distribution from a traditional IRA or qualified retirement plan , and if this is a Required Minimum Distribution (RMD) (See Help), Entire gross is RMD . ☐ or the amount of gross distribn that is the RMD . .																											

Qualified Business Income Component Worksheet

2020

► Keep for your records

Name(s) Shown on Return Kimberly L Hall	Social Security Number 450-85-2281
--	---------------------------------------

Aggregate trade or business name	Kimberly L Hall
Aggregate trade or business ID number (EIN)	06-1834041
Social Security Number of owner if no EIN available	
Reason for no EIN or SSN if none available	

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Kimberly L Hall	06-1834041	7,061.	0.	6,800.

1	Qualified business income (QBI)	7,061.
	If using Simplified Worksheet, stop here.	
2	Taxable Income	
3	Threshold Amount. \$326,600 if MFJ, otherwise \$163,300	
4	Subtract line 3 from line 2. If less than 0, enter 0.	
5	Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.	
6	Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5. Otherwise, enter 1.	
7	Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000	
8	Wages allocable to qualified business income.	
9	Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income	
	Reductions for Specified Service Trades or Businesses	
	Check if Specified Service Trade or Business (SSTB) ☐	
11	SSTB reduction to QBI	
12	SSTB reduction to allocable wages.	
13	SSTB reduction to allocable UBIA	
	QBI, wages, and UBIA after applicable SSTB reductions	
14	Qualified business income	
15	Allocable wages	
16	Allocable UBIA	
	Tentative QBI component	
17	Adjustments for QBI losses	
18	Loss-adjusted QBI (line 14 plus line 17)	
19	Tentative QBI component before limitations (20% of line 18)	
	Wages and assets limits	
20	50% of W2 wages	
21	25% of W2 wages	
22	2.5% of UBIA	
23	Sum of 25% of W2 wages and 2.5% of UBIA	
24	Wage and Asset Limit. Larger of line 20 or line 23	
25	Subtract wage/asset limit (line 24) from tentative QBI component (line 19) (But not less than 0)	
26	Reduction Amount. Multiply line 6 by line 25.	
27	Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)	
28	Qualified payments from agricultural or horticultural coop	
29	Wages allocable to qualified payments from coop	
30	Patron reduction (lesser of 9% of line 28 or 50% of line 29)	
	Qualified business income component amount	
31	Subtract line 30 from line 27	

Qualified Business Income Deduction Summary

2020

► Keep for your records

Name(s) Shown on Return
Kimberly L Hall

Social Security Number
450-85-2281

QuickZoom to QBI Component Worksheet►
QuickZoom to Form 8995.►
QuickZoom to Form 8995-A►

1 Trade or business name Net QBI
Kimberly L Hall 7,061.

2 Net qualified business income (QBI) from qualified trades or businesses 7,061.
3 Loss from previous year
4 Sum of activities with gains (only positive amounts from table on line 1) 7,061.
5 Sum of activities with losses (only negative amounts from table on line 1)

6 Check if using Simplified Computation (Form 8995) ☒

7 QBI component from Form 8995 line 5 or Form 8995A line 16 1,412.
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 0.

9 Total REIT dividends
10 PTP Income from non-SSTBs
11 PTP Income from SSTBs
12 Allowed PTP Income from SSTBs
13 Total Allowed PTP income (sum of line 10 and line 12)
14 Carryover REIT/PTP losses from prior year
15 Total REIT/PTP income
16 20% of total REIT/PTP income
17 Disallowed REIT/PTP loss 0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). 1,412.

19 Taxable income before qualified business income deduction. 116,132.
20 Net capital gains 0.
21 Taxable income minus net capital gains. If zero or less, enter -0- 116,132.
22 20% of taxable income minus net capital gains 23,226.

23 QBI deduction before DPAD. 1,412.
Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 Section 199A(g) deduction for domestic production activities

25 Total 199A (QBI) deduction (sum of lines 23 and 24) 1,412.

2020

Name(s) Shown on Return
Kimberly L Hall

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	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	<u>07/15/20</u>		<u>07/15/20</u>			<u>07/15/20</u>		
2	<u>07/15/20</u>		<u>07/15/20</u>			<u>07/15/20</u>		
3	<u>09/15/20</u>		<u>09/15/20</u>			<u>09/15/20</u>		
4	<u>01/15/21</u>		<u>01/15/21</u>			<u>01/15/21</u>		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2020					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2020 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				12,275.		
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment . . .	St		Loc			
e	Negative Adjustment . .	St		Loc			
f	Additional Medicare Tax.						
19	Total Withholding Lines 10 through 18f				12,275.		
20	Total Tax Payments for 2020				12,275.		

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2019 extensions				
22	2019 estimated tax paid after 12/31/2019				
23	Balance due paid with 2019 return				
24	Other (amended returns, installment payments, etc) . .				

Earned Income Worksheet**2020**

► Keep for your records

Name(s) Shown on Return
Kimberly L HallSocial Security Number
450-85-2281**Part I – Earned Income Credit Worksheet Computation**

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	10,181.		10,181.
b Optional Method and Church Employee income			
c Add lines 1a and 1b	10,181.		10,181.
d One-half of self-employment tax	720.		720.
e Subtract line 1d from line 1c	9,461.		9,461.
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	9,461.		9,461.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	9,461.		9,461.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	115,304.		115,304.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	124,765.		124,765.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	124,765.		124,765.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	124,765.		124,765.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	9,461.		9,461.
16 Wages, salaries, tips, etc	115,304.		115,304.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	124,765.		124,765.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees	9,461.		9,461.
24 Wages, salaries, tips, etc	115,304.		115,304.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	124,765.		124,765.

Schedule SE Adjustments Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Kimberly L HallSocial Security Number
450-85-2281

	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ►	☒	☐
A Approved Form 4029. Exempt from SE tax on all income	☐	☐
B Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
C QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	10,181.	
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2	10,181.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	☐	☐
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	☐	☐
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Self-Employed Health and Long-Term Care
Insurance Deduction Worksheet

► Keep for your records

2020

Name(s) Shown on Return
Kimberly L Hall

Social Security Number
450-85-2281

Name of the trade or business this worksheet is attached to. Social Media Content Creator

A Health insurance and long-term care insurance premiums:

1 Enter total amount paid during 2020 for health insurance coverage for 2020 for you, your spouse, and your dependents (for this trade or business only).

- Do not include any amounts already entered on Form 1095-A.
- Do not include any amounts included on Form 8885, line 4.
- Do not include any advance monthly payments shown on Form 1099-H
- Do not include any premiums paid for months you received the benefits of advance payments for the Health Coverage Tax Credit (Form 8885)

Also enter amounts paid for health insurance for any child of yours who was under age 27 at the end of 2020, even if the child was not your dependent. See Help

Enter the total premiums paid during the year for each person covered under a qualified long-term care insurance contract:

2 Taxpayer's gross long-term care premiums	2	
3 Taxpayer's allowable long-term care premiums	3	
4 Spouse's gross long-term care premiums	4	
5 Spouse's allowable long-term care premiums	5	
6 Dep or child under 27 gross LT care premiums	6	
7 Dep or child under 27 allowable LT care (see Help)	7	

8 Total allowable long-term care premiums, sum of lines A3, A5, and A7.

9 Total self-employed health and allowed long-term care insurance premiums, sum of lines A1 and A8

B Total from the Keogh, SEP and SIMPLE Contribution Worksheet for the owner of this trade or business

Enter the amount, if any, attributable to this trade or business only.

C Total from Form 2555, line 45 for the owner of this trade or business. (Foreign Income).

Enter the amount, if any, attributable to this trade or business.

1 Total payments made during 2020

2 Enter the net profit and any other earned income from the trade or business under which the insurance plan is established (not including the self-employed health insurance deduction). Do not include Conservation Reserve Program payments exempt from self-employment tax

3 Enter the total of net profits from: line 31, Schedule C (Form 1040); line 34, Schedule F (Form 1040); or box 14, Code A, Schedule K-1 (Form 1065); plus any other income allocable to a profitable business. Do not include Conservation Reserve Program payments exempt from SE tax

4 Divide the amount on line 2 by the amount on line 3

5 Multiply the amount on Form 1040 or 1040-SR, Schedule 1 line 14, or 1040-NR line 27 (employer-equivalent portion of self-employment tax) by the percentage on line 4

6 Subtract the amount on line 5 from the amount on line 2.

7 Enter the amount, if any, from Form 1040 or 1040-SR, Schedule 1, line 15 (SEP, SIMPLE, qualified plans), attributable to the same trade or business in which the health insurance plan is established

8 Enter the amount from Form 2555, line 45, attributable to the amount entered on line 2

9 Subtract the amounts on lines 7 and 8, if any, from the amount on line 6.

10 Enter the **smaller** of line 1 or line 9 above and on Form 1040 or 1040-SR, Schedule 1, line 16 or 1040-NR line 29.

Do not include this amount on Schedule A (Form 1040).

Allocation of SE Health and Long-Term Care Premiums on Line 10

SE health insurance premium allowed as adjustment

SE long-term care premium allowed as adjustment - Taxpayer

SE long-term care premium allowed as adjustment - Spouse

SE long-term care premium allowed as adjustment - Dep or child under 27

Earned income includes net earnings and gains from the sale, transfer, or licensing of property you created. It does not include capital gain income.

Federal Carryover Worksheet**2020**

► Keep for your records

Name(s) Shown on Return

Kimberly L Hall

Social Security Number

450-85-2281

2019 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2019 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2019 State Taxes Due Information

(a) State	(e) Paid With Return

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2019 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Kimberly L Hall

450-85-2281

Other Tax and Income Information			2019	2020
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4).	2		
3	Itemized deductions	3		1,765.
4	Check box if required to itemize deductions	4	☐	☐
5	Adjusted gross income	5		128,532.
6	Tax liability for Form 2210 or Form 2210-F	6		23,051.
7	Alternative minimum tax.	7		0.
8	Federal overpayment applied to next year estimated tax.	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31.	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31.	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2019	2020
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss.	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss.	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2020.	a		
	b 2019.	b		
	c 2018.	c		
	d 2017.	d		
	e 2016.	e		
	f 2015.	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2020.	a		
	b 2019.	b		
	c 2018.	c		
	d 2017.	d		
	e 2016.	e		
	f 2015.	f		

Employee Home Office Worksheet

► Keep for your records

2020

Copy 1

Your name
Kimberly L Hall

Social Security Number
450-85-2281

Occupation in Which You Incurred Expenses . . . Computer Engineer

Description of this Home Office 2600 Upland Trail Lane

Date you began using this home office for this occupation 01/01/2020

Part I Simplified Method

Simplified method election for Home Office expenses:

Do you elect to use the simplified method in **2020**?

☐ Yes ☒ No

Do you elect to use the simplified method in **2019**?

☐ Yes ☐ No

A	Enter the square footage of your office	A	
B	The lesser of the square footage of your office or 300	B	
C	Number of months in 2020 this home office was used at least 15 days during the month	C	12
D	Business percentage for daycare facilities (if applicable from line 8 of Part II below, 100.00 if not applicable)	D	%
E	Line B times line C divided by 12 times \$5.00	E	
F	Business income limitation	F	
G	Allowable Simple Method deduction. Enter the lesser of line E or line F	G	

Part II Actual Expenses: Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly and exclusively for daycare, or regularly for inventory storage	1	500
2	Total area of home.	2	
3	Divide line 1 by line 2. Enter result as a percentage	3	%
• For daycare facilities not used exclusively for business, also complete lines 4 - 9. • All others, skip lines 4 - 9 and enter the amount from line 3 on line 10.			
4	Area used only partly for daycare	4	
5	Divide line 4 by line 2. Enter the result as a percentage	5	%
6	Multiply days used for daycare during year by hours used per day	6	hr
7	Total hours available for use during the year (365 x 24 hours).	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount.	8	
9	Multiply line 8 by line 5	9	%
10	Business percentage. For daycare facilities not used exclusively for business, add line 3 and line 9. All others, enter the amount from line 3	10	%

Part III Actual Expenses: Figure Your Allowable Deduction

11	Total wages from this business	11	115,303.
12	Percent of wages from the business use of this home	12	100.00 %
13	Wages from the business use of home. Multiply line 11 by line 12	13	115,303.
14	Gain from business use of home shown on Schedule D or Form 4797	14	
15	Gross income from wages, Sch D and Form 4797. Add line 13 and line 14	15	115,303.
16 a	Total employee expenses (excluding home office)	16 a	854.
b	If there is more than one home office for this business, enter the amount of expenses from line 16a allocable to this home office.	b	
17	Any losses from this business not derived from the business use of your home and shown on Schedule D or Form 4797	17	
18	Net income from business use of home. Line 15 less line 16 and line 17	18	114,449.

See instructions for columns (a) and (b) before completing lines 19 - 29		(a) Direct expenses	(b) Indirect expenses
19	Casualty losses		

		(a) Direct expenses	(b) Indirect expenses	
	See instructions for columns (a) and (b) before completing lines 19 - 29			
20	Deductible mortgage interest			
21	Real estate taxes			
22	Add lines 19, 20, and 21			
23	Multiply line 22, column (b) by line 10			
24	Add line 22, column (a) and line 23			
25	Subtract line 24 from line 18. If zero or less, enter -0-			
26	Insurance		200.	
27	Rent		1,500.	
28	Repairs and maintenance			
29	Utilities	1,250.	1,200.	
30	Other expenses		900.	
31	Add lines 26 through 30			

32	Multiply line 31, column (b) by line 10			
33	Carryover of operating expenses from 2019.			
34	Add line 31, column (a), line 32, and line 33.		34	
35	Allowable operating expenses. Enter the smaller of line 25 or line 34		35	
36	Limit on excess casualty losses and depreciation. Subtract line 35 from line 25.		36	
37	Excess casualty losses		37	
38	Depreciation of your home from Part III		38	
39	Carryover of excess casualty losses and depreciation from 2019		39	
40	Add lines 37 through 39		40	
41	Allowable excess casualty losses and depreciation. Enter the smaller of line 36 or line 40		41	
42	Add lines 24, 35, and 41		42	
43	Casualty loss portion, if any, from lines 24 and 41. Carry amount to Form 4684 , Section B.		43	
44	Allowable expenses for business use of your home. Subtract line 43 from line 42.		44	
45	Less deductible mortgage interest, mortgage insurance and real estate taxes reported on Sch A		45	
46	Form 2106 home office expenses. Carries to Form 2106 Adj Wks, line 3		46	

Part IV Actual Expenses: Depreciation of Your Home

47	Enter the smaller of your home's adjusted basis or its fair market value	47	
48	Value of land included on line 47	48	
49	Basis of building. Subtract line 48 from line 47	49	
50	Business basis of building. Multiply line 49 by line 10	50	
51	Depreciation percentage	51	%
52	Depreciation attributable to business use of home. Multiply line 50 by line 51	52	
53	Depreciation for additions and improvements attributable to business use of home	53	
54	Total allowable depreciation. Add line 52 and line 53. Enter here and on line 38	54	

Part V Actual Expenses: Carryover of Unallowed Expenses to 2021

55	Operating expenses. Subtract line 35 from line 34. If less than zero, enter -0-	55	
56	Excess casualty losses and depreciation. Subtract line 41 from line 40. If less than zero, enter -0-	56	

Car and Truck Expenses Worksheet

2020

► Keep for your records

Name(s) Shown on Return

Kimberly L Hall

Social Security Number

450-85-2281

Activity:

Sch C

Social Media Content Creator

Part I – Vehicle Information

- 1 Make and model of vehicle BMW 760L Example: Ford Taurus
- 2 Date vehicle acquired 11/15/2017 If converted from personal use
- 3 Date placed in service 01/01/2018 Example: 06/15/2020
- 4 Type of vehicle A1 - Auto
- 5 a Ending mileage reading _____ Enter mileage readings, or
- b Beginning mileage reading _____ enter total miles on line 5c
- c **Total miles** vehicle was driven during 2020 8,000 Line 5a less line 5b
- 6 Number of miles driven for business 4,000
- 7 Number of miles driven for commuting 0 Travel between home and work
- 8 Number of miles driven for personal purposes 4,000 Line 5c less line 6 and 7
- 9 Percent of business use 50.00 % Line 6, divided by 5c
- 10 a Have record of personal mileage for full year? ☐ Yes ☐ No
- b Months for special allocation _____ See Tax Help
- 11 Do you have another vehicle available for personal use? ☒ Yes ☐ No
- 12 Was the vehicle available for personal use during off duty hours? ☒ Yes ☐ No
- 13 Was the vehicle used primarily by a more than 5% owner of the business or related person? ☒ Yes ☐ No
- 14 a Do you have evidence to support the business use claimed? ☒ Yes ☐ No
- b If **Yes**, is the evidence written? ☒ Yes ☐ No

Part II – Standard Mileage Rate

- 15 Did you own this vehicle, lease this vehicle, or was it not your vehicle? ☒ Own ☐ Lease ☐ Not my vehicle
 - 16 Did you use this vehicle for hire? ☐ Yes ☒ No Example: taxicab
 - 17 Did you use less than 5 vehicles for business at a time? ☒ Yes ☐ No
 - 18 If you **owned** this vehicle, did you use the standard mileage rate for this vehicle's first year, OR if you **leased** this vehicle, did you use the standard mileage rate for the portion of the lease period after 1997? ☒ Yes ☐ No Only applies to vehicles placed in service in prior years
- If you answered Own or Lease to line 15, and Yes to lines 17 and 18 you can take standard mileage for this vehicle (note: Line 16, vehicle for hire, is now allowed):**
- 19 **Standard mileage deduction** 2,300. line 6 times .58

Part III – Actual Expenses

- 20 a Gasoline 1,400.
- b Oil 90.
- c Tires 320.
- d Repairs 780.
- e Vehicle insurance 1,500.
- f Vehicle registration, license (excluding property tax) 110.
- g Garage rent _____
- h Vehicle lease or rental fees:
 - 1 30 days or more _____
 - 2 29 days or less _____
 - 3 Total vehicle lease/rental fees _____
- i Leased vehicle inclusion amount:
 - 1 Year lease began _____
 - 2 FMV of leased vehicle _____
 - 3 Number of lease days in year _____
 - 4 Inclusion amount _____
- j Other 250.
- 21 Expenses subtotal 4,450. Sum of lines 20a thru 20j
- 22 Expenses applicable to business 2,225. Line 21 times line 9
- 23 Vehicle depreciation and Section 179 1,714. From Part VI

Vehicle: BMW 760L
Activity: Sch C Social Media Content Creator

Part IV – Standard Mileage versus Actual Expenses

- 25 ☒ Standard mileage 2,300. The program automatically chooses the method
26 ☐ Actual expenses 3,939. that gives you the largest deduction. Check the
other method if you want to use it instead.

Part V – Total Car and Truck Expenses

- 27 Line 25 or line 26 2,300.
28 Additional expenses:
a Parking fees 50.
b Tolls 480.
c Local transportation 175.
d Property taxes (include property tax
portion of registration)
e Less: personal portion of property taxes (
f Interest on vehicle 1,200.
g Less: personal portion of vehicle interest (600.)
29 Total expenses 3,605. Sum of lines 27 & 28a thru 28g.
30 Less: business portion of lease or rental fees Line 20h - 20i times line 9.
less inclusion amount (if using actual expenses) () Reported separately.
31 Less: depreciation and Section 179 (if using From line 23.
actual expenses) () Reported separately.
32 Total car and truck expenses 3,605.

Part VI – Vehicle Depreciation Information

- 33 For vehicle converted from personal use, complete lines a and b
For vehicle acquired by trade-in, complete line c only
a Total cost when acquired 15,000. include sales tax
b FMV when placed in service 12,000.
c Vehicle basis 12,000.
34 Enter the amount of Section 179 Cannot be greater than
expense elected limit shown below.
35 Depreciation and Section 179
limit for luxury cars 4,800. See Tax Help for computation.
36 a **Economic Stimulus** - Qualified Property ☐ Yes ☒ No
1 If yes, and if placed in service after 9/27/17, was this property
acquired after 9/27/17? ☐ Yes ☐ No ☒ N/A
2 For post 9/27/17, elect 50% in place of 100% Special Depreciation
Allowance ☐ Yes ☐ No ☒ N/A
b **Qualified Disaster Area** - Qualified Property ☐ Yes ☒ No
c **Kansas Disaster Zone** - Qualified Property ☐ Yes ☒ No
d **Gulf Opportunity Zone** - Qualified Property ☐ Reg ☐ Ext ☒ No
e Percentage for Special Depreciation Allowance ☐ 100% & 50% ☐ 30% ☒ N/A
f Elect OUT of Special Depreciation Allowance ☐ Yes ☐ No
g Elect 30% in place of 50% Special Depreciation Allowance ☐ Yes ☐ No
h **QuickZoom** to view the Election statements ▶
i Special Depreciation Allowance
j AMT Special Depr Allowance

If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.

- 37 Prior depreciation 0.
38 Depreciation deduction 1,714. ☐ Limited to luxury car maximum.
If blank, prior depreciation from Asset Life History is used. Required if sold, or if standard mileage rate used in a prior year.
39 AMT prior depreciation 0.
40 AMT depreciation deduction 1,714. ☐ Limited to luxury car maximum.
41 AMT adjustment/preference 0. See Tax Help for computation.

Kimberly L Hall 450-85-2281 Page 3

Vehicle: BMW 760L
 Activity: Sch C Social Media Content Creator

Part VII – Disposition of Vehicle – Complete this part only if you sold, abandoned, or otherwise disposed of this vehicle, or removed it from business use in 2020.

- 43 Date vehicle sold, given away or abandoned Example: 5/01/2020
 44 Sales price Enter business portion only
 45 Expense of sale Enter business portion only
 46 Sec 179 deduction allowed
 47 Double click to link sale to Form 6252 ▶
 48 Reserved
 49 Gain/loss basis, if different from line 33c. Enter 100% of basis
 50 AMT gain/loss basis, if different from line 72 Enter 100% of basis
 51 Depreciation allowed or allowable
 52 AMT depreciation allowed or allowable
 53 Gain or loss
 54 AMT gain or loss
 55 Part of Form 4797 to which gain/loss carries

Part VIII – Detail Vehicle Depreciation Information – This section is calculated for most vehicles from the data entered above. Use Find Next Error feature to check for any required entries.

- | | | | | | | |
|----|--|-------------------------------------|-----|-------------------------------------|----|--------------------------------------|
| 56 | Subject to automobile limitations? . . | ☒ | Yes | ☐ | No | |
| 57 | Truck or van? | ☐ | Yes | ☒ | No | |
| 58 | Electric passenger vehicle? | ☐ | Yes | ☒ | No | |
| 59 | Heavy SUV? | ☐ | Yes | ☒ | No | |
| 60 | Listed property? | ☒ | Yes | ☐ | No | See Tax Help. |
| 61 | Eligible Section 179 property? | ☐ | Yes | ☐ | No | Applies to current year assets only. |
| 62 | Use IRS tables for MACRS property? | ☐ | Yes | ☒ | No | |
| 63 | Indian reservation property? | ☐ | Yes | ☒ | No | |
| 64 | Used Property? | ☒ | Yes | ☐ | No | |

Regular Depreciation

- 64 Depreciation type MACRS
 65 Asset class 5
 66 Depreciation method SL
 67 MACRS convention HY
 68 QuickZoom to set 2020 convention ▶
 69 Recovery period 5.00
 70 Year of depreciation 3
 71 Depreciable basis 6,000.

Alternative Minimum Tax Depreciation

- 72 AMT basis, if different from line 33c
 73 AMT depreciation method SL
 74 AMT recovery period 5.00
 75 AMT depreciable basis 6,000.

Vehicle: BMW 760L
 Activity: Sch C Social Media Content Creator

MACRS Property Involved in a Like-Kind Exchange or Involuntary Conversion

- 76 Elect OUT of regs under Sec 1.168(i)-6(i) ☐ Yes ☒ N/A Only election out supported
 77 If asset represents entire basis of replacement property, enter excess basis Only excess basis is eligible for Section 179
 Pre-02/28/04 transactions only (See Tax Help):
 78 Asset ID (Enter same ID on all related assets)
 79 Does asset represent exchanged basis of replacement property ☐ Yes ☒ No "Yes" if exchanged basis, "No" if excess basis
 80 Total basis of all related parts Only required if line 56 is "Yes"

State Depreciation

- 81 **QuickZoom** to select or delete states ►
 82 a State (CA info must be entered in CA state return, do not enter here).
 b Asset status
 c State cost or basis
 d State Section 179 deduction
 e State Section 179 deduction allowed (enter for dispositions only)
 f State Special Depreciation Allowance
 g State asset class
 h State depreciation method
 i State MACRS convention
 j State recovery period
 k State depreciable basis
 l State prior depreciation
 m **State depreciation deduction** ►
 n If this asset represents entire basis of replacement property, enter excess basis
 o Form 8824: If luxury auto, enter depreciation at 100% business use
 p State gain/loss basis, if different from state cost.
 q Include vehicle in state return ☐ Yes ☐ No

Section 199A (QBI Deduction) attributes

If this asset belongs to a qualified business under Section 199A, the following attributes will be used to calculate the deduction for the qualified business.

Unadjusted Basis Immediately after Acquisition (UBIA) for this asset 6,000.
 This asset is ineligible for UBIA
 Gains/(losses) from disposition of asset
 Short term gain/(loss) 0.
 Ordinary income from depreciation recapture 0.
 Long term gain/(loss) 0.
 Gain/(loss) is not eligible for 199A deduction

- Keep for your records

450-85-2281

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

- Keep for your records

450-85-2281

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Tax Summary
► Keep for your records

2020

Name (s)
Kimberly L Hall

Total income	131,902.
Adjustments to income	3,370.
Adjusted gross income	128,532.
Itemized/standard deduction	12,400.
Qualified business income deduction	1,412.
Taxable income	114,720.
Tentative tax	21,612.
Additional taxes	
Alternative minimum tax	0.
Total credits	
Other taxes	1,439.
Total tax	23,051.
Total payments	12,275.
Estimated tax penalty	
Amount Overpaid	0.
Refund	0.
Amount Applied to Estimate	0.
Balance due	10,776.

Compare to U. S. Averages

► Keep for your records

2020

Name(s) Shown on Return Kimberly L Hall	Social Security No 450-85-2281
--	-----------------------------------

Your 2020 adjusted gross income (AGI) 128,532.
National adjusted gross income range used below from 100,000. to 199,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	115,304.	122,635.
Taxable interest		1,288.
Tax-exempt interest		7,612.
Dividends		6,482.
Business net income	10,181.	27,849.
Business net loss		7,626.
Net capital gain		14,584.
Net capital loss		2,371.
Taxable IRA		28,940.
Taxable pensions and annuities	6,417.	44,175.
Rent and royalty net income		14,160.
Rent and royalty net loss		9,156.
Partnership and S corporation net income		43,023.
Partnership and S corporation net loss		13,646.
Taxable social security benefits		24,980.
Medical and dental expenses deduction	0.	12,111.
Taxes paid deduction	1,640.	12,122.
Interest paid deduction		9,263.
Charitable contributions deduction	125.	4,627.
Total itemized deductions	1,765.	27,540.
Child care credit		630.
Education tax credits		1,473.
Child tax credit		1,428.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	128,532.	143,501.
Taxable income	114,720.	108,489.
Income tax	21,612.	18,217.
Alternative minimum tax	0.	2,462.
Total tax liability	23,051.	18,966.

Estimated Tax Payment Options

Name:	<u>Kimberly L Hall</u>
SSN:	<u>450-85-2281</u>

Prepare My 2021 Estimated Taxes Based on	Tax Amount
☐ 90% of tax on your 2021 estimated taxable income	0.
☐ 100% of tax on your 2021 estimated taxable income	0.
☐ 66-2/3% of tax on your 2021 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
☒ 100% (110%) of your 2020 taxes (prior-year exception) Note: If your 2020 taxes were less than \$1000, see Tax Help	23,051.

Amount of Estimated Taxes to Pay in 2021	
Taxes based on method above	23,051.
Expected withholding for 2021 . . . (2020 actual withholding)	12,275.
Taxes due after withholding	10,776.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	10,776.

Round My Payments Up
☐ To the next \$10 ☐ To the next \$100

Prepare Estimated Tax Payment Vouchers
☒ The amount of estimated taxes due is \$1,000 or more (see Tax Help) ☐ Even if the amount of estimated taxes due is less than \$1,000 ☐ No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2021	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
☐ Payment number 1, due April 15, 2021	2,694.
☐ Payment number 2, due June 15, 2021	2,694.
☐ Payment number 3, due September 15, 2021	2,694.
☐ Payment number 4, due January 18, 2022	2,694.

Total estimated tax payments for 2021	10,776.
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Print Estimated Tax Vouchers
☒ Yes, print those prepared by program ☐ No, I will use those supplied by the I.R.S. and write in the amounts

Smart Worksheets from your 2020 Federal Tax Return

SMART WORKSHEET FOR: Schedule C (Social Media Content Creator): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address. . . 2600 Upland Trail Lane

City, State, and ZIP Code (do not enter State and ZIP Code if foreign address)

Aubrey TX 76227

Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (Social Media Content Creator): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is generally only necessary if Form 8995A must be filed (i.e., taxable income is above threshold amounts or qualified coop payments are present).</i>			
A	QBI worksheet to report (double-click to link)	▶	Kimberly L Hall
B	Trade or Business Name	Kimberly L Hall	
C	Trade or Business ID Number	06-1834041	
D 1	Is this a Specified Service Trade or Business (SSTB)?	☐ Yes	☐ No
2	If No, is income attributable to a SSTB? (see Help)	☐ Yes	☐ No
3	QBI worksheet for SSTB income (this will auto-populate if Yes)		
4	Percentage of qualified income attributable to SSTB		%
E 1	Tentative Sch C profit (loss) from this business		10,181.
2	Adjustments to qualified business income		
3	Tentative Sch C profit (loss) from qualified business		10,181.
4 a	Calculated QBI allowed after passive/at-risk limits	10,181.	
b	Adjustments to allowed QBI		
c	Allowable QBI after loss limits		10,181.
5	Self employed deductions connected to this business		
a	Self employed health insurance for this business	2,400.	
b	Total deduction for 1/2 self employment tax	720.	
c	Deduction for 1/2 S.E. tax connected to this business	720.	
d	Total deduction for S.E. retirement contributions		
e	S.E. retirement deduction connected to this business		
	Total self employed deductions connected to this business		3,120.
6	Sch C profit (loss) after S.E. deductions		7,061.
7	Additional deductions related to this business reported on separate schedules		
8	Net profit (loss) after adjustments, limitations, and deductions		7,061.
9	Allowable Sch C profit (loss) allocated to SSTB		0.
10	Allowable Sch C profit (loss) from this business		7,061.
F 1	Ordinary gain (loss) from business assets		0.
2	Ordinary gain (loss) adjustments		
3	Qualified ordinary gain (loss)		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable short-term qualified gain (loss) after passive/at-risk limits		0.
5	Allowable ordinary gain (loss) allocated to SSTB		0.
6	Allowable ordinary gain (loss)/recapture from this business		0.
G 1	Section 1231 gain (loss) from business assets		0.
2	Section 1231 gain (loss) adjustments		
3	Section 1231 gain (loss) from qualified business		0.
4 a	Calculated QBI allowed after passive/at-risk limits	0.	
b	Adjustments to allowed QBI		
c	Allowable ordinary 1231 qualified gain (loss)		0.
5	Allowable ordinary 1231 gain (loss) allocated to SSTB		0.
6	Allowable ordinary 1231 gain (loss) from this business		0.

SMART WORKSHEET FOR: Schedule C (Social Media Content Creator): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	7,061.
2 Qualified business income allocated to SSTB	0.
3 a Previously disallowed losses freed up in current year	
b Adjustments to previously disallowed losses	
c Previously disallowed QBI losses to be reported as separate business	0.
d QBI wksht for previously disallowed losses, if present	
I 1 Tentative wages	0.
2 Adjustments	
3 Qualified wages	0.
4 Qualified wages allocated to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	6,800.
2 Adjustments	
3 Qualified UBIA	6,800.
4 Qualified UBIA allocated to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop	
2 Wages allocable to qualified payments from coop	
3 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting before 1/1/2018	
4 Form 1099PATR line 6 (DPAD) from coop(s) w/ tax year starting after 12/31/17	

SMART WORKSHEET FOR: Schedule C (Social Media Content Creator): Profit or Loss from Business

Carryovers to 2020 Smart Worksheet, Continued		
	Regular Tax	QBI
Disallowed Section 179 Deduction by Year		
Before 2018 . . . A Section 179 carryover.		
2018 B Section 179 carryover.		
2019 C Section 179 carryover.		
Disallowed At-Risk Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
Disallowed Passive Losses by Year and Type		
Before 2018 . . . A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018 D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019 G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		

SMART WORKSHEET FOR: Schedule C (Social Media Content Creator): Profit or Loss from Business

Activity Summary Smart Worksheet Supporting information provided by program. NO ENTRIES ARE NEEDED.				
		Regular Tax	QBI	Alternative Minimum Tax
A	Ownership	Taxpayer		
B	At risk status	All		
C	Passive status	Nonpassive		
Schedule C				
D	Tentative profit (loss)	10,181.	10,181.	10,188.
E	Other adjustments			
F	At risk disallowed loss			
G	Passive carryover loss			
H	Passive disallowed loss			
I	Net profit (loss) allowed	10,181.	10,181.	10,188.
Related Dispositions				
J	Tentative profit (loss)		0.	
K	At risk disallowed loss			
L	Passive carryover loss			
M	Passive disallowed loss			
N	Net profit (loss) allowed		0.	

SMART WORKSHEET FOR: Schedule C (Social Media Content Creator): Profit or Loss from Business

QBI (Section 199A) Losses by Year Smart Worksheet, Continued		
At-risk losses	Regular Tax	QBI
Previously disallowed at-risk losses by year		
Operating Loss		
A Total loss in 2020		
B Total allowed loss (all years)		
C Allowed loss in 2020		
D Freed up loss from before 2018		
E Freed up loss from 2018		
F If SSTB, reduced loss from 2018		
G Freed up loss from 2019		
H If SSTB, reduced loss from 2019		
Form 4797 ordinary loss		
I Total loss in 2020		
J Total allowed loss (all years)		
K Allowed loss in 2020		
L Freed up loss from before 2018		
M Freed up loss from 2018		
N If SSTB, reduced loss from 2018		
O Freed up loss from 2019		
P If SSTB, reduced loss from 2019		
Form 4797 long term loss		
Q Total loss in 2020		
R Total allowed loss (all years)		
S Allowed loss in 2020		
T Freed up loss from before 2018		
U Freed up loss from 2018		
V If SSTB, reduced loss from 2018		
W Freed up loss from 2019		
X If SSTB, reduced loss from 2019		
At-risk loss carryforwards to 2021		
Before 2018		
A Operating loss		0.
B Form 4797 ordinary loss		0.
C Form 4797 long-term loss		0.
2018		
D Operating loss		
E Form 4797 ordinary loss		
F Form 4797 long-term loss		
2019		
G Operating loss		
H Form 4797 ordinary loss		
I Form 4797 long-term loss		
2020		
J Operating loss		
K Form 4797 ordinary loss		
L Form 4797 long-term loss		

SMART WORKSHEET FOR: Schedule C (Social Media Content Creator): Profit or Loss from Business

QBI (Section 199A) Losses by Year Smart Worksheet, Continued		
Passive losses	Regular Tax	QBI
Previously disallowed passive losses by year		
Operating Loss	A Total loss in 2020	
	B Total allowed loss (all years)	
	C Allowed loss in 2020	
	D Freed up loss from before 2018	
	E Freed up loss from 2018	
	F If SSTB, reduced loss from 2018	
	G Freed up loss from 2019	
	H If SSTB, reduced loss from 2019	
Form 4797 ordinary loss	I Total loss in 2020	
	J Total allowed loss (all years)	
	K Allowed loss in 2020	
	L Freed up loss from before 2018	
	M Freed up loss from 2018	
	N If SSTB, reduced loss from 2018	
	O Freed up loss from 2019	
	P If SSTB, reduced loss from 2019	
Form 4797 long term loss	Q Total loss in 2020	
	R Total allowed loss (all years)	
	S Allowed loss in 2020	
	T Freed up loss from before 2018	
	U Freed up loss from 2018	
	V If SSTB, reduced loss from 2018	
	W Freed up loss from 2019	
	X If SSTB, reduced loss from 2019	
Passive loss carryforwards to 2021		
Before 2018	A Operating Loss	0.
	B Form 4797 ordinary loss	0.
	C Form 4797 long-term loss	0.
2018	D Operating Loss	
	E Form 4797 ordinary loss	
	F Form 4797 long-term loss	
2019	G Operating loss	
	H Form 4797 ordinary loss	
	I Form 4797 long-term loss	
2020	J Operating loss	
	K Form 4797 ordinary loss	
	L Form 4797 long-term loss	

SMART WORKSHEET FOR: Form 8915E: Qualified 2020 Disaster Ret Plan Dist and Repayments (Taxpayer)

Part I, Column (b) Smart Worksheet

	Total Qualified 2020 disaster distributions for 2020	Qualified Coronavirus- related distribs. for 2020	Qualified Other disaster distributions for 2020
A Retirement plans (other than IRAs)	19,251.	19,251.	
B Traditional, SEP, and SIMPLE IRAs			
C Roth IRAs			

SMART WORKSHEET FOR: Schedule C (Social Media Content Creator): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (2600 Upland Trail Lane)

Simplified Method Smart Worksheet

Simplified method election for Home Office expenses:

Do you elect to use the simplified method in **2020**? ☐ Yes ☒ No
 Did you elect to use the simplified method in **2019**? ☐ Yes ☐ No

- A** Gross income limitation _____
B Enter the square footage of your office _____
C The lesser of the square footage of your office or 300 _____
D Number of months in 2020 this home office was used at least 15 days
 during the month 12
E Business percentage for daycare facilities (if applicable, or 100.00 if not) %
F Line C times line D divided by 12 times \$5.00 times line E _____
G Allowable Simple Method deduction. Enter the lesser of line A or line F _____

SMART WORKSHEET FOR: Schedule C (Social Media Content Creator): Profit or Loss from Business -- Form 8829: Exp for Business Use of Home (2600 Upland Trail Lane)

Line 8 Calculation Smart Worksheet

- A** Enter the date you began using this home office for this business. 01/01/2020
B Enter the percent of gross income on line 7 of Schedule C that
 is from the business use of this home 75.00 %
C 1 Calculated gain from business use of this home on Schedule D or Form 4797. _____
2 Adjustments to calculated gain _____
3 Net gain _____
D 1 Calculated loss from this business not derived from business use of home
 and shown on Schedule D or Form 4797 _____
2 Adjustments to calculated loss (enter additional losses as a negative number) _____
3 Net loss _____

 SMART WORKSHEET FOR: Reg. 1.263(a)-1(f) De Minimis Safe Harb.
 Check here to make the De Minimis Safe Harbor Election 1.263(a)-1(f)
☒

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . . .	☐
Marital Status	
Filing Status Selected	

SMART WORKSHEET FOR: Form W-2 (Federal National Mortgage Associati): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet	
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>	
A Is this activity a qualified trade or business under Section 199A?	☐ Yes ☐ No
B QBI worksheet to report	▶ ☐
C Specified Service Trade or Business (SSTB)?	☐ Yes ☐ No
D I am not a statutory employee	☐

SMART WORKSHEET FOR: Form W-2 (Federal National Mortgage Associati): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet	
A Treat as a substitute W-2 and generate a form 4852	☐
B Linked substitute W-2 Form 4852	▶ ☐
C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"	
D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"	
E QuickZoom to completed Form 4852 for reference	

If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the Help to see the required information. Then QuickZoom to the appropriate explanation statement.		Taxpayer	Spouse
☐	Return of IRA contribution before due date of tax return ▶	☐	☐
☐	Return of prior year excess traditional IRA contributions ▶		

SMART WORKSHEET FOR: Form 1099-R (Fidelity Investments): Pension/IRA Distributions

Simplified Method Smart Worksheet

- A** If the annuity starting date is **after** December 31, 1997, is the annuity payable based on the life of **more than** one individual? Yes ☐ No ☐
- B** If line A is 'No', enter the age of the annuitant at the annuity starting date. If line A is 'Yes', enter the age of the primary annuitant at the annuity starting date. (If there is no primary annuitant, enter the age of the **oldest** survivor annuitant) _____
- C** If line A is "Yes", enter the age of the **youngest** survivor annuitant at the annuity starting date _____

Note: If the annuity starting date is **before** January 1, 1998, enter the age of the recipient at the annuity starting date on line B above.

SMART WORKSHEET FOR: Form 2106 (Computer Engineer) -- Form 2106 Adjustments Wks -- Employee Home Office Wks (2600 Upland Trail Lane) -- Form 2106 (Computer Engineer) -- Form 2106 Adjustments Wks -- Form 2106 (Computer Engineer) -- Form 2106 Adjustments Wks -- Employee Home Office Wks (2600 Upland Trail Lane)

Interest and Taxes Smart Worksheet

If you already entered this home's real estate taxes as Indirect expenses on any other Employee Home Office Worksheet or Form 8829, check this box. ☐

NOTE: Do NOT check this box on the first form where you enter these amounts.

	Direct Expense	Indirect Expense
A Qualified mortgage insurance paid or accrued in 2020 on contracts issued after 2006 for acquisition indebtedness		
B Double-click to link to copies of the Home Mortgage Interest Worksheet:		
Mortgage 1		
Mortgage 2		
Mortgage 3		
Mortgage 4		
Mortgage 5		
Mortgage 6		
Mortgage 7		
Mortgage 8		
Mortgage 9		
Mortgage 10		

Check to indicate type of expense:

Direct

Indirect

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only

- ☐ Permanent resident of Guam or U.S. Virgin Islands
- ☐ Nonpermanent resident of Guam or U.S. Virgin Islands