

Taxpayer Information		Spouse Information	
Last name .....	_____	Last name.....	_____
First name .....	_____	First name .....	_____
Middle Initial.....	_____	Middle Initial.....	_____
	Suffix.....		Suffix.....
Social security number .....	***-**-XXXX	Social security number .....	_____
Occupation .....	_____	Occupation.....	_____
Work phone .....	_____	Work phone.....	_____
	Ext ...		Ext ...
Cell phone .....	_____	Cell phone .....	_____
E-mail address.....	_____	E-mail address.....	_____
Date of birth.....	_____	Date of birth .....	_____
Address .....	_____	Apartment number.....	_____
City .....	_____	State.....	_____
		ZIP Code.....	_____
Home phone.....	_____	Fax number .....	_____

**Dependent Information**

First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

**Child and Dependent Care Provider Expenses**

Name	Address	ID Number	Amount Paid
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Education Tuition and Fees**

Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**

Enter total 2021 qualified student loan interest..... \_\_\_\_\_

<b>Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation</b>	
<b>Employer Name</b>	<b>2020 Amount</b>
_____	_____
_____	_____
_____	_____

<b>Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc</b>	
<b>1099-R Payer Name</b>	<b>2020 Amount</b>
_____	_____
_____	_____
_____	_____

<b>Attach Form(s) SSA-1099 – Social Security/Railroad Benefits</b>		<b>Taxpayer</b>	<b>Spouse</b>
Social Security Benefits from Form SSA-1099 .....	_____	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____	_____
Medicare B premiums withheld .....	_____	_____	_____
Medicare C premiums withheld .....	_____	_____	_____
Medicare D premiums withheld .....	_____	_____	_____

<b>Attach Form(s) 1099-MISC – Miscellaneous Income and 1099-NEC</b>	
<b>1099-MISC Payer Name and 1099-NEC Payer Name</b>	
_____	
_____	
_____	
_____	

<b>Attach Form(s) 1099-INT – Interest Income</b>	
<b>1099-INT Payer Name</b>	<b>2020 Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

<b>Attach Form(s) 1099-DIV – Dividend Income</b>	
<b>1099-DIV Payer Name</b>	<b>2020 Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**  
 Attach all stock sale transaction information, including initial cost information.

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

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

	<b>Taxpayer</b>	<b>Spouse</b>
<b>Retirement Plan Contributions</b>		
Traditional IRA contributions made for 2021 .....	_____	_____
Roth IRA contributions made for 2021 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

## 2021 Deductions

<b>Medical and Dental Expenses</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Prescription medications.....		
Health insurance premiums .....		
Doctors, dentists, etc .....		
Hospitals, clinics, etc .....		
Eyeglasses and contact lenses .....		
Miles driven for medical purposes.....		
Other medical and dental expenses: _____		
<b>Taxes</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Real estate taxes paid on principal residence .....		
Real estate taxes paid on additional homes or land .....		
Auto license registration fees based on the value of the vehicle .....		
Other personal property taxes .....		
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098. <b>Lender's Name</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
_____		
_____		
Points paid on loan to buy, build or improve main home <b>Lender's Name</b>	<b>2021 Amount</b>	
_____		
<b>Cash/Check/Credit Contributions</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
_____		
_____		
_____		
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Union and professional dues .....		
Professional subscriptions, books, supplies .....		
Uniforms and protective clothing (including cleaning) .....		
Job search costs .....		
Taxpayer educator expenses.....		
Spouse educator expenses.....		
Tax return preparation fees .....		
Safe deposit box rental .....		
Gambling losses (to the extent of gambling income) .....		
Other expenses (list): _____		

	<b>Yes</b>	<b>No</b>
1 Did you receive an Economic Impact (Stimulus) Payment? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much did you receive? .....	<input style="width: 100px;" type="text"/>	
2 Did you receive any Advanced Child Tax Credit payments? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , how much did you receive? .....	<input style="width: 100px;" type="text"/>	
3 Did a lender cancel any of your debt in 2021? (Attach any Forms 1099-A or 1099-C) .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021? If <b>yes</b> , please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you purchase a motor vehicle or boat during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
6 Did you purchase a hybrid or electric vehicle in 2021? If <b>yes</b> , enter year, make, model, and date purchased: .....	<input type="checkbox"/>	<input type="checkbox"/>
_____		
7 Did you donate a vehicle in 2021? If <b>yes</b> , attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
8 What was the sales tax rate in your locality in 2021? ..... %      State ID .....		
9 Did your marital status change during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain: .....		
10 Were you or your spouse permanently and totally disabled in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you provide over half the support for any other person during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you incur adoption expenses during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive any disability payments in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2021? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you pay any individual for domestic services in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you take a retirement account distribution related to the corona virus or a natural disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you buy or sell any stocks or bonds in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you incur any moving expenses? If <b>yes</b> , attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		
27 Do you expect your income and deductions in 2022 to be the same as 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , attach explanation of changes expected.		
28 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
29 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? .....	<input type="checkbox"/>	<input type="checkbox"/>
30 <b>a</b> Did you obtain a Paycheck Protection Program (PPP) loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If yes, has any portion of that loan been forgiven? .....	<input type="checkbox"/>	<input type="checkbox"/>
31 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
32 Enter your state of residence: _____ Taxpayer _____ Spouse _____		
33 <b>a</b> Do you want to change the language with which the IRS communicates with you? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If yes, which language? .....		

**Electronic Filing and Direct Deposit of Refund** **Yes**  **No**

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

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

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

Checking  Savings

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																			
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																			
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:														
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

## Business Income and Expenses

ORG19

**GENERAL INFORMATION**

Is this activity a qualified trade or business under Section 199A?  Yes  No

**1** Check ownership  **Taxpayer**  **Spouse**  **Joint**

**2** Business name \_\_\_\_\_

**3 a** Business street address \_\_\_\_\_

**b 1** City, State and Zip Code, or \_\_\_\_\_

**2** Foreign country..... (not applicable) \_\_\_\_\_

**4** Principal business/profession \_\_\_\_\_

**5** Employer ID number \_\_\_\_\_

**6** Business code (**Preparer Use Only**) ..... \_\_\_\_\_

**7** Was this business fully disposed of in a fully taxable transaction during 2021?  **Yes**  **No**

---

**8** Accounting method:  
 Cash       Accrual       Other (specify)  \_\_\_\_\_

**9** Method used to value closing inventory:  
 Cost       Lower of cost or market       Other (explain)  \_\_\_\_\_

**10** Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation)  **Yes**  **No**

**11** Did you materially participate in the operation of this business during 2021?  **Yes**  **No**

**12** Did you start or acquire this business during 2021?  **Yes**  **No**

**13 a** Did you make any payments in 2021 that require you to file Forms 1099?  **Yes**  **No**

**b** If yes, did you or will you file all the required Forms 1099?  **Yes**  **No**

**14** At-risk determination:  
**a** Is all of the investment in this activity at risk?  **Yes**  **No**

**b** Is some of the investment in this activity not at risk?  **Yes**  **No**

**15** Did you have unallowed passive losses in 2020?  **Yes**  **No**

**16 a** Treat all MACRS assets for this activity as qualified Indian reservation property?  **Yes**  **No**

**b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property?  **Regular**  **Extension**  **No**

**c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?  **Yes**  **No**

**d** Was this business located in a Qualified Disaster Area?  **Yes**  **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2021	2020
<b>17</b> Gross receipts or sales.....		
<b>18</b> Returns and allowances plus other adjustments.....		
<b>19</b> Other income (include federal/state gas tax credit/refund).....		

COST OF GOODS SOLD – IF APPLICABLE	2021	2020
<b>20</b> Inventory at beginning of year.....		
<b>21</b> Purchases.....		
<b>22</b> Items withdrawn for personal use.....		
<b>23</b> Cost of labor (do not include your salary).....		
<b>24</b> Materials and supplies.....		
<b>25</b> Other costs.....		
<b>26</b> Inventory at end of year.....		

**Business Income and Expenses (continued)**

**ORG19**

EXPENSES	2021	2020
Business name _____		
<b>27</b> Advertising .....		
<b>28</b> Car and truck expenses (complete ORG18).....		
<b>29</b> Commissions and fees .....		
<b>30</b> Contract labor .....		
<b>31</b> Depletion .....		
<b>32</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ).....		
<b>33</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>34</b> Insurance (other than health) .....		
<b>35</b> Self-employed health insurance attributable to this business .....		
<b>36</b> Interest:		
<b>a</b> Mortgage paid to banks not reported to you on Form 1098.....		
<b>b</b> Other .....		
<b>37</b> Legal and professional services .....		
<b>38</b> Office expenses .....		
<b>39</b> Pension and profit-sharing plans .....		
<b>40</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property.....		
<b>41</b> Repairs and maintenance .....		
<b>42</b> Supplies (not included in cost of goods sold) .....		
<b>43</b> Taxes and licenses not reported to you on Form 1098 .....		
<b>44</b> Travel and meals		
<b>a</b> Travel.....		
<b>b</b> Meals subject to 50% limit.....		
<b>c</b> Meals subject to 80% limit.....		
<b>d</b> Meals not subject to limit .....		
<b>45</b> Utilities .....		
<b>46</b> Gross wages .....		
<b>47</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>48</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ).....		
Complete ORG20 for Business Use of Home.		
<b>49</b> Qualified pension plan start-up costs .....		
<b>50</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018.....		
<b>51</b> DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 .....		

## Sales of Stocks and Securities Basic Info

**ORG21**

Name	Social Security Number *** - ** -XXXX
------	------------------------------------------

	Yes	No
1 Did you exchange any securities for other securities or any other property held for investment? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did you engage in any transactions involving <i>employee</i> stock options? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Schedule D included in the 2019 Federal income tax return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

Enter details of specific security sales on Sales of Stocks and Securities (ORG21A)  
Use Installment Sales Income (ORG23) to report installment sales.



**Sales of Stocks and Securities**

ORG21A

Name _____	Social Security Number ***-**-XXXX
------------	---------------------------------------

**Name of reporting financial institution** ▶ \_\_\_\_\_

**Acct Number** . . . . . ▶ \_\_\_\_\_ **Reporter's Tax ID** . . . ▶ \_\_\_\_\_

Owner of account . . . . . ▶ \_\_\_\_\_

Transactions were not reported to IRS . ▶

<b>Quick Entry Table</b>									
<i>The following adjustment codes may be entered in the table below if applicable: B, C, E, M, O, T, and W. (If the only adjustment is a disallowed wash sale loss (W), use the Disallowed Wash Sale field. Otherwise, use only the Adjustment Amount &amp; Adjustment Code fields.)</i>									
Sale#	Property Description			Sales Price (Proceeds)		Cost or Other Basis		Disallowed Wash Sale	
8949 Box	Date Sold	Date Acquired							
Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?				
1					Yes	No	Yes	No	
					Yes	No	Yes	No	
					Yes	No	Yes	No	
					Yes	No	Yes	No	
					Yes	No	Yes	No	X

**Note:** For Sales Price, Cost Basis, or Adjustment Amount of \$10,000,000 or more, leave those fields blank and use the **Capital Gain (Loss) Adjustment Worksheet** after transferring. Additional adjustments and withholding are also supported on the **Capital Gain (Loss) Adjustment Worksheet**.

## Rent and Royalty Income and Expenses

ORG25

### BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: (not applicable)

Is this activity a qualified trade or business under Section 199A? .....  Yes  No

**1** Check property owner .....  **Taxpayer**  **Spouse**  **Joint** **Yes** **No**

**2a** Did you make any payments that would require you to file Form(s) 1099? .....  **Yes**  **No**

**b** If **yes**, did you or will you file all required Forms(s) 1099? .....  **Yes**  **No**

**3a** Enter the ownership percentage (if not 100%) ..... \_\_\_\_\_

**b** If not 100%, are you reporting 100% of the income and expenses? .....  **Yes**  **No**

**4** Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) .....  **Yes**  **No**

**5** Did you have personal use of this property or rent it for part of the year at less than fair rental value? .....  **Yes**  **No**

**6** For all rental properties, **enter the number of days** during 2021 that:

**a** The property was rented at fair rental value ..... \_\_\_\_\_

**b** The property was used personally or rented at less than fair rental value ..... \_\_\_\_\_

**c** You owned the property, if not the entire year ..... \_\_\_\_\_

**7a** Does this rental have multiple living units and you live in one of the units? .....  **Yes**  **No**

**b** If **yes**, enter percentage of rental use ..... \_\_\_\_\_

**8** Did you actively participate in this property's management during 2021 ? .....  **Yes**  **No**

**9** Did you materially participate in this property's management during 2021 ? .....  **Yes**  **No**

**10** Do you want to treat this property as non-passive? .....  **Yes**  **No**

**11** Did this property have unallowed passive losses in 2020 ? .....  **Yes**  **No**

**12** Did you dispose of this property in a fully taxable transaction? .....  **Yes**  **No**

**13** Check this box if some of this investment was **not** at-risk .....  **Yes**  **No**

**14a** Treat all MACRS assets for this activity as qualified Indian reservation property? .....  **Yes**  **No**

**b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... **Regular**  **Extension**  **No**

**c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  **Yes**  **No**

**d** Was this activity located in a Qualified Disaster Area? .....  **Yes**  **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2021	2020		
<b>15</b> Rents or royalties received .....				
<p style="margin: 0;"><b>* Property Types:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>1</b> Single family residence  <b>2</b> Multi-family residence  <b>3</b> Vacation/short-term rental  <b>4</b> Commercial                         </td> <td style="width: 50%; border: none;"> <b>5</b> Land  <b>6</b> Royalties  <b>7</b> Self-rental  <b>8</b> Other                         </td> </tr> </table>	<b>1</b> Single family residence <b>2</b> Multi-family residence <b>3</b> Vacation/short-term rental <b>4</b> Commercial	<b>5</b> Land <b>6</b> Royalties <b>7</b> Self-rental <b>8</b> Other		
<b>1</b> Single family residence <b>2</b> Multi-family residence <b>3</b> Vacation/short-term rental <b>4</b> Commercial	<b>5</b> Land <b>6</b> Royalties <b>7</b> Self-rental <b>8</b> Other			

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2021	2020
Property location .....		
<b>16</b> Advertising .....		
<b>17a</b> Automobile (complete ORG18 for autos).....		
<b>b</b> Travel.....		
<b>18</b> Cleaning and maintenance .....		
<b>19</b> Commissions.....		
<b>20a</b> Mortgage insurance premiums – qualified .....		
<b>b</b> Other insurance .....		
<b>21</b> Legal and professional fees .....		
<b>22</b> Management fees .....		
<b>23a</b> Mortgage interest paid to banks – qualified.....		
<b>b</b> Mortgage interest paid to banks – other .....		
<b>24</b> Other interest .....		
<b>25</b> Repairs.....		
<b>26</b> Supplies.....		
<b>27a</b> Real estate taxes.....		
<b>b</b> Other taxes .....		
<b>28</b> Utilities .....		
<b>29</b> Other expenses:		
<b>a</b> .....		
<b>b</b> .....		
<b>c</b> .....		
<b>d</b> .....		
<b>e</b> .....		
<b>30a</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>b</b> Depletion <b>(Preparer Use Only)</b> .....		