

SHERMAN, YOUNG & ASSOCIATES, P.C.

Certified Public Accountants

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2020 TAX INFORMATION SUMMARY

| Taxpayer's Phone Numbers | | Spouse's Phone Numbers | |
|--------------------------|--|------------------------|--|
| Home | | Home | |
| Work | | Work | |
| Cell | | Cell | |
| Email | | Email | |

NOTE: PLEASE BRING IN ALL FORMS, W-2'S, 1099'S, 1098'S, 1095'S ETC.

Please Use Full Legal Names (as shown on social security card):

TAXPAYER'S FULL NAME:

SPOUSE'S FULL NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

Taxpayer's SSN:

Occupation:

DOB:

Spouse's SSN:

Occupation:

DOB:

FILING STATUS (Check Box) - If blind or disabled, bring in doctor's statement first year only

| | | | |
|--|----------|--|--------|
| Single | | | |
| Married Joint | | | |
| Married Separate | | | |
| Head of Household | | | |
| Widow(er) with Dependent Children | | | |
| Date of death of taxpayer or spouse | | | |
| ENTER (X) IF: Legally Blind | Taxpayer | | Spouse |
| Disabled | Taxpayer | | Spouse |
| Claimed as a Dependent on Another Return | Taxpayer | | Spouse |

DEPENDENTS: (If child's last name is different from yours, please indicate child's last name)

Did the status of any of your dependents change in 2020? (Y) (N)

| Legal Name | Social Security Number | DOB | # of months lived with you in 2020 | Relationship |
|------------|------------------------|-----|------------------------------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Note: All children born before November 30, 2020 are required to have a Social Security Number.

Affordable Care Act Mandate: Please include all forms 1095-A, B and C

Did you and your dependents have healthcare coverage for the full year?..... (Y) (N)

Did you purchase coverage through the Federal or State exchange?..... (Y) (N)

If you are exempt, please list your exemption:

ESTIMATED TAXES:

Note-If you were advised last year to make estimated payments and you did not make any payments, enter "0"

| | Federal Date | Amount | State Date | Amount |
|---------------------------|--------------|--------|------------|--------|
| Refunds applied from 2019 | | \$ | | \$ |
| 1ST Quarter | | \$ | | \$ |
| 2ND Quarter | | \$ | | \$ |
| 3RD Quarter | | \$ | | \$ |
| 4TH Quarter | | \$ | | \$ |
| Other Payments | | \$ | | \$ |

INCOME: W-2 EARNINGS

| | TAXPAYER | | SPOUSE | |
|----------------------------|----------|----|--------|----|
| A) Employer Name | | | | |
| Wages | | \$ | | \$ |
| Federal Withholding | | \$ | | \$ |
| Social Security W/H (FICA) | | \$ | | \$ |
| Medicare | | \$ | | \$ |
| State Withholding | | \$ | | \$ |
| B) Employer Name | | | | |
| Wages | | \$ | | \$ |
| Federal Withholding | | \$ | | \$ |
| Social Security W/H (FICA) | | \$ | | \$ |
| Medicare | | \$ | | \$ |
| State Withholding | | \$ | | \$ |
| C) Employer Name | | | | |
| Wages | | \$ | | \$ |
| Federal Withholding | | \$ | | \$ |
| Social Security W/H (FICA) | | \$ | | \$ |
| Medicare | | \$ | | \$ |
| State Withholding | | \$ | | \$ |

Use a separate page for additional wage information

INTEREST INCOME: Please list TAXABLE and NONTAXABLE

Please refer to forms 1099

| Source | Amount | Source | Amount |
|--------|--------|--------|--------|
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |

DIVIDEND INCOME: Please list TAXABLE and NONTAXABLE

Please refer to forms 1099

| Source | Ordinary | Qualified | Cap. Gains | Foreign Tax | Other |
|--------|----------|-----------|------------|-------------|-------|
| | | | | | |
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SALE OF ASSETS: If you sold any assets (i.e., stocks, bonds, residence, etc.) please enter the details.

| Item Quantity | Item Description | Covered? (Y) (N) | Date Acquired | Date Sold | Proceeds | Cost | Cost of Improvements |
|------------------|---------------------|---------------------|------------------|--------------|----------|------|-------------------------|
| | | | | | | | |
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OTHER HOUSEHOLD INCOME:

| | Taxpayer | Spouse |
|---|----------|--------|
| Alimony Received..... | \$ | \$ |
| Unemployment Compensation..... | \$ | \$ |
| Retirement Plan Income Received - Gross..... | \$ | \$ |
| Taxable Amount..... | \$ | \$ |
| Federal Withholding on Pension..... | \$ | \$ |
| State Withholding on Pension..... | \$ | \$ |
| Retirement Plan Income Received - Gross..... | \$ | \$ |
| Taxable Amount..... | \$ | \$ |
| Federal Withholding on Pension..... | \$ | \$ |
| State Withholding on Pension..... | \$ | \$ |
| Gross Social Security Benefit..... | \$ | \$ |
| Medicare Payments Deducted from Social Security..... | \$ | \$ |
| Federal Withholding Deducted from Social Security..... | \$ | \$ |
| | State | State |
| State Income Tax Refund Received (amount on 1099G)..... | \$ | \$ |

OTHER INCOME: Describe source and amount; do not include income listed elsewhere

BUSINESS INCOME: If you had a business, farm or rental property in 2020, please use the schedules on pages 5 and 6 to record your income and expenses. If you had any partnership income, Subchapter S Corporation, estate or trust income, please bring in your related Schedule K-1.

OTHER DEDUCTIONS AND TAX INFORMATION NOTE: IRA contributions must be made by April 15, 2021.

CAUTION! Before you contribute: in some cases IRA contributions are non-deductible.

| IRA Contribution: | Traditional | Roth | Traditional | Roth |
|-------------------|-------------|------|-------------|------|
| Taxpayer | \$ | \$ | Spouse | \$ |
| Date Paid | | | Date Paid | |

If you contributed to a qualified HSA program in 2020, provide amount ⇔ \$

| | |
|-----------------|--|
| ALIMONY: | Original Divorce/Separation Agreement Date |
| Alimony Paid \$ | Ex-Spouse's Name: |
| | SSN: |

CHILD AND DEPENDENT CARE EXPENSES:

| Provider | Provider's Address | Provider ID # | Amount Paid |
|----------|--------------------|---------------|-------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

Child care expenses are deductible only if they enable you to work or go to school. Retain a completed form W-10 for each provider. The IRS requires this information if you are claiming a child tax credit.

ITEMIZED DEDUCTIONS

| | | |
|------------------|-----------------------------|-------------|
| MEDICAL: | | |
| | Long Term Care Insurance \$ | |
| Prescriptions \$ | Health Insurance \$ | Hospital \$ |
| Miles Driven | Doctors & Dentists \$ | Other \$ |

| | | |
|--|----------------------|----|
| TAXES: | Oregon Arts Tax..... | \$ |
| Real Property Taxes..... | | \$ |
| State or local income taxes paid in 2020 for 2019 or prior years | | \$ |

| | | |
|--|--|----|
| INTEREST: | | |
| Home Mortgage..... | | \$ |
| Second Home Mortgage and/or Second Mortgage..... | | \$ |
| Mortgage Insurance for Mortgages Financed or Refinanced After December 31, 2006..... | | \$ |
| Investment Interest Expense..... | | \$ |
| Student Loan Interest..... | | \$ |

| | | |
|--|------------------------------|----|
| CONTRIBUTIONS: | | |
| Total Cash (receipts required) and Checks..... | | \$ |
| Total Property (if total for 2020 is more than \$500, enter information below*)..... | | \$ |
| Volunteer Mileage <input type="text"/> | Political Contributions..... | \$ |

| *Property Contributions Over \$500 | | | | | |
|------------------------------------|-------------|---------------|------------|----------------|------------------|
| Charity Name | Description | Date Acquired | Date Given | Value when New | Value When Given |
| | | | | | |
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|----------------------------------|--------------------|
| MISCELLANEOUS DEDUCTIONS: | |
| Union Dues \$ | Tax Preparation \$ |
| Safe Deposits \$ | Uniforms \$ |

| | |
|---|--------|
| Un-reimbursed Employee Expenses (Enter description, amount and indicate if it's the taxpayer's or spouse's) | |
| Taxpayer | Spouse |
| | |
| | |
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|--|----------------------------|
| CAR AND TRUCK EXPENSES: | |
| For self-employed and unreimbursed employee automobile expenses for costs other than commuting (nondeductible), the IRS requires the following information on an annual basis: | |
| Taxpayer's or Car 1 | Spouse's or Car 2 |
| Type of Auto | Type of Auto |
| Year Acquired | Year Acquired |
| Total Miles Driven in 2020 | Total Miles Driven in 2020 |
| Business Miles | Business Miles |

| | | | |
|---|----|----------------|----|
| If you have kept records on actual auto expenses also provide the following: | | | |
| Vehicle Cost | \$ | Vehicle Cost | \$ |
| Insurance | \$ | Insurance | \$ |
| Gas & Oil | \$ | Gas & Oil | \$ |
| Car Washes | \$ | Car Washes | \$ |
| Repairs | \$ | Repairs | \$ |
| Other Expenses | \$ | Other Expenses | \$ |

BUSINESS, FARM OR RENTAL INFORMATION

Please indicate which activity this information pertains to

| | Business | | | Rentals or Royalties | | | | | | Farm | |
|--|----------|-----|--|----------------------|-----|---|-----|-----|-----|------|--|
| | 1 | | | 1 | 2 | 3 | | | 1 | | |
| NAME | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | |
| Were you required to file 1099s: | (Y) | (N) | | (Y) | (N) | | (Y) | (N) | (Y) | (N) | |
| If yes, did you or will you complete the 1099 filing: | (Y) | (N) | | (Y) | (N) | | (Y) | (N) | (Y) | (N) | |
| INCOME: | | | | | | | | | | | |
| EXPENSES: | | | | | | | | | | | |
| Advertising | | | | | | | | | | | |
| Car & Truck (please use page 4) | | | | | | | | | | | |
| Insurance | | | | | | | | | | | |
| Interest - Mortgage | | | | | | | | | | | |
| Interest - Other | | | | | | | | | | | |
| Professional Fees | | | | | | | | | | | |
| Office Equip. Office" | | | | | | | | | | | |
| Rent Expense" | | | | | | | | | | | |
| Repairs | | | | | | | | | | | |
| Supplies | | | | | | | | | | | |
| Taxes (Other than Federal and State) | | | | | | | | | | | |
| Travel | | | | | | | | | | | |
| Meals & Entertainment (in full) | | | | | | | | | | | |
| Utilities | | | | | | | | | | | |
| Wages | | | | | | | | | | | |
| Other: | | | | | | | | | | | |
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If you have additional businesses, rentals and/or farms please use this format on a separate sheet of paper.

BUSINESS, RENTALS AND FARM INFORMATION CONTINUED

COST OF GOODS SOLD:

(only for business activity)

| | |
|-------------------------------------|----|
| Inventory at Beginning of Year..... | \$ |
| Purchases..... | \$ |
| Cost of Items for Personal Use..... | \$ |
| Cost of Labor..... | \$ |
| Materials and Supplies..... | \$ |
| Other Costs..... | \$ |
| Inventory at End of Year..... | \$ |

EQUIPMENT PURCHASES:

If you purchased or sold equipment or made improvements for your business activity, please provide the date acquired, purchase/sales price, and trade, if applicable, for each item. If you are making payments on a new purchase, please bring the contract.

| Item Description | Date Acquired | Purchase Price |
|------------------|---------------|----------------|
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OTHER TAX CREDITS

EDUCATION CREDITS: *Please Include 1098-T Received from Your Institution*

| Student Name | Post Secondary Year in School | At least half time? (5 of 12 months) | Tuition, Fees and Course Materials | Institutions Attended |
|--------------|----------------------------------|---|---------------------------------------|--------------------------|
| | | (Y) (N) | \$ | |
| | | (Y) (N) | \$ | |
| | | (Y) (N) | \$ | |

RESIDENTIAL ENERGY AND VEHICLE CREDITS:

| Item Acquired | Product Cost | Install Cost | Date Acquired |
|---------------|--------------|--------------|---------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

STATE CREDITS:

| | |
|---|--------------|
| Appliance Credits (attach certification)..... | Amount \$ |
|---|--------------|

MISCELLANEOUS QUESTIONS

1) Did you or your spouse receive any distribution from a profit-sharing, retirement plan, or individual retirement arrangement? If yes:
 Amount Rolled \$ Over \$

(Y) (N)

2) Did you or your spouse "roll over" funds from a regular IRA into a Roth IRA?
 If yes: Amount \$

(Y) (N)

3) Did you purchase, sell or exchange your personal residence or other real estate during the year? If yes, please bring escrow papers and other details.

(Y) (N)

4) Were you in the process of adopting or did you finalize the adoption of a child in 2020? If so please provide additional details.

(Y) (N)

5) Does anyone owe you money which has become uncollectible?

(Y) (N)

6) Do you or your spouse wish to allocate \$3 to the Presidential Election Campaign Fund?

(Y) (N)

7) Do you wish to contribute to any of the non-profit organizations listed on the Oregon tax return?

| | | | |
|---------------------------------|-------------------------|----------------------------------|-------------------------|
| American Diabetes Association | \$ <input type="text"/> | Oregon Coast Aquarium | \$ <input type="text"/> |
| SMART | \$ <input type="text"/> | SOLV | \$ <input type="text"/> |
| The Nature Conservancy | \$ <input type="text"/> | St. Vincent DePaul Society of OR | \$ <input type="text"/> |
| Oregon Humane Society | \$ <input type="text"/> | The Salvation Army | \$ <input type="text"/> |
| Doernbecher Children's Hospital | \$ <input type="text"/> | Oregon Veteran's Home | \$ <input type="text"/> |

You may also choose one or two of the following by writing the corresponding codes below:

Oregon Non-Game Wildlife (code 19), Prevent Child Abuse (code 20), Alzheimer's Disease Research (code 21), Stop Domestic and Sexual Violence (code 22), Habitat for Humanity (code 1), Oregon Head Start Association (code 2), Planned Parenthood of Oregon (code 13), Oregon Lions Sight & Hearing Foundation (code 14), Shriners Hospitals for Children-Portland (code 15), Special Olympics for Oregon (code 16), Susan G. Komen for the Cure (code 17), Oregon Military Financial Emergency Assistance (code 24), Oregon Historical Society (code 18), Oregon Food Bank (code 25), Albertina Kerr Kid's Crisis Care (code 26), American Red Cross (code 27), Cascade AIDS Project (code 28), Veterans Suicide Prevention (code 23), ALS Association (code 29).

First Charity Code \$ **Second Charity Code** \$

(Y) (N)

8) Do you or your spouse wish to designate \$3 of your Oregon refund to a political party?
 If yes, please fill in the party name. Taxpayer _____
 Spouse _____

(Y) (N)

9) Did you incur a loss because of damaged or stolen property?

(Y) (N)

10) Did you incur moving expenses for a move greater than 50 miles during the year due to a change in employment? If yes, please provide the details of expenses and related items.

(Y) (N)

11) Do you wish a refund payment to be directly deposited to your bank account? If yes, please provide us a voided check for the account you wish to deposit to.

(Y) (N)

12) Did you make a contribution to an Oregon College Savings Plan account? If so, please indicate:
 Amount \$ Date made

(Y) (N)

13) Are you a signatory on, or do you have ownership in a foreign bank account, investment account or trust? *Note: Penalties for non-reporting can be as much as 50% of the highest balance in the account.*

ADDITIONAL INFORMATION

Use this space to include any additional information we may need to prepare your returns.

FORM INSTRUCTIONS

STEP 1

Complete the attached tax information summary. Please complete all items that apply to your tax situation. If an item is not applicable you may leave it blank, enter a 0, or N/A.

STEP 2

Save a copy of the form to your computer.

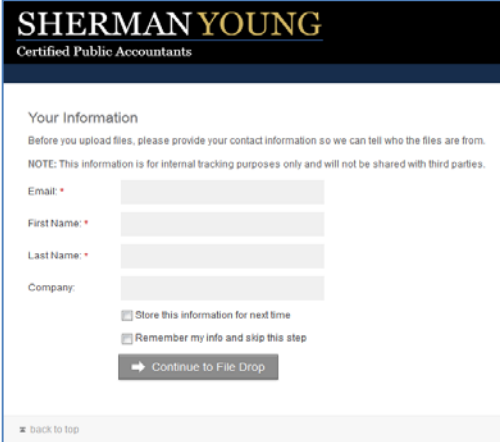
Click the SAVE button to save a copy of the form to your computer. We recommend you name the file using the following format: lastname_firstname_taxyear Example: Smith_John_2016

STEP 3

Open the upload window and enter your email and name.

Click the UPLOAD button to upload your summary and supporting documents to us securely via our electronic file drop. A new browser window will appear and you will be prompted to enter your name and email address. Note: These are required fields as they help us identify who sent the files and route them appropriately once we have received them.

Once you have entered your name and email address click Continue to File Drop.




The screenshot shows a web form titled "Your Information" from SHERMAN YOUNG Certified Public Accountants. The form asks for contact information before uploading files. It includes fields for Email, First Name, Last Name, and Company. There are two checkboxes: "Store this information for next time" and "Remember my info and skip this step". A "Continue to File Drop" button is at the bottom. A "back to top" link is in the footer.

STEP 4

Select the files to be uploaded.

You can now drag files to the drop window or click the Choose Files button to select the files for upload.



The screenshot shows a web form titled "Upload Files to Organizer File Drop" from SHERMAN YOUNG Certified Public Accountants. It provides instructions on how to upload files, including a note that folders cannot be uploaded. There is a dropdown menu for "Send to" set to "SYA, Office". A "Choose Files" button is next to the text "or drag and drop files". A "Clear All" button is in the top right. A large area with the text "DRAG FILES HERE" is in the center. An "Upload Files" button is at the bottom left.

FORM INSTRUCTIONS CONTINUED

STEP 5

Select the Recipient.

Using the "Send to:" drop down menu please select SYA, Office as the recipient.

STEP 6

Upload the files.

Once you have selected all of the files you wish to upload, click the Upload Files button.

After clicking the Upload Files button you will see a progress bar followed by a message indicating that your files have uploaded successfully. You can follow the link to upload more files or close the window when you are finished.

Note: In order to upload your supporting documents you will need to have them saved in an electronic format either by downloading them from your financial institutions, employer, etc., or scanning and saving them to your computer prior to attempting to upload them.

If you do not wish to use the electronic upload process you can print a copy of your summary and mail or drop it off along with your supporting documents at our office at:

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