

# TAX DOCUMENTS

A GUIDE TO YOUR TAX DOCUMENTS &  
HOW TO GET THEM TO YOUR CPA.

## TAX ORGANIZER

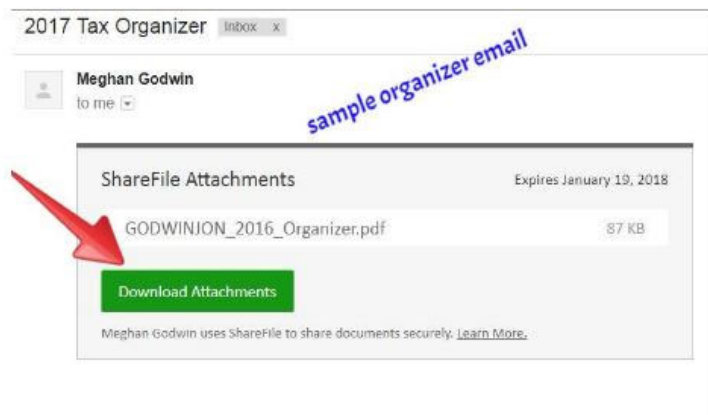
We send this out every year.

This document is generated from our tax software. It lists every item that we put on LAST YEAR'S tax return.

It is a good idea to at least look through it to make sure you have everything.

### **FUN FACT:**

We use this organizer to make sure we have all your tax documents before we start your tax return.



# A quick note on receipts: *summarize.*

For the love of god, don't give us a years' worth of receipts to add up.

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## DO:

### SPREADSHEET

List expense,  
total, date

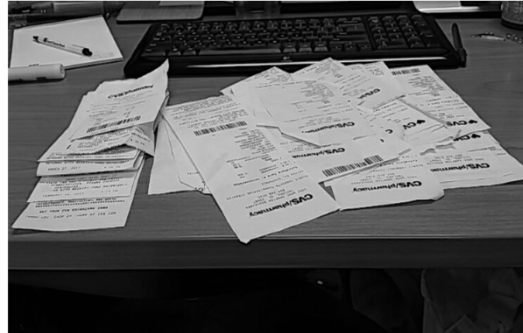
### TEXT DOCUMENT

List expense,  
total, date

### HANDWRITTEN PAPER

List expense,  
total, date

## DON'T:



## DO YOU HAVE...?

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- **A RENTAL UNIT** (or several)
  - Income
  - Expenses- repairs, renovations, insurance, fees, replacing appliances, etc.
- **MEDICAL RECEIPTS**- out of pocket
  - Doctor
  - Dentist
  - Other
- **BUSINESS EXPENSES**
  - More on these later...

**SUMMARIZE THESE EXPENSES.** Really.

# ESTIMATED TAX PAYMENTS

If you paid these, please make a note of:

1. The date you paid them
2. The amount you paid

\* copies of checks and other substantiation are also *terrific*.

Tear off here

<b>1040-ES</b> <small>Department of the Treasury Internal Revenue Service</small>		<b>2016 Estimated Tax</b>		<b>Payment Voucher 4</b> <small>OMB No. 1545-0008</small>	
<small>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 "United States Treasury." Write your social security number and "2016 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.</small>				<small>Calendar year—Due Jan. 11, 2017</small> Amount of estimated tax you are paying By check or money order: Dollars (only)	
Your first name and initial		Your last name		Your social security number	
If joint payment, complete for spouse		Spouse's first name and initial		Spouse's last name	
Spouse's first name and initial		Spouse's last name		Spouse's social security number	
Address (number, street, and apt. no.)					
City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.)					
Foreign country name		Foreign province/county		Foreign postal code	
<small>For Privacy Act and Paperwork Reduction Act Notice, see Instructions.</small>					
<small>Form 1040-ES (2016)</small>					

# W-2

These are due out at the end of January.

If you have moved jobs or houses, double check with the employer to make sure you know where your W-2 is headed at the end of the year

a Employee's social security number		Safe, accurate, FAST! Use <b>e-file</b>		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld		
		5 Medicare wages and tips	6 Medicare tax withheld		
		7 Social security tips	8 Allocated tips		
d Control number	9 Verification code	10 Dependent care benefits			
e Employee's first name and initial Last name		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Non-charity public <input type="checkbox"/>	12b		
f Employee's address and ZIP code		14 Other		12c	
				12d	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2017** Department of the Treasury—Internal Revenue Service  
 Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

# 1099-INT

You might get one of these from a bank or an investment company.

VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Mega Bank 123 Main Street Anytown, NC 28445</b>		Payer's RTN (optional)	OMB No. 1545-0112
PAYER'S federal identification number <b>55-2221111</b>		1 Interest income <b>\$ 2,456.23</b>	2015 Form 1099-INT
RECIPIENT'S identification number <b>123-45-6789</b>	2 Early withdrawal penalty	3 Interest on U.S. Savings Bonds and Treas. obligations <b>\$ 11,456.23</b>	
RECIPIENT'S name <b>Ima Accountholder</b> Street address (including apt. no.) <b>456 Elm Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Anycity, NC 28441</b>		4 Federal income tax withheld <b>\$</b>	5 Investment expenses <b>\$</b>
FATCA filing requirement <input checked="" type="checkbox"/>		6 Foreign tax paid <b>\$ 124.55</b>	7 Foreign country or U.S. possession <b>\$</b>
Account number (see instructions) <b>234444444</b>		8 Tax-exempt interest <b>\$</b>	9 Specified private activity bond interest <b>\$</b>
		10 Market discount <b>\$</b>	11 Bond premium <b>\$</b>
		12	13 Bond premium on tax-exempt bond <b>\$</b>
		14 Tax-exempt and tax credit bond CUSIP no.	15 State
		16 State identification no.	17 State tax withheld <b>\$</b>

Form 1099-INT www.irs.gov/form1099int Department of the Treasury - Internal Revenue Service

Interest Income

Copy 1  
For State Tax Department

# 1099 CONSOLIDATED STATEMENTS

These are the "IMPORTANT TAX DOCUMENTS" that you receive from your investment/brokerage company.

These are DIFFERENT than the Dec 31 statement, and are generally sent out in February & March.

They may also contain forms:

1099-B

1099-DIV

**LendingClub**

LendingClub Corporation 17000 E. Alameda Denver, CO 80231	Account Name TR [REDACTED]	Pass Number [REDACTED]
ORIGINAL 01/01/2014		

RECIPIENT'S Name, Street Address, City, State, Zip Code  
**PETER RENTON**

Copy 1 for Recipient  2nd TIN Notice

Payer's Federal Identification Number: S1 065751  
Payer's Name, Street, City, State, Zip Code:  
LendingClub Corporation  
17 Stevenson St., Suite 300  
San Francisco, CA 94103  
Telephone Number: (866) 996-3159

### 2013 ORIGINAL ISSUE DISCOUNT

2013 FORM 1099-OD: ORIGINAL ISSUE DISCOUNT (OMB NO. 1545-0117)	(Box 1)	(Box 2)	(Box 3)	(Box 4)	(Box 5)	(Box 6)	(Box 7)	(Box 8)	(Box 9)	(Box 10)	(Box 11)	(Box 12)
Security Description	*Original Issue Discount for 2013	Other Period Interest	Early Withdrawal Penalty	Federal Tax Withheld	Foreign Tax Paid	Foreign Country or Possession	Original Issue Discount for 2013	Investment Expenses	State	State ID No.	State Tax Withheld	
LENDING CLUB NOTES	\$5,216.25											
Total Original Issue Discount Activity \$5,216.25												

PAYER'S AND RECIPIENT'S IDENTIFICATION		2013 ORIGINAL ISSUE DISCOUNT		SUMMARY INFORMATION		2013 FEDERAL TAX CREDIT		2013 FORM 1099-OD	
PAYER'S NAME	LendingClub Corporation	RECIPIENT'S NAME	PETER RENTON	FORM 1099-OD	2013 ORIGINAL ISSUE DISCOUNT	FORM 1099-OD	2013 FEDERAL TAX CREDIT	FORM 1099-OD	2013 FEDERAL TAX CREDIT
FORM 1099-OD	2013 ORIGINAL ISSUE DISCOUNT	FORM 1099-OD	2013 ORIGINAL ISSUE DISCOUNT	FORM 1099-OD	2013 ORIGINAL ISSUE DISCOUNT	FORM 1099-OD	2013 ORIGINAL ISSUE DISCOUNT	FORM 1099-OD	2013 ORIGINAL ISSUE DISCOUNT

1099-DIV

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

**Mega Bank**  
123 Main Street  
Anytown, NC 28445

OMB No. 1545-0112  
**2015**  
Form **1099-DIV**

1a Total ordinary dividends \$ 1,256.00  
1b Qualified dividends \$ 765.00  
2a Total capital gain distr. \$  
2b Section 1202 gain \$

3 Nondividend distributions \$  
4 Federal income tax withheld \$  
5 Investment expenses \$ 21.67  
6 Foreign tax paid \$  
7 Foreign country or U.S. possession \$

8 Cash liquidation distributions \$  
9 Noncash liquidation distributions \$  
10 Exempt interest dividends \$ 345.55  
11 Specified private activity bond interest dividends \$  
12 State \$  
13 State certification \$  
14 State tax withheld \$

PAYER'S federal identification number  
55-2221111

RECIPIENT'S identification number  
123-45-6789

RECIPIENT'S name  
**Ima Accountholder**

Street address (including apt. no.)  
456 Elm Street

City or town, state or province, country, and ZIP or foreign postal code  
Anycity, NC 28441

Account number (see instructions)  
234444444

Form **1099-DIV** (keep for your records) www.irs.gov/form1099-div Department of the Treasury - Internal Revenue Service

**Dividends and Distributions**  
**Copy B**  
**For Recipient**

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

**Invesco**  
Invesco Investment Services, Inc.  
9000 Rockledge Drive  
Miami Lakes, FL 33093  
1 800 955-4246

RECIPIENT'S NAME AND ADDRESS:  
**JOSIAH G. PUELLIC**  
300 MAIN STREET  
HOUSTON TX 77001

**2017 FORM 1099-DIV**  
Dividends and Distribution  
Copy B for Recipient

Recipient Identification Number  
XXXXXXXX

CORRECTED  RECHECKED

1a	1b	2a	2b	3	4	5	6	7	8	9	10	11	12	13	14
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

1099-G

Did you get a refund last year?  
Did you collect unemployment?

OMB No. 1545-0120  
**2013**  
Form **1099-G**

**Certain Government Payments**

4 Federal income tax withheld \$  
6 Taxable grants \$  
8 Check if box 2 is trader or business

**Copy 1**  
**For State Tax Department**

State of Oregon  
Department of Revenue  
500 Center St NE  
Salem, OR 97331-3000  
KEJA 91689-9900

Form **1099-G** Received by Recipient  
OMB No. 1545-0120  
Form 1099-G (2013)  
KEJA 91689-9900

**Important: This is not a bill or notice of an additional refund. Do not double keep with your tax records.**

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

Questions? Telephone: 800-378-6888 (toll-free) or 1-800-542-6232 (for those in Oregon only).  
Address: 1001 N. Oregon Street, Salem, OR 97331-3000.  
TTY: Hearing or speech impaired only: 800-345-6817 (toll-free) or 1-800-688-7248 (for those in Oregon only).  
www.oregon.gov/DOR

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

1 Unemployment compensation \$  
2 State or local income tax refunds, credits, or offsets \$

PAYER'S federal identification number  
RECIPIENT'S identification number

3 Box 2 amount is for tax year \$

4 Federal income tax withheld \$

RECIPIENT'S name  
Street address (including apt. no.)  
City, state, and ZIP code

5 ATAA/RTAA payments \$  
6 Taxable grants \$

7 Agriculture payments \$  
8 If checked, box 2 is trader or business income

9 Market gain \$

10a State \$  
10b State identification no. \$  
11 State income tax withheld \$

Form **1099-G** (keep for your records) Department of the Treasury - Internal Revenue Service

**Certain Government Payments**  
**Copy B**  
**For Recipient**

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

# 1099-MISC

Not a W-2

\*No taxes were withheld from this income.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>Big Ol' Company</b> <b>1000 Elm Street</b> <b>Any town, My State 00000</b>		1 Rents \$	OMB No. 1545-0115 <b>2015</b> Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>  <b>Copy B</b> <b>For Recipient</b>
PAYER'S federal identification number <b>12-3456789</b> RECIPIENT'S identification number <b>123-45-6789</b>		2 Royalties \$	4 Federal income tax withheld \$	
RECIPIENT'S name <b>Jenny Taxpayer</b> Street address (including apt. no.) <b>123 Main Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Any town, My State 00000</b>		3 Other income \$ <b>500.00</b>	6 Medical and health care payments \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions)      FATCA filing requirement <input checked="" type="checkbox"/>		7 Nonemployee compensation \$ <b>4,567.00</b>	8 Substitute payments in lieu of dividends or interest \$	
15a Section 408A deferrals      15b Section 408A income		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
13 Excess golden parachute payments \$		11	12	
16 State tax withheld \$		14 Gross proceeds paid to an attorney \$	17 State/Payer's state no. <b>PA 333333</b>	
18 State income \$ <b>4,567.00</b>		17 State/Payer's state no.		

Form **1099-MISC** (keep for your records)      www.irs.gov/form1099misc      Department of the Treasury - Internal Revenue Service

# K-1

Shows your portion in a partnership/business

S corporation       partnership       trust       estate       other

**2014**      **451333**

**Schedule K-1**  
 (Form 1065)  
 Department of the Treasury  
 Internal Revenue Service

1041 (partner and SPC) or 1041-SS (partner)  
 year beginning 1/1/2014  
 ending 12/31/2014

**Partner's Share of Income, Deductions, Credits, etc.**  
 (See back of form and separate instructions.)

**Part I Information About the Partnership**

**A** Partnership employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**C** IRS Center where partnership filed return

**D**  Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**G**  General partner or LLC member manager       Limited partner or other LLC member

**H**  Domestic partner       Foreign partner

**I** What type of entity is this partner?

**J** Partner's share of profit, loss, and other tax items (indicate whether beginning or ending)

**K** Partner's share of activities at year end

**L** Partner's capital account activity

**M** Check the partner's contribution property with adjusted gain or loss?

For Paperwork Reduction Act Notice, see Instructions for Form 1065.      IRS.gov/form1065      03-11-2014      Schedule K-1 (Form 1065) 2014

# Health Savings Accounts-

2727  VOID  CORRECTED

OMB No. 1545-1518

2016

HSA, Archer MSA, or Medicare Advantage MSA Information

Form 5498-SA

1 Employee or self-employed person's Archer MSA contributions made in 2016 and 2017 for 2016

2 Total contributions made in 2016

3 Total HSA or Archer MSA contributions made in 2017 for 2016

4 Rollover contributions

5 Fair market value of HSA, Archer MSA, or MA MSA

6 HSA   
Archer MSA   
MA MSA

7 HSA, Archer MSA, or MA MSA

8 HSA   
Archer MSA   
MA MSA

9 HSA, Archer MSA, or MA MSA

10 HSA, Archer MSA, or MA MSA

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100 HSA, Archer MSA, or MA MSA

Form 5498-SA Cat. No. 38467V www.irs.gov/form5498sa Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

**5498-SA**  
This is for the contributions  
(what you put in)

9494  VOID  CORRECTED

OMB No. 1545-1017

2016

Distributions From an HSA, Archer MSA, or Medicare Advantage MSA

Form 1099-SA

1 Gross distribution

2 Earnings on excess corr.

3 Distribution code

4 FMV on date of death

5 HSA   
Archer MSA   
MA MSA

6 HSA   
Archer MSA   
MA MSA

7 HSA   
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99 HSA   
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Archer MSA   
MA MSA

Form 1099-SA Cat. No. 38471D www.irs.gov/form1099sa Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

**1099-SA**  
This is for the distributions  
(what you took out)

# College tuition- forms to remember

CORRECTED

OMB No. 1545-1014

2017

Tuition Statement

Form 1098-T

1 Payments received for qualified tuition and related expenses

2 Amounts collected for qualified tuition and related expenses

3 If this line is checked, your educational institution changed its reporting method for 2017

4 Adjustments made for a prior year

5 Adjustments to scholarships or grants for a prior year

6 Adjustments to scholarships or grants for a prior year

7 Checked if the amount in box 1 or 2 includes amounts for any academic period beginning on or after March 31 of the year

8 Checked if a graduate student

9 If checked, the student is a full-time student

10 If checked, the student is a part-time student

11 If checked, the student is a part-time student

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Form 1098-T (keep for your records) www.irs.gov/form1098t Department of the Treasury - Internal Revenue Service

**1098-T**  
For tuition paid  
**1098-E**  
Student loan interest

**Invesco**

INVESTMENT SERVICES, INC.  
P.O. BOX 219239  
KANSAS CITY, MISSOURI 64121-9039  
INVESTOR/CUSTOMER  
1 800 959-4246

RECIPIENT'S NAME AND ADDRESS:  
JOHN Q. PUBLIC  
100 MAIN STREET  
HOUSTON TX 77001

2017 FORM  
**1099-Q**

Payments from Qualified Education Programs Under Section 530

Copy 8 for Recipient  
(see 1042-100)

Identify Identification Number  
XXXX-XXXX

CORRECTED  CHECKED

Form Name Page's First & Last Form Number	1 Date Issued	2 Date Effective	3 Date Expires	4 Type of Form	5 Form Type	6 Form Number	7 Form Number
1098-T Form 1098-T 1098-T	2017-01-01	2017-01-01	2017-12-31	1098-T	1098-T	1098-T	1098-T
1099-Q Form 1099-Q 1099-Q	2017-01-01	2017-01-01	2017-12-31	1099-Q	1099-Q	1099-Q	1099-Q

**1099-Q: for money taken out  
of an 529 college savings acct.**

# 1098- Mortgage interest paid

\*You will also get one of these if you have a Home Equity Line of Credit.

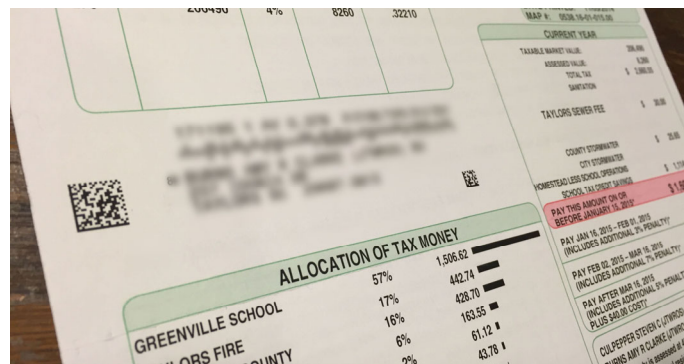
☐ CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.		OMB No. 1545-0001 <b>2017</b> Form <b>1098</b>	<b>Mortgage Interest Statement</b>  <b>Copy B For Payer/Borrower</b>  The information in boxes 1 through 10 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a non-deductible item.
1 Mortgage interest received from payer(s)/borrower(s) \$		2 Outstanding mortgage principal as of 1/1/2017 \$		3 Mortgage origination date	
RECIPIENT'S/LENDER'S federal identification number	PAYER'S/BORROWER'S taxpayer identification no.	4 Refund of overpaid interest \$		5 Mortgage insurance premiums \$	
PAYER'S/BORROWER'S name		6 Points paid on purchase of principal residence \$			
Street address (including apt. no.)		7 Is address of property securing mortgage same as PAYER'S/BORROWER'S address? If "Yes," box is checked <input type="checkbox"/> If "No," see box 8 or 9, below			
City or town, state or province, country, and ZIP or foreign postal code		8 Address of property securing mortgage			
10 Number of mortgaged properties	11 Other	9 If property securing mortgage has no address, below is the description of the property			
Account number (see instructions)					

Form **1098** (Keep for your records) www.irs.gov/form1098 Department of the Treasury - Internal Revenue Service

# Property taxes

- Cars
- Boats
- Motorcycles
- Land
- Houses
- PT-100





# Cash Donations

PLEASE INCLUDE THE RECEIPTS/SUBSTANTIATION OF THE CASH DONATION.

WE LIKE TO HAVE THESE ON FILE IN THE EVENT OF AN EXAMINATION

## NON-CASH DONATIONS

Goodwill, Salvation Army, Safe Harbor, etc.

\*Please include the **THRIFT VALUE** of the donation, NOT what you paid for it.

**Goodwill** Industries of North-Haven, Inc.  
1100 Regency Way  
Hartford, CT 06105  
Phone: (860) 476-7171  
Fax: (860) 476-7170  
TTY: (860) 476-7077  
www.goodwill.org

**DONATION RECEIPT  
TAX RECORD FORM**

**GOODWILL WORKS 90 PEOPLE CARE** Goodwill is a private, not-for-profit corporation and is not exempt under Section 501(c)(3) of the Internal Revenue Code. Goodwill is required to follow specific rules regarding the collection and management of personal information provided through the Agency's Internet search.

**TAX RECORD FORM** - Indicate the amount that was given and the date of the gift. Do not include the value of the item unless it is a "thrift" value. No value is assigned to the item. Please keep this receipt for your tax records. For more information, visit [www.goodwill.org](http://www.goodwill.org).

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company: \_\_\_\_\_ Title: \_\_\_\_\_

Description	Value

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed by: 6251 - The Corporation on the occasion of the celebration of the 75th Anniversary of the Corporation's 75th Anniversary.  
6251 Rev. 9/16

## 1095- A

This should come from your insurance company if you had a marketplace insurance plan.

We need a 1095-A for your tax return.

1095- B & C show health coverage paid for by your employer or you personally. We don't need these for your tax returns anymore.

Form **1095-A** Health Insurance Marketplace Statement  VOID  CORRECTED **2020**  
OMB No. 1545-0047

Department of the Treasury Internal Revenue Service **Do not attach to your tax return. Keep for your records. Do to [www.irs.gov/Form1095A](http://www.irs.gov/Form1095A) for instructions and the latest information.**

**Part I Recipient Information**

1 Marketplace identifier	2 Marketplace assigned policy number	3 Policy owner's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 County and ZIP or foreign postal code

**Part II Covered Individuals**

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				
18				
19				
20				

**Part III Coverage Information**

Month	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (S.L.C.S.P.) premium	C. Monthly advance payment of premium tax credit
21 January			
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			

33 Annual totals  
For Priority Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 601002 Form **1095-A** (2020)

## Child & Dependent Care expenses

We need the amount paid to the institution & their Employer Identification Number (EIN).

They should provide you with a statement at the end of the year with the total and their information on it.

After-care & Day Camps **count**.

Sleepover camp **doesn't count**.



# BUINESS EXPENSES

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## SUMMARIZE, SUMMARIZE, SUMMARIZE.

A spreadsheet, a text doc, a handwritten note.

EQUIPMENT

SUPPLIES

TRAVEL

MEALS

# The best way to submit your information

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## DO:

- Drop it by our office
  - 33 Market Point Drive, Greenville, SC 29607
- Mail it to our office
- Upload it at our website
  - [www.godwincpa.com](http://www.godwincpa.com) --> upload

## DON'T:

- Send sensitive information as an insecure email attachment
- Send each document as a picture in an email the moment you open your mail
- Email documents to Jonathan. sounds weird, but it actually goes much faster if you don't send them to him
- Share from Google Drive/Dropbox (our email isn't Gmail so we can't actually open these links when you share them with us. We don't use Dropbox professionally.)