

Review your print out for checklist items.

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 Kristopher D	Last name Buxton	Your social security number 540-96-6279
If joint return, spouse's first name and middle initial Jeana M	Last name Buxton	Spouse's social security number 567-83-9739
Home address (number and street). If you have a P.O. box, see instructions. 18360 S Dillman Rd		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Oregon City		State OR
		ZIP code 970458349
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):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):
					Child tax credit
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	179,511.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	3a	3b	
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8	Other income from Schedule 1, line 9		8	-34,419.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	145,092.
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.	10 Adjustments to income:				
	a	From Schedule 1, line 22	10a		
	b	Charitable contributions if you take the standard deduction. See instructions	10b		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶		10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	145,092.
	12	Standard deduction or itemized deductions (from Schedule A)		12	24,800.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	0.
	14	Add lines 12 and 13		14	24,800.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	120,292.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	18,044.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	18,044.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	18,044.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	18,044.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	24,219.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	24,219.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,200.
33	Add lines 25d, 26, and 32. These are your total payments	33	25,419.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,375.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,375.
b	Routing number 1 2 3 0 0 6 8 0 0		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 7 4 0 3 4 4 7 2 1 7		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes.** Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		Vice President	_____
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		Head Secretary	_____

Phone no. (971) 295-0561 Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared				
Firm's address			Phone no.	Firm's EIN

**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
Kristopher D & Jeana M Buxton

Your social security number
540-96-6279

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	-5,750.
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	-28,669.
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	-34,419.

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	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
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	

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ 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.

Name of proprietor Kristopher D Buxton		Social security number (SSN) 540-96-6279
A Principal business or profession, including product or service (see instructions) LIVESTOCK	B Enter code from instructions ▶ 1 1 5 2 1 0	
C Business name. If no separate business name, leave blank. THE BUXTON FARM LLC	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ 18360 S Dillman Rd City, town or post office, state, and ZIP code Oregon City, OR 97045-8349		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2020, check here		<input type="checkbox"/>
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
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	

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

8 Advertising	8	210 .	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		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		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	5,420 .
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	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	120 .
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		27b Reserved for future use	27b	
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		28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	5,750 .
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.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	-5,750 .
			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	-5,750 .
			32a <input checked="" type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?.	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Bnk fees	120.
.....	
.....	
.....	
.....	
.....	
.....	
.....	
48 Total other expenses. Enter here and on line 27a	48 120.

SCHEDULE F
(Form 1040)

Profit or Loss From Farming

OMB No. 1545-0074

2020
Attachment
Sequence No. **14**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.**
▶ **Go to www.irs.gov/ScheduleF for instructions and the latest information.**

Name of proprietor Kristopher D Buxton		Social security number (SSN) 540-96-6279
A Principal crop or activity LIVESTOCK	B Enter code from Part IV ▶ 1 1 2 9 0 0	C Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
E Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on passive losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Farm Income—Cash Method. Complete Parts I and II. (Accrual method. Complete Parts II and III, and Part I, line 9.)			
1a Sales of livestock and other resale items (see instructions)	1a		
b Cost or other basis of livestock or other items reported on line 1a	1b		
c Subtract line 1b from line 1a		1c	
2 Sales of livestock, produce, grains, and other products you raised		2	0.
3a Cooperative distributions (Form(s) 1099-PATR)	3a	3b Taxable amount	3b
4a Agricultural program payments (see instructions)	4a	4b Taxable amount	4b
5a Commodity Credit Corporation (CCC) loans reported under election		5a	
b CCC loans forfeited	5b	5c Taxable amount	5c
6 Crop insurance proceeds and federal crop disaster payments (see instructions):			
a Amount received in 2020	6a	6b Taxable amount	6b
c If election to defer to 2021 is attached, check here <input type="checkbox"/>		6d Amount deferred from 2019	6d
7 Custom hire (machine work) income		7	
8 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		8	1,300.
9 Gross income. Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50. See instructions		9	1,300.

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses. See instructions.				
10 Car and truck expenses (see instructions). Also attach Form 4562	10	896.	23 Pension and profit-sharing plans	23
11 Chemicals	11	100.	24 Rent or lease (see instructions):	
12 Conservation expenses (see instructions)	12		a Vehicles, machinery, equipment	24a 625.
13 Custom hire (machine work)	13		b Other (land, animals, etc.)	24b
14 Depreciation and section 179 expense (see instructions)	14	14,750.	25 Repairs and maintenance	25
15 Employee benefit programs other than on line 23	15		26 Seeds and plants	26 180.
16 Feed	16	2,150.	27 Storage and warehousing	27
17 Fertilizers and lime	17		28 Supplies	28
18 Freight and trucking	18		29 Taxes	29
19 Gasoline, fuel, and oil	19	594.	30 Utilities	30 1,430.
20 Insurance (other than health)	20		31 Veterinary, breeding, and medicine	31 666.
21 Interest (see instructions):			32 Other expenses (specify):	
a Mortgage (paid to banks, etc.)	21a		a DUMP SOUTH METRO	32a 442.
b Other	21b		b MEALS	32b 150.
22 Labor hired (less employment credits)	22		c PHONE COMMUNICATIONS	32c 600.
			d INTERNET SITE AND MONTHLY BILL	32d 1,285.
			e PROTECTION GEAR	32e 100.
			f See Line 32 Other Expenses	32f 6,001.
33 Total expenses. Add lines 10 through 32f. If line 32f is negative, see instructions			33	29,969.
34 Net farm profit or (loss). Subtract line 33 from line 9			34	-28,669.
If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.				
35 Reserved for future use.				
36 Check the box that describes your investment in this activity and see instructions for where to report your loss:				
a <input checked="" type="checkbox"/> All investment is at risk.	b <input type="checkbox"/> Some investment is not at risk.			

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 09/17/21 Intuit.cfp.sp

Schedule F (Form 1040) 2020

Nondeductible IRAs

▶ Go to www.irs.gov/Form8606 for instructions and the latest information.

▶ For coronavirus-related distributions, see the instructions.

▶ Attach to 2020 Form 1040, 1040-SR, or 1040-NR.

Name. If married, file a separate form for each spouse required to file 2020 Form 8606. See instructions.

Kristopher D Buxton

Your social security number

540-96-6279

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).		
Foreign country name	Foreign province/state/county	Foreign postal code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2020.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2020 **and** you made nondeductible contributions to a traditional IRA in 2020 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions.
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2020 **and** you made nondeductible contributions to a traditional IRA in 2020 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2020, including those made for 2020 from January 1, 2021, through April 15, 2021. See instructions	1	600.						
2	Enter your total basis in traditional IRAs. See instructions	2	0.						
3	Add lines 1 and 2	3	600.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> In 2020, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? </td> <td style="width: 10%; text-align: center;"> No → </td> <td style="width: 60%;">Enter the amount from line 3 on line 14. Do not complete the rest of Part I. </td> </tr> <tr> <td></td> <td style="text-align: center;"> Yes → </td> <td>Go to line 4. </td> </tr> </table>		In 2020, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No →	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.		Yes →	Go to line 4.		
In 2020, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion?	No →	Enter the amount from line 3 on line 14. Do not complete the rest of Part I.							
	Yes →	Go to line 4.							
4	Enter those contributions included on line 1 that were made from January 1, 2021, through April 15, 2021	4							
5	Subtract line 4 from line 3	5							
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2020, plus any outstanding rollovers. Subtract any repayments of qualified disaster distributions (see 2020 Forms 8915-C, 8915-D, and 8915-E)	6							
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2020. Do not include rollovers (other than repayments of qualified disaster distributions (see 2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see instructions)	7							
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2020. Also enter this amount on line 16	8							
9	Add lines 6, 7, and 8	9							
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	×						
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11							
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12							
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13							
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2020 and earlier years	14	600.						
15a	Subtract line 12 from line 7	15a							
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2020 Forms 8915-C, 8915-D, and 8915-E (see instructions). Also, enter this amount on 2020 Form 8915-C, line 23; 2020 Form 8915-D, line 22; or 2020 Form 8915-E, line 13, as applicable	15b							
c	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b	15c							
<p>Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59½ at the time of the distribution. See instructions.</p>									

Part II 2020 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2020.

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2020	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. If more than zero, also include this amount on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2020. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distribution, one-time distribution to fund an HSA, recharacterization, or return of certain contributions (see instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2020, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also see 2020 Forms 8915-C, 8915-D, and 8915-E	19	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 reduced by the total of all your prior qualified first-time homebuyer distributions	20	
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	
22	Enter your basis in Roth IRA contributions (see instructions). If line 21 is zero, stop here	22	
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see instructions)	23	
24	Enter your basis in conversions from traditional, SEP, and SIMPLE IRAs and rollovers from qualified retirement plans to a Roth IRA. See instructions	24	
25a	Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c	25a	
b	Enter the amount on line 25a attributable to qualified disaster distributions from 2020 Forms 8915-C, 8915-D, and 8915-E (see instructions). Also, enter this amount on 2020 Form 8915-C, line 24; 2020 Form 8915-D, line 23; or 2020 Form 8915-E, line 14, as applicable	25b	
c	Taxable amount. Subtract line 25b from line 25a. If more than zero, also include this amount on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b	25c	

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 <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

**Qualified Business Income Deduction
Simplified Computation**

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

Kristopher D & Jeana M Buxton

Your taxpayer identification number

540-96-6279

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	THE BUXTON FARM LLC	540-96-6279	-28,669.
ii	THE BUXTON FARM LLC	540-96-6279	-5,750.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 -34,419.	
3	Qualified business net (loss) carryforward from the prior year	3 (32,584.)	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0.
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 0.
11	Taxable income before qualified business income deduction	11 120,292.	
12	Net capital gain (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 120,292.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 24,058.
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 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (67,003.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Name(s) shown on return Kristopher D & Jeana M Buxton	Business or activity to which this form relates Sch F THE BUXTON FARM LLC	Identifying number 540-96-6279
---	---	--

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	1,840.
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	11,441.
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 ▶ <input type="checkbox"/>		

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		4,400.	3.0	HY	200 DB	1,469.
b 5-year property						
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			39 yrs.	MM	S/L	

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

20a Class life						
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	14,750.
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:								
TOYOTA TUNDRA	01/01/2019	100.00 %						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				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	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)	1,558											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven	0											
33 Total miles driven during the year. Add lines 30 through 32	1,558											
34 Was the vehicle available for personal use during off-duty hours?	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

**Special Depreciation Allowance Elections under
IRC Section 168(k)(7)**

▶ Attach to your income tax return

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Identification Number <u>540-96-6279</u>
---	---

Tax Year: 2020

Election Out of Qualified Economic Stimulus Property

Attach to your income tax return

Taxpayer hereby elects under IRC Section 168(k)(7) out of having Qualified Economic Stimulus property for the following asset classes placed in service during the tax year ending: 12/31/2020

<u>3 Year Property</u>

Election Out of Qualified Second Generation Biofuel Plant Property

Taxpayer hereby elects under IRC Section 168(l)(3)(D) out of having Qualified Second Generation Biofuel Plant property for the following asset classes placed in service during the tax year ending: _____

Tax History Report

▶ Keep for your records

2020

Name(s) Shown on Return

Kristopher D & Jeana M Buxton

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	143,346.	160,335.	152,346.	136,073.	145,092.
Adjustments to income					
Adjusted gross income	143,346.	160,335.	152,346.	136,073.	145,092.
Tax expense	15,830.	17,045.	10,000.	10,000.	10,000.
Interest expense . . .	10,815.	10,632.	15,092.	15,623.	12,452.
Contributions	910.	890.	800.	782.	826.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	27,555.	28,567.	25,892.	26,405.	24,800.
Exemption amount . .	8,100.	8,100.	0.	0.	0.
QBI deduction				0.	0.
Taxable income	107,691.	123,668.	126,454.	109,668.	120,292.
Tax	18,465.	22,395.	19,699.	15,844.	18,044.
Alternative min tax . .					
Total credits					
Other taxes	0.	0.	0.		
Payments	19,111.	22,903.	17,090.	22,739.	25,419.
Form 2210 penalty . .					
Amount owed			2,609.		
Applied to next year's estimated tax .					
Refund	646.	508.		6,895.	7,375.
Effective tax rate % . .	12.88	13.97	12.93	11.64	12.44
**Tax bracket %	25.0	25.0	22.0	22.0	22.0

**Tax bracket % is based on Taxable income.

Section 1.263(a)-3(h)

▶ Attach to your income tax return

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Identification Number <u>540-96-6279</u>
---	---

Tax Year: 2020

Section 1.263(a)-3(h)
Safe Harbor Election for Small Taxpayers

The taxpayer elects to make the safe harbor for small taxpayers election under the Regulation 1.263(a)-3(h)

Name: Kristopher D & Jeana M Buxton
Address: 18360 S Dillman Rd, Oregon City OR 970458349
Identification Number: 540-96-6279

Description of Eligible Property:
<u>Barn</u>
<u>Shed</u>
<u>House</u>

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ²	\$40.00 ³

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card. Bank is not affiliated with the issuer of the debit card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2020

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
 Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

- QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income ▶ _____
QuickZoom to Schedule 2 — Additional Taxes ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2020, or other tax year
 beginning _____, 2020, ending _____, 20 ____.

Your First Name	MI	Last Name	Your Social Security No.
<u>Kristopher</u>	<u>D</u>	<u>Buxton</u>	<u>540-96-6279</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
<u>Jeana</u>	<u>M</u>	<u>Buxton</u>	<u>567-83-9739</u>
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>18360 S Dillman Rd</u>			
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Oregon City</u> <u>OR</u>			<u>97045-8349</u>
Foreign country name		Foreign province/state/county	Foreign postal code

QuickZoom to explanation statement for overseas extension ▶

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
 Checking a box 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**

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- Single
 Married filing jointly (even if only one had income)
 Married filing separately. Enter spouse's SSN above and full name here.
 Head of household (with qualifying person). (See instr.) If the qualifying person is a child but
 not your dependent, enter the child's name here. ▶ _____
 Qualifying widow(er) (See instructions)

Dependents If more than four dependents, see instructions and check here ▶

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for:	
				under age 17 qualifying for child tax credit	Credit for other dependents
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

- QuickZoom** to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

Someone can claim you as a dependent
 Someone can claim your spouse as a dependent

a Check if: **You** were born before January 2, 1956, Blind.
 Spouse was born before January 2, 1956, Blind.
Total boxes checked ▶ **a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **b**

Form 1040 or Form 1040-SR, Lines 1 - 7

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	179,511.
2 a Tax-exempt interest 2a		
b Taxable interest	2b	
3 a Qualified dividends 3a		
b Ordinary dividends	3b	
4 a IRA distributions 4a		
b Taxable amount	4b	
5 a Pensions and annuities 5a		
b Taxable amount	5b	
6 a Social security benefits 6a		
b Taxable amount	6b	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>	7	

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶ _____

Form 1040 or Form 1040-SR, Lines 8 - 11

8 Other income from Schedule 1, line 9	8	-34,419.
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	145,092.
10 Adjustments to income:		
a From Schedule 1, line 22 10 a Enter the smaller of these cash contributions made or \$300 (\$150 if married filing separately) on line 10b below if you take the standard deduction		
b Charitable contributions if you take the standard deduction. 10 b		
c Add lines 10a and 10b. These are your total adjustments to income ▶	10 c	
11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	145,092.
AGI including excludable Puerto Rico Income.		145,092.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12 Standard deduction or itemized deductions (from Schedule A)
Standard Deduction for —

- People who checked blind or over 65 or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately: \$12,400
 - Married filing jointly or Qualifying widow(er): \$24,800
 - Head of household: \$18,650

QuickZoom to the Standard Deduction Worksheet _____

Itemized deductions (from Schedule A) or your standard deduction , see above	12	24,800.
Subtract itemized or standard deduction from adjusted gross income amount		<u>120,292.</u>

Form 1040 or Form 1040-SR, Lines 13 - 18		
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	0.
14 Add lines 12 and 13	14	<u>24,800.</u>
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	<u>120,292.</u>

16 Tax. Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>		
		18,044.
17 Amount from Schedule 2, line 3.	17	
18 Add lines 16 and 17	18	<u>18,044.</u>
QuickZoom to Schedule 2 - Additional Tax section		▶ _____

Form 1040 or Form 1040-SR, Line 19 - 24		
19 Child tax credit/credit for other dependents	19	
20 Amount from Schedule 3, line 7.	20	
21 Add lines 19 and 20	21	
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	<u>18,044.</u>
23 Other taxes, including self-employment tax, from Schedule 2, line 10.	23	0.
24 Add lines 22 and 23. This is your total tax	24	<u>18,044.</u>
QuickZoom to Schedule 3 — Additional Credits and Payments		▶ _____

Form 1040 or Form 1040-SR, Lines 25 - 33		
25 Federal income tax withheld from:		
a Form(s) W-2	25 a	<u>24,219.</u>
b Form(s) 1099.	25 b	
c Other forms.	25 c	
d Add lines 25a through 25c.	25 d	<u>24,219.</u>
26 2020 estimated tax payments and amount applied from 2019 return	26	
27 Other payments and refundable credits:		
Earned income credit (EIC)	No	
Nontaxable combat pay election		
28 Additional child tax credit. Attach Schedule 8812		
29 American opportunity credit from Form 8863, line 8.		
30 Recovery rebate credit.		<u>1,200.</u>
31 Amount from Schedule 3, line 13		
32 Add lines 27 through 31. These are your other payments and refundable credits	32	<u>1,200.</u>
33 Add Lines 25d, 26, and 32. These are your total payments	33	<u>25,419.</u>

QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶ _____
QuickZoom to "due diligence checklist" substitute for Form 8867. ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR, Lines 34 - 36		
Refund:		
34 If total Payments is more than total tax, subtract total tax from payments This is the amount you overpaid	34	7,375.
35 a Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35	7,375.
Direct deposit? ▶ b Routing number <u>123006800</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number <u>7403447217</u>		
36 Amount of overpayment on line 34 you want applied to your 2021 estimated tax ▶	36	_____
Form 1040 or Form 1040SR, Lines 37 and 38		
Amount You Owe:		
37 Subtract total payments from total tax ▶ Note: Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
38 Estimated tax penalty ▶	38	_____
QuickZoom to Late Penalties and Interest Worksheet ▶ QuickZoom. ▶ _____		

Schedule 1 — Additional Income and Adjustments to Income

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes.	1	0.
--	----------	----

Alimony Received Smart Worksheet			
Taxpayer	Spouse	Date of divorce/sep	*
A _____	_____	_____	<input type="checkbox"/>
B _____	_____	_____	<input type="checkbox"/>
* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable			

2 a Alimony received. . . . Taxpayer _____ Spouse _____	2 a	_____
b Date of original divorce or separation agreement ▶ _____		
3 Business income or (loss). Attach Schedule C	3	-5,750.
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	-28,669.
7 Unemployment compensation	7	_____
8 Other income. List type and amount: ▶ _____	8	_____
9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 8	9	-34,419.
Total Income. Combine Form 1040 lines 1- 7 and		

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	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings.	17	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A	_____	_____	_____	<input type="checkbox"/>	_____
B	_____	_____	_____	<input type="checkbox"/>	_____

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

18 a	Alimony paid	18 a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement ▶ _____		
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 or 1040-SR, line 10a	22	

Schedule 2 – Additional Taxes

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7 a	Household employment taxes from Schedule H	7 a	
7 b	First-time homebuyer credit repayment. Attach Form 5405 if required	7 b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> 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 ▶ 10 0.
Total tax (add line 10 and Schedule 3, line 7b) 18,044.

Schedule 3 – Additional Credits and Payments

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other credits from Form:		
a	<input type="checkbox"/> 3800		
b	<input type="checkbox"/> 8801		
c			
7	Add lines 1 through 6.	6	
	Enter here and on Form 1040 or 1040-SR, line 20	7	
a	Add line 7 plus child tax/other dep. credit on line 19 above		
b	Subtract total credits on line 7a from tax on line 18 above. <u>18,044.</u>		

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom. . . ▶

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12 b	
c	Health coverage tax credit from Form 8885	12 c	
d	Other	12 d	
e	Deferral for certain Schedule H or SE filers	12 e	
f	Add lines 12a through 12e	12 f	
13	Total Payments: Part II, lines 8 through 12f, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30 <u>25,419.</u>	13	
	Other Payments and Refundable Credits (Form 1040, line 32) <u>1,200.</u>		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No
 Designee's Name ▶ _____
 Phone Number ▶ _____ Personal Identification Number (PIN) ▶ _____

Signature and Paid Preparer

Sign Here
 Joint return? See instructions.
 Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, both must sign.	Date	Vice President	
Daytime Phone No.		Spouse's Occupation	
(971) 295-0561		Head Secretary	
		Email Address	

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature	Date	<input type="checkbox"/> Self-employed
Firm's Adress (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared	State	ZIP Code

Filing Address Information

Send Form 1040 to: Department of the Treasury
 Internal Revenue Service
 Ogden, UT 84201-0002

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Your SSN 540-96-6279
--	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2019 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above).	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	_____
2	Investment income.	2	_____
3	Total adjusted gross income	3	_____
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	_____
5	State and local income taxes allocable to investment income	5	_____
6	State and local taxes (Schedule A, line 5e)	6	_____
7	Lesser of line 5 or line 6.	7	_____
8	Foreign income taxes	8	_____
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	_____
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	_____

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Reserved	1	_____
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	_____
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	_____
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	_____
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	_____
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	_____
7	Subtract line 6 from line 5.	7	_____
8	Enter the lesser of line 7 or line 4	8	_____

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

	(a) Taxpayer	(b) Spouse				
1 Child's investment income, from Form 8814						
2 Gambling winnings:						
a From Form W-2G						
b Winnings (prizes, etc.) from Form 1099-MISC, box 3						
c Not reported on Form W-2G or Form 1099-MISC						
3 Taxable income from Forms 1099-MISC or 1099-NEC:						
a Substitute payments in lieu of interest or dividends						
b Other income from box 3						
c Alaska Permanent Fund						
d Tribal Gaming						
e Non-Employee Compensation from Form 1099-NEC box 1						
f Rent from personal property from Form 1099-MISC box 1						
4 Taxable income from Form 1099-Q or 1099-QA:						
a Qualified tuition program distributions						
b Coverdell ESA distributions						
c ABLE account distributions						
5 Taxable income from Form 1099-G:						
a Grants						
b RTAA payments						
6 Foreign earned income and housing exclusion, from Form 2555						
7 Net operating loss carryover from a prior year						
8 Other income, from Schedule(s) K-1						
9 Taxable distribution from:						
a Form 8853:						
1 Taxable Archer MSA distributions MSA						
2 Taxable Medicare Advantage distributions Med MSA						
3 Taxable long term care distributions LTC						
4 Total Form 8853						
b Form 8889, Health Savings Accounts						
10 Refunds or reimbursements of deductions claimed in a prior year:						
a Reimbursement for deducted medical expenses						
b Refunds of deducted taxes (not state or local income taxes)						
<table border="1" style="margin-left: 40px; border-collapse: collapse; width: 100%;"> <tr> <td style="width: 50%; text-align:center;">Type of Tax</td> <td style="width: 50%; text-align:center;">State or Local ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Type of Tax	State or Local ID				
Type of Tax	State or Local ID					
c Recapture of deducted moving expenses						
d Reimbursement for deducted casualty or theft loss						
e Reimbursement for deducted employee business expenses						
f Other refunds or reimbursements						
11 Recoveries of bad debts deducted in a prior year						
12 Jury duty pay						
13 Bartering income not reported elsewhere						
14 Income from the rental of personal property						
15 Income from the Cancellation of Debt:						
a From Form 1099-C:						
1 Amount of debt canceled from box 2						
2 Amount of canceled debt excluded from income						
3 Taxable amount of canceled debt						
b From Schedule(s) K-1						
16 Taxable income from Form 1099-K:						
a Payment Card/Third Party Network Transactions						
Income from "not for profit" activities (hobbies):						
18 Limitation on business losses (Form 461)						
19 Global intangible low-taxed income (Form 8992)						
20 Section 965 deferred foreign income (Form 965)						

21	Unemployment income and repayment		
a	Union unemployment benefits		
b	Private fund unemployment benefits		
c	State employee unemployment benefits		
d	Repayment of non-government unemployment benefits		
22	Other taxable income:		

23	Income from Community Property:		
a	Positive community property adjustment		
b	Negative community property adjustment (enter as positive) . . .		
24	Total. Add lines 1 through 14, 15a(3), 15b, 16 through 23. Enter here and on Schedule 1, line 8 or Form 1040NR, line 21 . .		

Charitable Organization Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

Charity Name . . . Goodwill
 Address 1809 Molalla Ave
 City Oregon City State . . . OR ZIP code . . 97045

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	04/11/2020	Summary	Items - ItsDeductible	826.00
			Total:	826.00
			Prior Year Total:	782.00

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	04/11/2020	1	Refrigerator: Side By Side	75.00	1	51.00	0	75.00
1	04/11/2020	1	Bed Spread: Set: King	25.00	2	18.00	0	50.00
1	04/11/2020	1	Blanket: Electric: King	22.00	1	15.00	0	22.00
1	04/11/2020	1	Comforter: King	28.00	1	20.00	0	28.00
			See Detail of Item Donations - Continued					651.00

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

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		
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	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	Value of Miles			
Other Costs	Description of Other Costs						
			<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
			<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
			<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
			<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

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

▶ Not a required statement - Use for import purposes
▶ Keep for your records

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Your Social Security No. <u>540-96-6279</u>
---	--

Ownership

Owned by (check one):
 Taxpayer Spouse Joint

Statement Information

RECIPIENT'S/LENDER'S Name <hr/> Street address <hr/> City _____ State _____ ZIP code _____ <hr/> Telephone number <hr/> RECIPIENT'S federal identification number _____ PAYER'S social security number _____ <hr/> PAYER'S/BORROWER'S name <hr/> Street address <hr/> City _____ State _____ ZIP code _____ <hr/> 7 The address above is the same as the address of the property securing the mortgage <input type="checkbox"/> (If not, enter the property address in box 8)	1 Mortgage interest received from payer(s) <hr/> 2 Outstanding mortgage principal <hr/> 3 Mortgage origination date <hr/> 4 Refund of overpaid interest <hr/> 5 Mortgage insurance premiums <hr/> 6 Points paid on purchase of principal residence <hr/> 8 Address of the property securing this mortgage (if different than your mailing address shown) Street address <hr/> City _____ State _____ ZIP code _____ <hr/> 9 If the property securing the mortgage has no address, provide a description of the property below <hr/> <hr/> 10 Property tax <hr/> 11 Mortgage Acquisition Date <hr/>
--	--

Mortgage Use

1 Mortgage was used to finance (check one):

a <input type="checkbox"/> Main home	b <input type="checkbox"/> Second home	c <input type="checkbox"/> Business activity
d <input type="checkbox"/> Rental activity	e <input type="checkbox"/> Farm activity	f <input type="checkbox"/> Farm rental activity
g <input type="checkbox"/> Royalty activity	h <input type="checkbox"/> Other	

2 If mortgage used to finance main home or second home, **double-click** to link to home mortgage interest worksheet. ▶ _____

3 If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity _____

a Schedule C, Business _____

b Schedule F, Farm _____

c Schedule E, Rental or Royalty _____

d Form 4835, Farm Rental _____

Rental of Owner-Occupied or Vacation Home

1 If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? Yes No NA

2 If yes, complete lines 2a and 2b:

a Mortgage interest qualifying for main or second home treatment _____

b Mortgage interest **not** qualifying for main or second home treatment _____

Mortgage Insurance Premiums Information

1 Did the home loan close after December 31, 2006? Yes No

Part I – Personal Information

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

Taxpayer:

First name Kristopher
 Middle initial D Suffix _____
 Last name Buxton
 Social security no. 540-96-6279
 Occupation Vice President
 Date of birth 04/25/1979 (mm/dd/yyyy)
 Age as of 1-1-2021 41
 Daytime phone (971) 295-0561 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name Jeana
 Middle initial M Suffix _____
 Last name Buxton
 Social security no. 567-83-9739
 Occupation Head Secretary
 Date of birth 01/23/1985 (mm/dd/yyyy)
 Age as of 1-1-2021 35
 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 18360 S Dillman Rd Apt no. _____
 City Oregon City State OR ZIP code 97045-8349

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) ... Wells Fargo
Check the appropriate box ... Checking Savings
Routing number ... 123006800 Account number ... 7403447217

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 ▶ OR _____

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 ▶ OR _____

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 63776

Spouse's PIN used to sign the return 89164

Taxpayer:

Drivers license or state ID number 5980688 _____

Issued by what state OR

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

Spouse

Drivers license or state ID number 8505399 _____

Issued by what state OR

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 . . . Kristopher Middle initial . D Last name . . Buxton
Suffix _____

Social security no. . . 540-96-6279 Member of U.S. Armed Forces in 2020? . . Yes No

Date of birth 04/25/1979 (mm/dd/yyyy) age as of 1-1-2021 41

Occupation . . . Vice President Daytime phone (971) 295-0561 Ext _____

Marital status . . . Married
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 OR
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



Personal Information Worksheet
For the Spouse

2020

Keep for your records

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

Part I – Spouse's Personal Information

First name . . . Jeana Middle initial . M Last name . . Buxton

Suffix

Social security no. . . 567-83-9739 Member of U.S. Armed Forces in 2020? . . Yes No

Date of birth 01/23/1985 (mm/dd/yyyy) age as of 1-1-2021 35

Occupation . . . Head Secretary Daytime phone Ext _____

Marital status . . . _____

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 – Spouse's State Residency Information

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

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
Kristopher D & Jeana M Buxton

Social Security Number
540-96-6279

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	142,839.	36,672.	179,511.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	20,472.	3,747.	24,219.
3 & 7	Total social security wages/tips	137,700.	39,013.	176,713.
4	Total social security tax withheld	8,537.	2,419.	10,956.
5	Total Medicare wages and tips	143,439.	39,013.	182,452.
6	Total Medicare tax withheld	2,080.	566.	2,646.
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	1,256.	14,981.	16,237.
b	Elective deferrals to qualified plans	600.		600.
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	656.	14,981.	15,637.
14 a	Total deductible mandatory state tax	143.		143.
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		2,380.	2,380.
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	142,839.	36,672.	179,511.
17	Total state tax withheld	12,305.	2,180.	14,485.
19	Total local tax withheld.			

Name Kristopher D Buxton Social Security Number 540-96-6279

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>540-96-6279</u></p> <p>b Employer ID number (EIN) . . . <u>93-0557407</u></p> <p>c Employer's name, address, and ZIP code <u>CTX BUSINESS SOLUTIONS</u> <u>INC</u> Street <u>14432 SE EASTGATE WAY</u> City <u>BELLEVUE</u> State <u>WA</u> ZIP Code <u>98007</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>142,838.90</u></p> <p>3 Social security wages <u>137,700.00</u></p> <p>5 Medicare wages and tips <u>143,438.90</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>20,472.09</u></p> <p>4 Social security tax withheld <u>8,537.40</u></p> <p>6 Medicare tax withheld <u>2,079.86</u></p> <p>8 Allocated tips _____</p>
--	--	--

d Control number .003593NCN2/XKW

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Kristopher M.I. D
 Last Buxton Suff. _____

f Employee's address and ZIP code
 Street 18360 S DILLMAN ROAD
 City OREGON CITY
 State OR ZIP Code 97045

Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

<p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>
--	--

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>C</u>	<u>92.40</u>	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>D</u>	<u>600.00</u>	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
<u>DD</u>	<u>564.00</u>	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: <input type="checkbox"/> 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
<u>OR</u>	<u>001603731</u>	<u>142,838.90</u>	<u>12,304.81</u>

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".)
<u>ORSTT W/H</u>	<u>142.86</u>	<u>Other deductible state or local tax</u>

▶ Keep for your records

Name Jeana M Buxton Social Security Number 567-83-9739

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

<p>a Employee's social security no. . . <u>567-83-9739</u></p> <p>b Employer ID number (EIN) . . . <u>93-6000264</u></p> <p>c Employer's name, address, and ZIP code <u>OREGON CITY SD 62</u></p> <p>Street <u>1417 12TH ST</u> City <u>OREGON CITY</u> State <u>OR</u> ZIP Code <u>97045</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number . . . _____</p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Jeana</u> M.I. <u>M</u> Last <u>Buxton</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>18360 S Dillman Rd</u> City <u>Oregon City</u> State <u>OR</u> ZIP Code <u>97045</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>36,672.13</u></p> <p>3 Social security wages <u>39,012.90</u></p> <p>5 Medicare wages and tips <u>39,012.90</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p>	<p>2 Federal income tax withheld <u>3,747.14</u></p> <p>4 Social security tax withheld <u>2,418.81</u></p> <p>6 Medicare tax withheld <u>565.67</u></p> <p>8 Allocated tips _____</p>
<p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p>	

Box 12 Code	Box 12 Amount	If Box 12 code is:
<u>DD</u>	<u>14,981.16</u>	A: Enter amount attributable to RRTA Tier 2 tax . . . _____ M: Enter amount attributable to RRTA Tier 2 tax . . . _____ 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: <input type="checkbox"/> 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
<u>OR</u>	<u>5030511</u>	<u>36,672.13</u>	<u>2,180.07</u>

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".)
<u>ORSTWH</u>	<u>38.99</u>	<u>Other (not classified)</u>
<u>PERS</u>	<u>2,340.77</u>	<u>Other (not classified)</u>

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

Keep for your records

Name: Kristopher D Buxton; Social Security Number: 540-96-6279

Check if for spouse [] See below for additional distribution information; Corrected amount []; Void []

Payer's name, street address, city, state, and Zip code

Payer's TIN; Recipient's TIN: 540-96-6279

1 Gross distribution \$

2 Earnings on excess contributions \$

Check to transfer Recipient's information from Federal Information Worksheet []; Recipient's Name; Street address; City, State, ZIP Code; Account number (optional)

3 Distribution code []

4 FMV on date of death \$

5 HSA []; Archer MSA []; MA MSA []

Additional Distribution Information

Recipient's Age

A Check this box if the recipient was age 65 or over at time of distribution []

Medical Expenses See Help for important information

B Check this box if the entire amount in box 1 was used to pay qualified medical expenses and can be treated as tax free []

C If less than the amount in box 1 was used to pay medical expenses, enter the amount that was used to pay qualified medical expenses and can be treated tax free

Rollover

D Enter the amount in box 1 that was rolled over

Return of Excess Contribution

E Check this box if this is the return of excess contributions made by the employer (See Help) []

Death Distribution (Box 3 - Code 4)

F Was the MSA or HSA inherited from a spouse who died? [] Yes [] No

- QuickZoom to Form 8853, p1
QuickZoom to Form 8889T
QuickZoom to Form 8889S

Wages, Salaries, & Tips Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	142,839.	36,672.	179,511.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2020			
b _____			

10 Subtotal. Add lines 1 through 9	142,839.	36,672.	179,511.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	142,839.	36,672.	179,511.

Qualified Business Income Component Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

Aggregate trade or business name	<u>THE BUXTON FARM LLC</u>
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available	<u>540-96-6279</u>
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
THE BUXTON FARM LLC		-28,669.	0.	47,836.

- 1 Qualified business income (QBI) -28,669.
- 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 Component Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

Aggregate trade or business name	<u>THE BUXTON FARM LLC</u>
Aggregate trade or business ID number (EIN)	
Social Security Number of owner if no EIN available	<u>540-96-6279</u>
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
THE BUXTON FARM LLC		-5,750.	0.	0.

- 1 Qualified business income (QBI) -5,750.
- 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 <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

QuickZoom to QBI Component Worksheet ▶	_____
QuickZoom to Form 8995. ▶	_____
QuickZoom to Form 8995-A ▶	_____
1 Trade or business name	Net QBI
<u>THE BUXTON FARM LLC</u>	-28,669.
<u>THE BUXTON FARM LLC</u>	-5,750.
2 Net qualified business income (QBI) from qualified trades or businesses	-34,419.
3 Loss from previous year	-32,584.
4 Sum of activities with gains (only positive amounts from table on line 1)	_____
5 Sum of activities with losses (only negative amounts from table on line 1)	-67,003.
6 Check if using Simplified Computation (Form 8995)	<input checked="" type="checkbox"/>
7 QBI component from Form 8995 line 5 or Form 8995A line 16	0.
8 QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6	-67,003.
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)	0.
19 Taxable income before qualified business income deduction	120,292.
20 Net capital gains	0.
21 Taxable income minus net capital gains. If zero or less, enter -0-	120,292.
22 20% of taxable income minus net capital gains	24,058.
23 QBI deduction before DPAD	0.
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	
24 Section 199A(g) deduction for domestic production activities	_____
25 Total 199A (QBI) deduction (sum of lines 23 and 24)	0.

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1 If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1		
2 Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2		
3 Subtract line 2 from line 1	3		
4 Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4		
5 Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5		
6 Add lines 3 through 5	6		
7 Enter the smaller of line 6 or the gain from Form 4797, line 7	7		
8 Enter the amount, if any, from Form 4797, line 8	8		
9 Subtract line 8 from line 7. If zero or less, enter -0-	9		
10 Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10		
11 Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund			
		Regular	AMT
a On Form 1099-DIV			
b On Form 2439			
c On Schedule(s) K-1			
d On Form 1099-R			
e From Form 8814			
f Other.			
Total	11		
12 Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12		
13 Add lines 9 through 12.	13		
14 If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.	0.
15 Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.	0.
16 Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D	16		
a Enter your capital gain excess, if you are filing Form 2555	a		0.
17 Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.	0.
18 Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18		

**Schedule D
Line 18**

28% Rate Gain Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Kristopher D & Jeana M Buxton

Social Security Number
540-96-6279

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II		1		
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
		50 % Exclusion	60 % Exclusion	75% Exclusion	
a	Schedule D . . .	_____	_____	_____	
b	Form 8814 . . .	_____	_____	_____	
c	Schedule B . . .	_____	_____	_____	
d	Form 6252 . . .	_____	_____	_____	
e	Form 2439 . . .	_____	_____	_____	
f	Other	_____	_____	_____	
	Total				2
3	Enter the total of all collectibles gain or (loss) from:		Regular	AMT	
a	Form 4684, line 4 (but only if line 15 is more than zero)	_____	_____	_____	
b	Form 6252	_____	_____	_____	
c	Form 6781, Part II	_____	_____	_____	
d	Form 8824	_____	_____	_____	
	Total				3
4	Enter the total of any collectibles gain reported to you on:		Regular	AMT	
a	Form 1099-DIV, box 2d	_____	_____	_____	
b	Form 2439, box 1d	_____	_____	_____	
c	Schedule K-1 from a partnership, S corporation, estate, or trust	_____	_____	_____	
d	Disposition of interest in partnership or S corporation	_____	_____	_____	
e	Other	_____	_____	_____	
	Total				4
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C				5
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-.				6
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18				7
8	Enter the amount of any capital gain excess				8
9	Subtract line 8 from line 7. If zero or less, enter -0-.				9
	Enter this amount on Schedule D Tax Worksheet, line 11a				9
				0.	0.

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

1 a	Enter your taxable income from Form 1040, line 15	1 a	<u>120,292.</u>
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht	b	<u> </u>
c	Add lines 1a and 1b	1 c	<u>120,292.</u>
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	<u> </u>
b	Enter any capital gain excess attributable to qualified dividends	b	<u> </u>
c	Subtract line 2b from line 2a	2 c	<u> </u>
3	Amount from Form 4952, line 4g	3	<u> </u>
4 a	Amount from Form 4952, line 4e	4 a	<u> </u>
b	Amount from the dotted line next to Form 4952, line 4e	b	<u> </u>
c	Line 4b, if applicable, 4a, if not	c	<u> </u>
5	Subtract line 4c from line 3	5	<u> 0.</u>
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	<u> 0.</u>
7 a	Enter line 15 of Schedule D	7 a	<u> </u>
b	Enter line 16 of Schedule D	b	<u> </u>
c	Enter the smaller of line 7a or line 7b	7 c	<u> 0.</u>
8	Enter the smaller of line 3 or line 4c	8	<u> </u>
9 a	Subtract line 8 from line 7	9 a	<u> 0.</u>
b	Enter any capital gain excess attributable to capital gains	b	<u> </u>
c	Subtract line 9b from line 9a	9 c	<u> 0.</u>
10	Add lines 6 and 9c	10	<u> 0.</u>
11 a	Enter the amount from Schedule D, line 18	11 a	<u> 0.</u>
b	Enter the amount from Schedule D, line 19	b	<u> </u>
c	Add lines 11a and 11b	11 c	<u> 0.</u>
12	Enter the smaller of line 9c or line 11c	12	<u> 0.</u>
13	Subtract line 12 from line 10	13	<u> 0.</u>
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	<u>120,292.</u>
15	Enter: • \$40,000 if single or married filing separately, • \$80,000 if married filing jointly or qualifying widow(er), or • \$53,600 if head of household.	15	<u>80,000.</u>
16	Enter the smaller of line 1c or line 15	16	<u>80,000.</u>
17	Enter the smaller of line 14 or line 16	17	<u>80,000.</u>
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	<u>120,292.</u>
19	Enter the smaller of line 1c or: • \$163,300 if single or married filing sep, • \$326,600 if MFJ or qual widow(er), or • \$163,300 if head of household.	19	<u>120,292.</u>
20	Enter the smaller of line 14 or line 19	20	<u>120,292.</u>
21	Enter the larger of line 18 or line 20	21	<u>120,292.</u>
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	<u> 0.</u>
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	<u> 0.</u>
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	<u> 0.</u>
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	<u> 0.</u>
26	Enter: • \$441,450 if single, • \$248,300 if married filing separately, • \$496,600 if married filing jointly or qualifying widow(er), or • \$469,050 if head of household.	26	<u>496,600.</u>
27	Enter the smaller of line 1c or line 26	27	<u>120,292.</u>
28	Add lines 21 and 22	28	<u>120,292.</u>
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	<u> 0.</u>
30	Enter the smaller of line 25 or line 29	30	<u> 0.</u>
31	Multiply line 30 by 15% (0.15)	31	<u> 0.</u>
32	Add lines 24 and 30	32	<u> 0.</u>
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	<u> 0.</u>
34	Multiply line 33 by 20% (0.20)	34	<u> 0.</u>
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	<u> </u>
36	Add lines 10 and 21	36	<u> </u>
37	Enter the amount from line 1c above	37	<u> </u>

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	<u>18,044.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>18,044.</u>
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	<u>18,044.</u>
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	<u>18,044.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2020

Line 16

► Keep for your records

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	<u> </u>
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	<u> </u>
3	Are you filing Schedule D?		
	<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	<u> </u>
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	<u> </u>
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	<u> </u>
6	Enter:		
	\$40,000 if single or married filing separately,	}	6 <u> </u>
	\$80,000 if married filing jointly or qualifying widow(er),		
	\$53,600 if head of household.		
7	Enter the smaller of line 1 or line 6	7	<u> </u>
8	Enter the smaller of line 5 or line 7	8	<u> </u>
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	<u> </u>
10	Enter the smaller of line 1 or line 4	10	<u> </u>
11	Enter the amount from line 9	11	<u> </u>
12	Subtract line 11 from line 10.	12	<u> </u>
13	Enter:		
	\$441,450 if single,	}	13 <u> </u>
	\$248,300 if married filing separately,		
	\$496,600 if married filing jointly or qualifying widow(er),		
	\$469,050 if head of household.		
14	Enter the smaller of line 1 or line 13	14	<u> </u>
15	Add lines 5 and 9	15	<u> </u>
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	<u> </u>
17	Enter the smaller of line 12 or line 16	17	<u> </u>
18	Multiply line 17 by 15% (0.15)	18	<u> </u>
19	Add lines 9 and 17	19	<u> </u>
20	Subtract line 19 from line 10	20	<u> </u>
21	Multiply line 20 by 20% (0.20)	21	<u> </u>
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.	22	<u> </u>
23	Add lines 18, 21, and 22	23	<u> </u>
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.	24	<u> </u>
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.	25	<u> </u>

IRA Contributions Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan	<u>600.</u>	
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
▶	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4	<u>600.</u>	
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.	<u>600.</u>	
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2021 to 5/17/2021 (<i>See Help</i>).	<u>200.</u>	
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet	<u>0.</u>	
13	Nondeductible traditional IRA contributions from worksheet. . .	<u>600.</u>	
	QuickZoom to worksheet indicated by the check: <input checked="" type="checkbox"/> IRA deduction worksheet ▶ <input type="checkbox"/> Worksheet for social security recipients ▶		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.	<u>0.</u>	
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.	<u>0.</u>	
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .	<u>600.</u>	

IRA Contributions Worksheet

2020

▶ Keep for your records

Kristopher D & Jeana M Buxton

540-96-6279 Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.	_____	_____
20	Contributions recharacterized from a traditional IRA, (from In 4). . .	_____	_____
21	Roth IRA contributions, from Schedule(s) K-1.	_____	_____
22	Enter contributions recharacterized to a traditional IRA.	_____	_____
▶	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions	_____	_____
24	Roth IRA contributions. Combine lines 20 through 23	_____	_____
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>	_____	_____
26	Excess Roth IRA contribution credit	_____	_____
27	Total Roth IRA contributions	_____	_____
28	Repayments of qualified Roth reservist distributions	_____	_____

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation	_____	_____
30	Excess Roth IRA contributions, to Form(s) 5329, line 23	_____	_____
	Note: <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i>		

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.	_____	_____
	Note: <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

IRA Deduction Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
---	--

		(a) Your IRA	(b) Spouse's IRA
If filing a joint return, complete lines 1, 2, 3, and 5 for both spouses even if only one spouse has an IRA contribution.			
1 Check if covered by a retirement plan at work.	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 Enter your wages and other earned income	2	142,839.	36,672.
3 Maximum contribution allowed	3	6,000.	6,000.
4 Enter traditional IRA contributions made, or will be made by May 17, 2021, for 2020 (<i>do not enter more than line 3</i>)	4	600.	
5 Enter Roth IRA contributions made, or will be made by May 17, 2021, for 2020 (<i>do not enter more than line 3</i>)	5		
Complete the rest of this worksheet for each column only if an amount has been entered on line 4 for that column.			
If (1) you are not filing a joint return, or (2) line 2, column a equals line 2, column b, then skip lines 6 through 9 and enter the smaller of line 2 or line 4 on line 10.			
6 Enter the sum of line 2, columns a and b (enter in both columns if there is an entry on line 4 in both columns)	6	179,511.	
7 Enter the sum of line 3, columns a and b (enter in both columns if there is an entry on line 4 in both columns) If line 7 is less than line 6, skip lines 8 and 9 and enter the amount from line 4 on line 10.	7	12,000.	
8 In the column with the lower amount on line 2, enter the smaller of line 2 or the sum of line 4 and line 5 from the column with the higher amount on line 2	8		
9 In the column with the lower amount on line 2, subtract line 8 from line 6. In the column with the higher amount on line 2, enter the smaller of line 2 or line 4	9		
10 Enter the smaller of line 4 or line 9	10	600.	
If line 1, column a is not checked and, if filing a joint return, line 1, column b is also not checked, skip lines 11 through 15 and enter the amount from line 10 on line 16.			
11 If filing a joint return, enter \$124,000 in the column with the box on line 1 checked, and enter \$206,000 in the column with the box on line 1 not checked. If single or head of household, enter \$75,000 in column a. If qualifying widow(er), enter \$124,000 in column a. If married filing separately, enter \$75,000 (\$10,000 if you lived with your spouse at any time during 2020) in column a	11	124,000.	
12 Enter your modified adjusted gross income. If equal to or more than line 11, enter zero on line 15 and go to line 16	12	145,092.	
13 Subtract line 12 from line 11. If the result is \$10,000 or more (\$20,000 or more if filing joint and the box on line 1 is checked, or if a qualifying widow(er)), enter the amount from line 3 on line 15 and go to line 16.	13		
14 Fraction of line 13 that is deductible	14		
15 Multiply line 13 by line 14. Round up to the next multiple of \$10. If less than \$200, enter \$200.	15	0.	
16 IRA deduction. Enter the smaller of line 10 or line 15.	16	0.	

Tax Payments Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
---	--

Estimated Tax Payments for 2020 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20			07/15/20		
3	09/15/20		09/15/20			09/15/20		
4	01/15/21		01/15/21			01/15/21		
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	24,219.	14,485.	
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			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax.			
19 Total Withholding Lines 10 through 18f	24,219.	14,485.	
20 Total Tax Payments for 2020	24,219.	14,485.	

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) . .				

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	145,092.
(2) Nontaxable income entered elsewhere on return	_____
(3) Available income: 2019 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	_____
(5) Total available income	145,092.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables _____

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items _____

f Total general sales tax per tables plus sales tax on specific items _____

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items). _____

h State and Local Income Taxes:

State and Local Income taxes 14,628.00

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a). 14,628.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098 2,737.67

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real propety taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	2,738.00
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2019 Amount Enter 2020 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2019 Amount Enter 2020 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real propety taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	12,452.11
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above.	12,452.11
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Kristopher D & Jeana M Buxton

Social Security Number
540-96-6279

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	14,485.
2	2020 state estimated taxes paid in 2020	
3	2019 state estimated taxes paid in 2020	
4	Amount paid with 2019 state application for extension	
5	Amount paid with 2019 state income tax return	
6	Overpayment on 2019 state income tax return applied to 2020 tax	
7	Other amounts paid in 2020 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	
10	2020 local estimated taxes paid in 2020	
11	2019 local estimated taxes paid in 2020	
12	Amount paid with 2019 local application for extension	
13	Amount paid with 2019 local income tax return	
14	Overpayment on 2019 local income tax return applied to 2020 tax	
15	Other amounts paid in 2020 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17	State mandatory taxes	143.
18	Total Add lines 1 through 17	14,628.
19	State and local refund allocated to 2020	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	14,628.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	
24	Adjusted gross income	
25	Add lines 23 and 24	
26	Nondeductible percent. Line 23 divided by line 25	%
27	Hawaii state income tax included in line 18	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27	

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

Note: Use this worksheet to report home mortgage interest you paid on your main home or second home. Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

Mortgage Lender Info:

- 1 Recipient's/lender's name JPMORGAN CHASE BANK, N.A.
- 2 a Was the mortgage interest reported to you on Form 1098? Yes No
- b Mortgage interest paid on your main home or second home in 2020 12,452.11
- c Check this box if Box 7 is checked on Form 1098
- d Is this loan secured by a residence of yours? Yes No
- 3 Outstanding mortgage principal 355,912.90
- 4 Mortgage origination date 06/27/2018
- 5 a Did your home loan close after December 31, 2006? Yes No
- b Mortgage insurance premiums
- 6 Mortgage acquisition date
- 7 a Points paid to buy or improve your **main** home in 2020
- b Check if points were reported to you on Form 1098
- c Check if points were reported on the HUD-1 loan closing statement, or my name is not listed first on Form 1098
- Computed points reported on Form 1098
- Computed points not reported on Form 1098
- 8 Property taxes
- 9 Check this box if you refinanced your loan with a different lender, paid off this loan, or sold the property
- 10 Did you pay points to this lender which must be spread over the life of the loan, for example: points you paid on your second home, on a home equity loan, or when you refinanced, enter the following Yes No
- a Total points originally paid on a loan for which the points must be amortized
- b Length of loan (years)
- c Points deducted in prior years for this loan
- d Amortized points allowable this year
- e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a)*

* As adjusted by the Home Mortgage Interest Limitation Smart Worksheet below, if applicable

Uncommon Situations:

- 11 Were you and someone else liable for this mortgage and the **other person** received the Form 1098, enter the other person's name and address Yes No
- Name
- Address
- City _____ State _____ ZIP _____
- 12 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address Yes No
- Recipient's SSN -OR- Recipient's EIN
- Recipient's address
- City _____ State _____ ZIP _____
- 13 Did you pay more mortgage interest than what is shown on Form 1098 Yes No
- QuickZoom** to attach a statement to your return explaining the difference

Name(s) Shown on Return
 Kristopher D & Jeana M Buxton

Social Security Number
 540-96-6279

Part 1 - Home Mortgage Loan Information

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Interest paid in 2020	12,452.				
Points paid in 2020 on 1098					
Points paid in 2020 not on 1098					
Mortgage origination date	06/27/2018				
Months loan outstanding	12				
Principal paid on loan in 2020					
Were all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Was the mortgage interest reported to you on form 1098?	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Home Debt Originating after December 15, 2017

Beginning of year balance	355,913.				
Borrowed in 2020					
Home equity debt					
Principal applied					
Ending balance	355,913.				
Enter amount of debt used to buy, build or substantially improve the home.	355,913.				
Average balance.	355,913.				

Home Debt Originating after October 13, 1987 and on or before December 15, 2017

Beginning of year balance					
Home equity debt					
Principal applied					
Ending balance					
Home equity debt					
Enter amount of debt used to buy, build or substantially improve the home.					
Average balance.					

Home Debt Originating before October 14, 1987 (Grandfathered Debt)

Beginning of year balance					
Principal applied					
Ending balance					
Enter amount of debt used to buy, build or substantially improve the home *					
Average balance.					

* Per Pub. 936, all interest from grandfathered debt is deductible. The program will automatically treat the entire amount of debt as being used to buy, build or substantially improve the home

Deductible Home Mortgage Interest Worksheet

2020

▶ Keep for your records

Part 1 – Qualified Loan Limit

Qualified loans acquired prior to October 14, 1987		
1	Average balance of debt acquired prior to October 14, 1987 (grandfathered debt)	1
Qualified loans acquired after October 13, 1987 and before December 16, 2017		
2	Average balance of debt acquired after October 13, 1987 and before December 16, 2017	2
3	Enter \$1,000,000 (\$500,000 if married filing separately)	3
4	Enter larger of the amount on line 1 or the amount on line 3.	4
5	Add the amounts on lines 1 and 2. Enter the total here	5
6	Enter the smaller of the amount on line 4 or the amount on line 5.	6
Qualified loans acquired after December 15, 2017		
7	Average balance of debt acquired after December 15, 2017	7
8	Enter \$750,000 (\$375,000 if married filing separately)	8
9	Enter larger of the amount on line 6 and the amount on line 8.	9
10	Add the amounts on lines 6 and 7. Enter the total here.	10
Total qualified loans		
11	Enter the smaller of line 9 or line 10. This is your qualified loan limit	11

Part 2 – Deductible Home Mortgage Interest

12	Enter the total of the average balances of all mortgages from lines 1, 2 and 7 on all qualified homes. See the line 12 instructions	12
13	Total amount of interest that you paid on the loans from line 12 reported on form 1098.	13
14	Total amount of interest that you paid on the loans from line 12 not reported on form 1098.	14
15	Divide line 11 by line 12.	15
16	Multiply line 13 by the decimal amount on line 15. Enter the result. This is deductible home mortgage interest for loans reported on form 1098 Enter this amount on Schedule A line 8a	16
17	Multiply line 14 by the decimal amount on line 15. Enter the result. This is deductible home mortgage interest for loans not reported on form 1098. Enter this amount on Schedule A line 8b	17
18	Subtract line 15 from line 13. This is not home mortgage interest	18

Schedule A
Line 16

Cash Contributions Worksheet
▶ Keep for your records

2020

Name(s) Shown on Return

Kristopher D & Jeana M Buxton

Social Security Number

540-96-6279

Cash Contributions

Name of Charitable Organization Note: Summarized from the Charitable Organization Worksheet. Enter amounts on the Charitable Organization Worksheet.	Type	2020 Amount
1a _____ _____ _____ _____ _____ _____ _____ _____ _____		
1b From Schedule A — Cash contributions for qualified contributions elected. 1b _____ 2 From Schedule K-1 — Partnerships and S Corporations. 2 _____ 3 From Form(s) W-2, Box 14 3 _____ 4 Miles driven: a To perform charitable service 4a _____ b From Detail of Mileage and Transportation Costs Worksheet above 4b _____ c Add lines 4a and 4b 4c _____		
d Multiply line 4c by 14 cents per mile 4d _____ 5 Parking fees, tolls, and local transportation a To perform charitable service 5a _____ b From Charitable Org. Wks 5b _____ c Add lines 5a and 5b. 5c _____		
6 Add lines 1 thru 5 and enter here (to Schedule A, line 16) 6 _____		

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

Part I Name of Charity and Donation Value

1 Name of charity Goodwill

2 Value of contribution 826.00

Part II Type of Donated Property

3 Check one:

Tangible personal property

- a Household items & clothing
- b Motor vehicle, boat, or airplane
- c Art, Other than self-created
- d Art, Self-created
- e Collectibles
- f Business equipment
- g Business inventory
- h Other

Intangible property

- i Stock, Publicly traded
- j Stock, Other than publicly traded
- k Securities, Other than stock
- l Intellectual property
- m Other

Real property

- n Real property, Conservation property
- o Real property, Other than conservation

Part III Additional Information

If total noncash contributions are more than \$500, complete Part III

4 a Street address of charity 1809 Molalla Ave

b Charity City or Town . . Oregon City State .. OR ZIP . 97045

5 Unique description of donated property Clothing, Footwear, Accessories & Household items

6 Date of donation (mm/dd/yyyy or Various) 04/11/2020

7 Method used to determine the fair market value . . Comparative sales

Part IV Acquisition Information

If the value of this contribution is more than \$500, complete Part IV
Only enter 'various' for date acquired, if the property was held more than one year.

8 Date the donated property was acquired (mm/dd/yyyy) _____

9 How the donated property was acquired _____

10 Cost or adjusted basis in the donated property _____

11 If business equipment, enter accumulated depreciation _____

Part V Deduction

12 Amount claimed as a deduction 826.

Part VI Type of Charitable Organization

13 Check one: [X] (a) 50% charity [] (b) Other than 50% charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? [] Yes [] No
Check 'No' if the charity sold the donated property.

Part VIII Motor vehicle, boat, airplanes

15 a Was a Form 1098-C received? [] Yes [] No
b If no, did you receive other written acknowledgment? [] Yes [] No
c Vehicle Identification Number []

Part IX Additional Information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000.
Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? [] Yes [] No

17 Appraiser Information:

a Date of Appraisal []
b Appraiser Title []
c Appraiser Identifying Number []
d Appraiser Business Address (including room or suite number) []
e Appraiser City or Town [] State [] ZIP Code []

18 Charity Information:

a Charity Date of Receipt of Gift []
b Charity Representative Title []
c Charity Identifying Number []
d Charity Street Address (including room or suite number) []
e Charity City or Town [] State [] ZIP Code []

19 Other Information:

a If a group of items were donated, describe any items which were appraised at \$500 or less []
b For tangible property, give a brief summary of its overall physical condition on the date it was donated. []
c For stock and securities (checkboxes 3i-3j), enter average trading price []
d For bargain sales, enter the amount received []

Part X Partial Interest Donations

If entire interest in the property was not donated, complete Part X.
Complete Part X for a contribution of property that has a value of \$5,000 or less and for publicly traded stock donations.

20 Was the entire interest donated for this property? [X] Yes [] No
If no, complete line 21

21 Partial interest donation information:

a Amount claimed as a deduction on 2020 tax return []
b Deduction claimed for this property on prior years' tax returns. []
c Location of tangible property donated []
d Name of the person, other than the charity on line 1, who has possession of the donated property []
Complete lines 21e through 21g only if different from the charity on line 1:
e If a partial interest in this property was donated to a different charity in a prior year, enter the name of the charity []
f Street address of prior charity []
g City of prior charity [] State [] ZIP Code []

Charitable Deduction Limits Worksheet For Current Year Contributions

2020

▶ Keep for your records

Name(s) Shown on Return <i>Kristopher D & Jeana M Buxton</i>	Social Security Number 540-96-6279
---	---------------------------------------

Step 1 – Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	826.
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 – Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	145,092.
--	---	----------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9.	10	
11 Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	72,546.
13 Subtract line 10 from line 12	13	72,546.
14 Deductible amount. Enter the smaller of line 6 or line 13.	14	826.
15 Carryover. Subtract line 14 from line 6.	15	0.

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43	826 .	
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		0 .

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2020

▶ Keep for your records

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)			8		145,092.
	Percentage of line 8	Used in Current Year			
a 60% AGI limit to line 9	87,055.	Less 0.	a	87,055.	
b 50% AGI limit to line 12	72,546.	Less 826.	b	71,720.	
c 30% AGI limit, Section C to line 19	43,528.	Less 0.	c	43,528.	
d 30% AGI limit, Section D to line 26	43,528.	Less 0.	d	43,528.	
e 20% AGI limit to line 35	29,018.	Less 0.	e	29,018.	

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29 Multiply line 8 by 0.5	29	
30 Add lines 10, 14, 21, and 27	30	

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2.	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1.	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary

2020

▶ Keep for your records

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Totals:				

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Goodwill	826 .	826 .			
Totals:	826 .	826 .			

Part III Contribution Carryovers to 2021

	Total	Cash and Other Non-Capital Gain Property				Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	(f) 30% Limit	(g) 20% Limit
1 2020 contributions	826 .			826 .			
2 2020 contributions allowed	826 .			826 .			
3 Carryovers from:							
a 2019 tax year		N/A					
b 2018 tax year		N/A					
c 2017 tax year		N/A					
d 2016 tax year		N/A					
e 2015 tax year		N/A					
4 Carryovers allowed in 2020		N/A					
5 Carryovers disallowed in 2020		N/A					
6 Carryovers to 2021:							
a From 2020	0 .			0 .			
b From 2019		N/A					
c From 2018		N/A					
d From 2017		N/A					
e From 2016		N/A					
f From 2015		N/A					

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 60%/50% charity? Yes No

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees	7	
8	Entertainment expenses	8	
9	Other: _____ _____ _____	9	
10	Combine lines 1 through 9	10	

**FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation**
Check the box in investment column if an investment expense

Investment
Expense ↓

11	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	RESERVED		17	
18	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other: a Prior year government unemployment benefits repaid in 2020	<input type="checkbox"/>	26	
b	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
27	Combine lines 11 through 26		27	

**FOR FEDERAL AND STATE USE:
Other Miscellaneous Deductions – Not Subject to 2% Limitation**

28	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity		35	
36	Ordinary loss attributable to certain debt instruments		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

Name(s) Shown on Return
Kristopher D & Jeana M Buxton

Social Security Number
540-96-6279

Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$750?				
	<input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total	<input type="checkbox"/>	►	1	_____
	<input type="checkbox"/> No. Enter \$1,100	<input type="checkbox"/>			
2	Enter the amount shown below for your filing status.				
	• Single or married filing separately — \$12,400	<input type="checkbox"/>	►	2	_____
	• Married filing jointly — \$24,800	<input type="checkbox"/>			24,800.
	• Head of household — \$18,650	<input type="checkbox"/>			
3	Standard deduction.				
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b			3 a	_____
3 b	If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household)			3 b	_____
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12			3 c	_____

**Earned income includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
---	--

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	-34,419.		-34,419.
b Optional Method and Church Employee income			
c Add lines 1a and 1b	-34,419.		-34,419.
d One-half of self-employment tax			
e Subtract line 1d from line 1c	-34,419.		-34,419.
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	-34,419.		-34,419.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	-34,419.		-34,419.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	142,839.	36,672.	179,511.
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	108,420.	36,672.	145,092.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	108,420.	36,672.	145,092.
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	108,420.	36,672.	145,092.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	-34,419.		-34,419.
16 Wages, salaries, tips, etc	142,839.	36,672.	179,511.
17 Net self-employment loss	34,419.		34,419.
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, In 2.	142,839.	36,672.	179,511.

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

23 Self-employed, church and statutory employees	-34,419.		-34,419.
24 Wages, salaries, tips, etc	142,839.	36,672.	179,511.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	108,420.	36,672.	145,092.

► Keep for your records

Name(s) Shown on Return
Kristopher D & Jeana M Buxton

Social Security Number
540-96-6279

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	Total investment interest expense. Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from nonpassive trade or business without material participation	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	Total investment income. Add lines 5d through 9.	10	

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment.	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from nonpassive trade or business without material participation	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	Total investment expenses. Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	18	
19	Less amount deducted on other forms and schedules:	19	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
20	Investment interest expense.	20	

► Keep for your records

Name(s) Shown on Return
Kristopher D & Jeana M Buxton

Social Security Number
540-96-6279

- QuickZoom** to Schedule EIC ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ► _____
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. ►

<p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="padding-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="padding-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="padding-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="padding-left: 100px;">4 a _____</p> <p>b Spouse's nontaxable combat pay election for EIC</p> <p style="padding-left: 100px;">b _____</p> <p>c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="padding-left: 20px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.</p> <p>9 Enter your AGI from Form 1040, line 11</p> <p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,800 (\$14,700 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,350 (\$25,250 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 9. Be sure to use the correct column for filing status and number of children</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p>	<p>179,511.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>179,511.</p> <p>_____</p> <p>_____</p> <p>-34,419.</p> <p>_____</p> <p>145,092.</p> <p>_____</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---	---

Enter line 11 amount on Form 1040, line 27.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 7 above) is equal to or more than:
- \$15,820 (\$21,710 if married filing jointly) without a qualifying child.
- \$41,756 (\$47,646 if married filing jointly) with one qualifying child.
- \$47,440 (\$53,330 if married filing jointly) with two qualifying children.
- \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 9 above) is equal to or more than:
- \$15,820 (\$21,710 if married filing jointly) without a qualifying child.
- \$41,756 (\$47,646 if married filing jointly) with one qualifying child.
- \$47,440 (\$53,330 if married filing jointly) with two qualifying children.
- \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$3,650.
(Investment Income Smart Worksheet, item H above)
- 4 The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a qualifying children of another person, or
- b invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2020.
(Information Worksheet, Part IV)
- 12 Filing Form 2555, Foreign Earned Income.
- 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2020?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2020?

2 Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2020.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>	No
Disqualified from Earned Income Credit.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Potential qualifying child count	▶	<u>0</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>0</u>

Schedule SE Adjustments Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
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	-28,669.	
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	-28,669.	
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	-5,750.	
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	-5,750.	
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	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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		

Use a separate worksheet for each casualty or theft event.
Keep for your records

Name(s) shown on return
Kristopher D & Jeana M Buxton

Social Security No.
540-96-6279

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event
2 Date of casualty or theft event
3 Use of property, check one if not a Ponzi loss (line 5c):
a Personal (includes home office deducted under simplified method, see tax help)
b Business, employment, or income-producing
4 If box 3a is checked, check one:
a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster.
b This event qualifies as a Hurricane Irma Disaster
c This event qualifies as a Hurricane Maria Disaster
d This event qualifies as a 2017 California Wildfire Disaster (01/01/2017-01/18/2018)
e This event is a qualified federally declared major disaster
f This event is a federally declared disaster (not "qualified")
g This event qualifies as a 2016 federally declared disaster area
h This event does not qualify as a federally declared disaster.
i Enter the FEMA disaster decl. number if any line 4a-g is checked. Enter the four-digit number only. If the FEMA disaster decl. number begins with DR, enter it here
j If the FEMA disaster decl. number begins with EM instead of DR, enter it here
5 If box 3b is checked, check one:
a Check if the property was used in a passive activity
b Check if the property was not used in a passive activity
c Check if this is a Rev Proc 2009-20 Ponzi-Type loss
6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes No
i If personal use, is this a collectible? Yes No
j If business use, check one: Business Employ Income
k If home office (standard method) enter: Sch C No Sch C Ln 27

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes No
i If personal use, is this a collectible? Yes No
j If business use, check one: Business Employ Income
k If home office (standard method) enter: Sch C No Sch C Ln 27

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2020

► Keep for your records

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	31,692.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	120,292.
2	Additions to income	2	
3	Add lines 1 and 2	3	120,292.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	120,292.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	145,092.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	145,092.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	130,583.
6	Enter ATNOL carried to 2019 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Disposition of Property – Line 2k

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D)			
2 Ordinary gain or loss (Form 4797, Part II)			
3 Ordinary income from sale of Incentive Stock			
4 Total. Enter on Form 6251, line 2k			

Post-86 Depreciation – Line 2l

1 From depreciation worksheets	1	0.
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2.	3	0.
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l.	5	0.

Passive Activities – Line 2m

1 Adjustment for recomputed income (loss) from passive activities	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3 Other adjustments to passive activities	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs – Line 2o

1 Circulation costs adjustment from Schedule K-1 Worksheets	1	
2 Other circulation costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs – Line 2q

1 Mining costs adjustment from Schedule K-1 Worksheets	1	
2 Other mining costs adjustment	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs – Line 2r

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2 Other research and experimental costs adjustment.	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs – Line 2t

1 Excess intangible drilling costs	1	
2 Net income from oil and gas wells	2	
3 Multiply line 2 by 65% (.65)	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1.	4	
5 Independent producers exception amount.	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments – Line 3

1 Pre-1987 depreciation from depreciation worksheets.	1	
2 Plus amount from Schedule K-1 worksheets	2	
3 Add lines 1 and 2	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5 Subtract line 4 from line 3	5	
6 Enter other adjustments, including income-based related adjustments	6	
7 Add lines 5 and 6	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$745,200:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$56,700	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$72,900 if single or head of household, \$113,400 if married filing jointly or qualifying widow(er), \$56,700 if married filing separately	1	<u>113,400.</u>
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	<u>145,092.</u>
3	Enter \$518,400 if single or head of household, \$1,036,800 if married filing jointly or qualifying widow(er), \$518,400 if married filing separately	3	<u>1,036,800.</u>
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	<u>0.</u>
5	Multiply line 4 by 25% (.25)	5	<u>0.</u>
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	<u>113,400.</u>

► Keep for your records

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

1 Enter the amount from Form 6251, line 6	1	_____
2 a Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a	_____
b Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	_____
c Subtract line 2b from line 2a. If zero or less, enter 0	2c	_____
3 Add line 1 and line 2c	3	_____
4 Tax on the amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. ● All Others: If line 3 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. 	4	_____
5 Tax on amount on line 2c. If line 2c is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	5	_____
6 Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	_____

Federal Carryover Worksheet

2020

▶ Keep for your records

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

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
OR			13,956.		6,730.	
Totals . .			13,956.		6,730.	

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
OR	13,956.	6,730.

2019 Locality Tax Refund Information

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

Other Tax and Income Information		2019	2020
1	Filing status	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions	26,405.	23,278.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	136,073.	145,092.
6	Tax liability for Form 2210 or Form 2210-F	15,844.	18,044.
7	Alternative minimum tax.		
8	Federal overpayment applied to next year estimated tax.		

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		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

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

Credit Carryovers				2019	2020
18	General business credit			18	
19	Adoption credit from:	a	2020	19a	
		b	2019	b	
		c	2018	c	
		d	2017	d	
		e	2016	e	
		f	2015	f	
20	Mortgage interest credit from:	a	2020	20a	
		b	2019	b	
		c	2018	c	
		d	2017	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2019	2020
24	Section 179 expense deduction disallowed			24	
25	Excess	a	Taxpayer (Form 2555, line 46)	25a	
	foreign	b	Taxpayer (Form 2555, line 48)	b	
	housing	c	Spouse (Form 2555, line 46)	c	
	deduction:	d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2019					
b	2018					
c	2017					
d	2016					
e	2015					
27	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					

28 Amount overpaid less earned income credit 6,895.

Qualified Business Income Deduction (Section 199A) carryovers				2019	2020
29	Qualified business loss carryforward			29	-32,584.
30	Qualified PTP loss carryforward			30	-67,003.
31	Applicable percentage	2018	31 a		
		2019	b	100.00	

2019 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

IRA Information Worksheet

2020

► Keep for your records

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

Part I Traditional IRA		Taxpayer	Spouse
Basis and Value			
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2020		
3	Basis carryover as of 12/31/2020	600.	
Excess Contributions			
4	Excess contributions as of 12/31/2019		
5	Carryover of excess contributions to 2021		

Part II Roth IRA		Taxpayer	Spouse
Basis (Contribution and Conversion History)			
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions		
8	Contribution basis carryover as of 12/31/2020		
9	Conversion basis carryover as of 12/31/2020		
Excess Contributions			
10	Excess contributions as of 12/31/2019		
11	Carryover of excess contributions to 2021		

Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2019 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs		

Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2020 <i>(See Help)</i>		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2020. qualified charitable distributions (QCD) made in Jan. 2021 to be treated as made in December 2020 <i>(See Help)</i> .		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2020		
21	Check this box if you converted all of the traditional IRAs you had in 2020 to Roth IRAs in 2020	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

▶ Keep for your records

2020

Page 2

Name(s) Shown on Return
Kristopher D & Jeana M Buxton

Social Security Number
540-96-6279

Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2016	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2019 Balances (Basis - Before 2020 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
24	Cumulative pre 2016 conversions - taxable and nontaxable	_____	_____
25	2016 conversion contributions taxable at conversion	_____	_____
26	2016 conversion contributions not taxable at conversion	_____	_____
27	2017 conversion contributions taxable at conversion	_____	_____
28	2017 conversion contributions not taxable at conversion	_____	_____
29	2018 conversion contributions taxable at conversion	_____	_____
30	2018 conversion contributions not taxable at conversion	_____	_____
31	2019 conversion contributions taxable at conversion	_____	_____
32	2019 conversion contributions not taxable at conversion	_____	_____
2020 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions	_____	_____
34	Rollover from Roth 401(k) and Roth 403(b)	_____	_____
35	Conversion contributions taxable at conversion	_____	_____
36	Conversion contributions not taxable at conversion	_____	_____
37	Repayments of qualified Roth reservist distributions	_____	_____
2020 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)	_____	_____
39	Distributions from cumulative pre 2016 conversions	_____	_____
40	Distributions from 2016 conversions taxable at conversion	_____	_____
41	Distribs. from 2016 conversions not taxable at conversion	_____	_____
42	Distributions from 2017 conversions taxable at conversion	_____	_____
43	Distribs. from 2017 conversions not taxable at conversion	_____	_____
44	Distributions from 2018 conversions taxable at conversion	_____	_____
45	Distribs. from 2018 conversions not taxable at conversion	_____	_____
46	Distributions from 2019 conversions taxable at conversion	_____	_____
47	Distribs. from 2019 conversions not taxable at conversion	_____	_____
48	Distributions from 2020 conversions taxable at conversion	_____	_____
49	Distribs. from 2020 conversions not taxable at conversion	_____	_____
50	Did you have any open Roth IRA accounts on 12/31/2020?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2021 (Basis - After 2020 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
52	Cumulative pre 2017 conversions - taxable and nontaxable	_____	_____
53	2017 conversion contributions taxable at conversion	_____	_____
54	2017 conversion contributions not taxable at conversion	_____	_____
55	2018 conversion contributions taxable at conversion	_____	_____
56	2018 conversion contributions not taxable at conversion	_____	_____
57	2019 conversion contributions taxable at conversion	_____	_____
58	2019 conversion contributions not taxable at conversion	_____	_____
59	2020 conversion contributions taxable at conversion	_____	_____
60	2020 conversion contributions not taxable at conversion	_____	_____

IRA Information Worksheet

2020

▶ Keep for your records

Page 3

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

	Part VI Roth IRA Basis Adjustments	Taxpayer	Spouse
	Received From Former Spouse due to Divorce or Inheritance		
61	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
62	Cumulative pre 2016 conversions - taxable and nontaxable	_____	_____
63	2016 conversion contributions taxable at conversion	_____	_____
64	2016 conversion contributions not taxable at conversion	_____	_____
65	2017 conversion contributions taxable at conversion	_____	_____
66	2017 conversion contributions not taxable at conversion	_____	_____
67	2018 conversion contributions taxable at conversion	_____	_____
68	2018 conversion contributions not taxable at conversion	_____	_____
69	2019 conversion contributions taxable at conversion	_____	_____
70	2019 conversion contributions not taxable at conversion	_____	_____
71	2020 conversion contributions taxable at conversion	_____	_____
72	2020 conversion contributions not taxable at conversion	_____	_____
	Transferred To Former Spouse due to Divorce		
73	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
74	Cumulative pre 2016 conversions - taxable and nontaxable	_____	_____
75	2016 conversion contributions taxable at conversion	_____	_____
76	2016 conversion contributions not taxable at conversion	_____	_____
77	2017 conversion contributions taxable at conversion	_____	_____
78	2017 conversion contributions not taxable at conversion	_____	_____
79	2018 conversion contributions taxable at conversion	_____	_____
80	2018 conversion contributions not taxable at conversion	_____	_____
81	2019 conversion contributions taxable at conversion	_____	_____
82	2019 conversion contributions not taxable at conversion	_____	_____
83	2020 conversion contributions taxable at conversion	_____	_____
84	2020 conversion contributions not taxable at conversion	_____	_____

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
--	---------------------------------------

Description	Amount
Income	
Wages	179,511.
Interest income before Series EE bond exclusion	_____
Dividend income	_____
Tax refund	0.
Alimony received	_____
Nonpassive business income or loss	-5,750.
Royalty and nonpassive rental activities income or loss	_____
Nonpassive partnership income or loss	_____
Nonpassive S corporation income or loss	_____
Nonpassive farm rental income or loss	_____
Nonpassive farm income or loss	-28,669.
Nonpassive estate and trust income or loss	_____
Real estate mortgage investment conduits	_____
Business gains and losses from nonpassive activities	_____
Capital gains and losses	_____
Taxable IRA distributions	_____
Taxable pension distributions	_____
Unemployment compensation	_____
Other income	_____
Total income	145,092.
Adjustments	
Educator expenses	_____
Certain business expenses of reservists, performing artists, and government officials	_____
Health savings account deduction	_____
Moving expenses	_____
Self-employed SEP, SIMPLE, and qualified plans	_____
Self-employed health insurance deduction	_____
Penalty on early withdrawals of savings	_____
Alimony paid	_____
Other adjustments	_____
Total adjustments	_____
Modified adjusted gross income	145,092.

Depreciation Options

2020

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
---	--

Depreciation for Miscellaneous 2% Itemized Deductions and Form 2106

- 1 Enable state depreciation calculation for assets and vehicles associated with Form 2106 that contain a miscellaneous 2% itemized deduction Yes No
- 2 Enable state depreciation calculation for assets associated with Miscellaneous 2% Itemized Deductions Yes No

MACRS Convention and Computation

- Compute convention (result shown below).
When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'
- 1 Half-year convention
- 2 Mid-quarter convention
- 3 Use IRS tables for all MACRS property placed in service this year? Yes No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited. If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

1 a Elect to treat Qualified Real Property as "Section 179 Property"		1 a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Calculated "Total cost of Section 179 property placed in service"	b	4,400.
c Additions or subtractions to calculated total on line 1a	c	
2 If Married Filing Separately, enter:		
a Total cost of eligible property placed in service this year by spouse.	2 a	
b Allocation percentage elected for your return, if other than 50%.	b	%
c Section 179 elected on Qualified Real Property this year by spouse	c	
3 a Taxable income computed for the Section 179 limitation	3 a	145,092.
b Additions or subtractions to taxable income	b	

State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.
Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
 - Delete the entry in the "State" field, or change it to the desired state
 - Check the "No" box for "Delete this state's depreciation data from the Federal file now"
- States currently entered: OR

State		OR
Delete this state's depreciation data from Federal file when transferring to 2021		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Delete this state's depreciation data from the Federal file now		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
State		
Delete this state's depreciation data from Federal file when transferring to 2021		<input type="checkbox"/> Yes <input type="checkbox"/> No
Delete this state's depreciation data from the Federal file now		<input type="checkbox"/> Yes <input type="checkbox"/> No

State Section 179 Dollar Limitation

1	State	1	OR
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	_____
c	Allocation percentage elected for state return	c	_____ %
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	_____
3 a	Elect to treat state Qualified Real Property as "Section 179 Property"	3 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	4,400.
c	Additions or subtractions to state calculated value	c	_____
4	State maximum amount	4	1,040,000.
5	State threshold cost of Section 179 property	5	2,590,000.
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	0.
7	State dollar limitation (Ln 4 less ln 6, not less than 0. MFS, times ln 2d)	7	1,040,000.
8	Total state Section 179 elected (Cannot exceed line 7)	8	_____
9	Total state Section 179 elected on Qualified Real Property	9	_____

State Defaults for post-2017 TCJA Autos/Trucks & Farm Property

Check box to reset all state Asset Class defaults shown below.

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AZ	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
AR	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
<small>See State Asset Class Default Statement</small>							

State Defaults for Economic Stimulus Depreciation Allowance and 2020 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below

STATE CALC		STIMULUS BONUS DEPRECIATION			2020 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2027	Full	1,040,000.	2,590,000.
AZ	State	Full	12/31/2012	12/31/2027	Part	1,040,000.	2,590,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
<small>See State 2009 Economic Stimulus Default Statement</small>							

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179

Check box to reset all state Qualified Disaster Area defaults shown below

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
<small>See State Qualified Disaster Area Default Statement</small>							

State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179

Check box to reset all state Kansas Disaster Zone defaults shown below

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
<small>See State Kansas Disaster Zone Default Statement</small>							

State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)

Check box to reset all state CBEPP defaults shown below

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2020
AZ	Federal	Full	12/20/2006	12/31/2020
AR	None	N/A	N/A	N/A
<small>See State CBEPP Default Statement</small>				

State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179

Check box to reset all state GO Zone defaults shown below

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
<small>See State GO Zone Default Statement</small>							

State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/Vans

Check box to reset all state SDA & Truck/Van defaults shown below

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	Y
<small>See State Pre-2006 SDA Default Statement</small>								

State Defaults for Sec 179 on Computer Software & Qualified Real Property

Check box to reset all state Sec 179 defaults shown below

STATE CALC				QUALIFIED REAL PROPERTY		
COMPUTER SOFTWARE				& 179 Lodging Property		
State	F/S conformity	Start	End	F/S conformity	Start	End
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AR	Federal	TY2003	PERMANENT	None	N/A	N/A
<small>See State Software/Real Property Sec 179 Default Statement</small>						

State Defaults for Asset Class on Qualified Real Property & Farm Machinery/Equipment

Check box to reset all state Asset Class defaults shown below

STATE CALC		FARM & RETAIL		STATE CALC		RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End	
AL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AZ	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT	
AR	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017	
<small>See State Asset Class Default Statement</small>							

State Defaults for Taking Economic Stimulus Depreciation Allowance on Fruit/Nut Tree/Vine in Year Planted/Grafted

Check box to reset defaults shown below.

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
AL	Federal	Full	12/31/15	12/31/27
AZ	State	Full	12/31/12	12/31/27
AR	State	N/A	N/A	N/A
			see Fruit/Nut Tree/Vine SDA in Year Planted/Grafted	

Two-Year Comparison

2020

Name(s) Shown on Return Kristopher D & Jeana M Buxton	Social Security Number
--	------------------------

Income	2019	2020	Difference	%
Wages, salaries, tips, etc	168,657.	179,511.	10,854.	6.44
Interest and dividend income				
State tax refund		0.	0.	
Business income (loss)		-5,750.	-5,750.	
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)	-32,584.	-28,669.	3,915.	12.02
Social security benefits				
Income other than the above				
Total Income	136,073.	145,092.	9,019.	6.63
Adjustments to Income				
Adjusted Gross Income	136,073.	145,092.	9,019.	6.63
Itemized Deductions				
Medical and dental				
Income or sales tax	14,125.	14,628.	503.	3.56
Real estate taxes	2,527.	2,738.	211.	8.35
Personal property and other taxes				
Interest paid	15,623.	12,452.	-3,171.	-20.30
Gifts to charity	782.	826.	44.	5.63
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	26,405.	23,278.	-3,127.	-11.84
Standard or Itemized Deduction	26,405.	24,800.	-1,605.	-6.08
Qualified Business Income Deduction	0.	0.	0.	
Taxable Income	109,668.	120,292.	10,624.	9.69
Income tax	15,844.	18,044.	2,200.	13.89
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	15,844.	18,044.	2,200.	13.89
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits	15,844.	18,044.	2,200.	13.89
Withholding	22,739.	24,219.	1,480.	6.51
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments		1,200.	1,200.	
Total Payments	22,739.	25,419.	2,680.	11.79
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	6,895.	7,375.	480.	6.96
Balance Due				

Current year effective tax rate 12.44 %

Tax Summary
▶ Keep for your records

2020

Name (s)
Kristopher D & Jeana M Buxton

Total income	145,092.
Adjustments to income	
Adjusted gross income	145,092.
Itemized/standard deduction	24,800.
Qualified business income deduction	0.
Taxable income	120,292.
Tentative tax	18,044.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	18,044.
Total payments	25,419.
Estimated tax penalty	
Amount Overpaid	7,375.
Refund	7,375.
Amount Applied to Estimate	
Balance due	0.

Recovery Rebate Credit Worksheet

2020

Name(s) Shown on Return
Kristopher D & Jeana M Buxton

Social Security No.
540-96-6279

This worksheet is used to compute the allowed recovery rebate credit for line 30 of Form 1040 or 1040-SR after accounting for any economic stimulus payment previously received.

<p>1 Can you be claimed as a dependent on another person's 2020 return? <input checked="" type="checkbox"/> No. Go to line 2 <input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>2 Does your 2020 return include a valid social security number for you, and if filing a joint return, your spouse? <input checked="" type="checkbox"/> Yes. Skip lines 3 and 4 and go to line 5. <input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number? <input type="checkbox"/> Yes. Your credit is not limited. Go to line 5. <input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a valid social security number? <input type="checkbox"/> Yes. Your credit is limited. Go to line 5. <input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>5 Enter: ● \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or ● \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>6 Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>7 Add lines 5 and 6</p> <p>8 Enter: ● \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or ● \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3.</p> <p>9 Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p> <p>10 Add lines 8 and 9</p> <p>11 Enter the amount from line 11 of Form 1040 or 1040-SR</p> <p>12 Enter the amount shown below for your filing status : ● \$150,000 if married filing jointly or qualifying widow(er) ● \$112,500 if head of household ● \$75,000 if single or married filing separately</p> <p>13 Is the amount on line 11 more than the amount on line 12? <input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18. <input type="checkbox"/> Yes. Subtract line 12 from line 11.</p> <p>14 Multiply line 13 by 5% (0.05)</p> <p>15 Subtract line 14 from line 7. If zero or less, enter -0-</p> <p>16 Enter the amount, if any, of the economic impact payment (EIP) 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>17 Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15 you don't have to pay back the difference</p> <p>18 Subtract line 14 from line 10. If zero or less, enter -0-</p> <p>19 Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here.</p> <p>20 Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18 you don't have to pay back the difference</p> <p>21 Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p>	<p>5 2,400.</p> <p>6</p> <p>7 2,400.</p> <p>8 1,200.</p> <p>9</p> <p>10 1,200.</p> <p>11 145,092.</p> <p>12 150,000.</p> <p>13</p> <p>14</p> <p>15 2,400.</p> <p>16 1,200.</p> <p>17 1,200.</p> <p>18 1,200.</p> <p>19 1,200.</p> <p>20 0.</p> <p>21 1,200.</p>
--	--

Compare to U. S. Averages

▶ Keep for your records

2020

Name(s) Shown on Return <u>Kristopher D & Jeana M Buxton</u>	Social Security No <u>540-96-6279</u>
---	--

Your 2020 adjusted gross income (AGI) 145,092.
 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	179,511.	121,430.
Taxable interest		1,276.
Tax-exempt interest		7,537.
Dividends		6,419.
Business net income		27,576.
Business net loss	-5,750.	7,552.
Net capital gain		14,441.
Net capital loss		2,348.
Taxable IRA		28,656.
Taxable pensions and annuities		43,741.
Rent and royalty net income		14,020.
Rent and royalty net loss		9,066.
Partnership and S corporation net income		42,600.
Partnership and S corporation net loss		13,512.
Taxable social security benefits		24,734.
Medical and dental expenses deduction		11,992.
Taxes paid deduction	10,000.	12,003.
Interest paid deduction	12,452.	9,172.
Charitable contributions deduction	826.	4,581.
Total itemized deductions	23,278.	27,269.
Child care credit		624.
Education tax credits		1,459.
Child tax credit		1,414.
Retirement savings contributions credit		0.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	145,092.	142,091.
Taxable income	120,292.	107,423.
Income tax	18,044.	18,038.
Alternative minimum tax		2,438.
Total tax liability	18,044.	18,780.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Kristopher D & Jeana M Buxton

Primary SSN: 540-96-6279

Federal Return Submitted: February 17, 2021 05:51 PM PST

Federal Return Acceptance Date: 02/12/2021

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight May 17, 2021. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on May 17, 2021, your Intuit electronic postmark will indicate May 17, 2021, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before May 17, 2021, and a corrected return is submitted and accepted before May 22, 2021. If your return is submitted after May 22, 2021, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2021. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2021, and the corrected return is submitted and accepted by October 20, 2021.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ³	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your debit card ¹ .	Usually within 21 days ³	Free option with your purchase of a Tax Product ²

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a debit card. Bank is not affiliated with the issuer of the debit card.

²This fee consists of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2020

Check this box if you are preparing this return as a PRO preparer

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area?
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return?
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- File federal return electronically
 File state returns electronically
 File other returns electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal return printed and mailed to IRS
 State return printed and mailed to state agency
 Other return printed and mailed

Select state returns to file electronically:

Table with header 'State(s)' and three blank rows for input.

Select state returns to file by mail:

Table with header 'State(s)' and three blank rows for input.

Select other returns to file electronically:

Table with header 'Other Return(s)' and three blank rows for input.

Select other returns to file by mail:

Table with header 'Other Return(s)' and three blank rows for input.

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- File federal amended return(s) electronically
 File state amended return(s) electronically

Print and Mail Selections (use only if e-file ineligible):

- Federal amended return printed and mailed
 State amended return printed and mailed

Select state amended return(s) to file electronically:

Table with header 'State(s)' and three blank rows for input.

Select state amended return(s) to file by mail:

Table with header 'State(s)' and three blank rows for input.

Please fill out the survey at the link below to help us better understand your experience working with the tax optimization features.

<https://forms.gle/ugi2CxnyuAXNW2Kb7>

Suggestions For Customer

Suggestion ID	Suggestion
0000	No pilot project expert suggestion was determined for this customer

Pro Notes About Suggestions

Suggestion ID	Suggestion

Smart Worksheets From 2020 Federal Tax Return

SMART WORKSHEET FOR: Schedule C (LIVESTOCK): Profit or Loss from Business

Business Address Information Smart Worksheet

Business street address. . . 18360 S Dillman Rd

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

Oregon City OR 97045-8349

Or, foreign country information:

SMART WORKSHEET FOR: Schedule C (LIVESTOCK): 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)	▶ <u>THE BUXTON FARM LLC</u>
B Trade or Business Name	<u>THE BUXTON FARM LLC</u>
C Trade or Business ID Number	
D 1 Is this a Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 If No, is income attributable to a SSTB? (see Help)	<input type="checkbox"/> Yes <input type="checkbox"/> 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	-5,750.
2 Adjustments to qualified business income	0.
3 Tentative Sch C profit (loss) from qualified business	-5,750.
4 a Calculated QBI allowed after passive/at-risk limits	-5,750.
b Adjustments to allowed QBI	
c Allowable QBI after loss limits	-5,750.
5 Self employed deductions connected to this business	
a Self employed health insurance for this business	0.
b Total deduction for 1/2 self employment tax	
c Deduction for 1/2 S.E. tax connected to this business	0.
d Total deduction for S.E. retirement contributions	
e S.E. retirement deduction connected to this business	0.
Total self employed deductions connected to this business	0.
6 Sch C profit (loss) after S.E. deductions	-5,750.
7 Additional deductions related to this business reported on separate schedules	
8 Net profit (loss) after adjustments, limitations, and deductions	-5,750.
9 Allowable Sch C profit (loss) allocated to SSTB	0.
10 Allowable Sch C profit (loss) from this business	-5,750.
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 (LIVESTOCK): Profit or Loss from Business

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable QBI (E10 plus F6 plus G6)	-5,750.
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)	0.
2 Adjustments	_____
3 Qualified UBIA	0.
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 (LIVESTOCK): Profit or Loss from Business

Carryovers to 2020 Smart Worksheet

Enter carryovers from prior year below.

	Regular Tax	QBI	Alternative Minimum Tax
A Section 179 carryover <i>(enter as positive amount)</i> . . .			
At-Risk Loss Carryovers <i>(enter as negative amts)</i>			
B Schedule C suspended loss			
C Schedule D short-term suspended loss			
D Schedule D long-term suspended loss			
E Form 4797 ordinary suspended loss			
F Form 4797 long-term suspended loss			
Passive Loss Carryovers <i>(enter as negative amts)</i>			
G Schedule C suspended loss			
H Schedule D short-term suspended loss			
I Schedule D long-term suspended loss			
J Form 4797 ordinary suspended loss			
K Form 4797 long-term suspended loss			

Carryovers to 2020 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

Percentage of SSTB income (by category)

Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)

	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018				
2019	100.00	0.00	0.00	0.00

SMART WORKSHEET FOR: Schedule C (LIVESTOCK): 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 (LIVESTOCK): 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)	-5,750.	-5,750.	-5,750.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-5,750.	-5,750.	-5,750.
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 (LIVESTOCK): 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 (LIVESTOCK): 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: Schedule F (THE BUXTON FARM LLC): Profit or Loss from Farming

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)	▶ <u>THE BUXTON FARM LLC</u>
B Trade or Business Name	<u>THE BUXTON FARM LLC</u>
C Trade or Business ID Number	_____
D 1 Is this a Specified Service Trade or Business (SSTB)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2 If No, is income attributable to a SSTB? (see help)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 F profit (loss) from this business	-28,669.
2 Adjustments to qualified business income	_____
3 Schedule F qualified business income	-28,669.
4 a Calculated QBI allowed after passive/at-risk limits	-28,669.
b Adjustments to allowed QBI	_____
c Allowable QBI after loss limits	-28,669.
5 Self employed deductions connected to this business	
a Self employed health insurance for this business	0.
b Total deduction for 1/2 self employment tax	_____
c Deduction for 1/2 S.E. tax connected to this business.	0.
d Total deduction for S.E. retirement contributions.	_____
e S.E. retirement deduction connected to this business	0.
Total self employed deductions connected to this business	0.
6 Sch F profit (loss) after S.E. deductions	-28,669.
7 Additional deductions related to this business reported on separate schedules	_____
8 Net profit (loss) after adjustments, limitations, and deductions	-28,669.
9 Allowable Sch F profit (loss) allocated to SSTB	0.
10 Allowable Sch F profit (loss) from this business	-28,669.
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 F (THE BUXTON FARM LLC): Profit or Loss from Farming

Qualified Business Income Deduction Smart Worksheet, Continued	
H 1 Allowable qualified business income (line E8 plus F6 plus G6)	-28,669.
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 allocable to SSTB	0.
J 1 Tentative Unadjusted Basis Immediately after Acquisition (UBIA)	47,836.
2 Adjustments	
3 Qualified UBIA	47,836.
4 Qualified UBIA allocable to SSTB	0.
K 1 Net income allocable to qualified payments from agricultural or horticultural coop . . .	
2 Wages allocable to qualified payments from coop	

SMART WORKSHEET FOR: Schedule F (THE BUXTON FARM LLC): Profit or Loss from Farming

Carryovers to 2020 Additional Info for Section 199A Deduction

Section 199A (QBI deduction) requires first-in-first-out use of previously disallowed losses. Businesses qualified under Section 199A must complete this section for any previously disallowed losses.

Percentage of SSTB income (by category)

Enter 100 for businesses that were SSTBs in the year in question. If non-SSTB with income attributable to SSTB, enter the % attributable to SSTB. Otherwise, enter 0. (Not required if applicable % is 100%.)

	Applicable %	Operating %	Form 4797 ord	Form 4797 l/t
2018				
2019	100.00	0.00	0.00	0.00

		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 F (THE BUXTON FARM LLC): Profit or Loss from Farming

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 F			
D Tentative profit (loss)	-28,669.	-28,669.	-28,669.
E Other adjustments			
F At risk disallowed loss			
G Passive carryover loss			
H Passive disallowed loss			
I Net profit (loss) allowed	-28,669.	-28,669.	-28,669.
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 F (THE BUXTON FARM LLC): Profit or Loss from Farming

QBI (Section 199A) Losses by Year Smart Worksheet (cont.)			
At-risk loss carryforwards to 2021		Regular Tax	QBI
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		
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: Special Depreciation Allowance Elections

Economic Stimulus Property Smart Worksheet
 For property placed in service in 2020
 that is eligible to be Qualified Economic Stimulus Property

Check this box to elect OUT of having Qualified Economic Stimulus property
 for ALL eligible classes of property

A	3-Year Property	<input checked="" type="checkbox"/>
B	5-Year Property	<input type="checkbox"/>
C	7-Year Property	<input type="checkbox"/>
D	10-Year Property	<input type="checkbox"/>
E	15-Year Property	<input type="checkbox"/>
F	20-Year Property	<input type="checkbox"/>
G	Nonresidential Real Property	<input type="checkbox"/>
H	Computer Software defined under IRC Section 167(f)(1)(B)	<input type="checkbox"/>
I	Water Utility Property	<input type="checkbox"/>
J	Other Asset Class <input style="width: 100%;" type="text"/>	
K	Other Asset Class <input style="width: 100%;" type="text"/>	

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet

A	Tax		18,044.
	Check if from:		
1	Tax table	<input type="checkbox"/>	
2	Tax Computation Worksheet (see instructions)	<input checked="" type="checkbox"/>	
3	Schedule D Tax Worksheet	<input type="checkbox"/>	
4	Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>	
5	Schedule J	<input type="checkbox"/>	
6	Form 8615	<input type="checkbox"/>	
7	Foreign Earned Income Tax Worksheet	<input type="checkbox"/>	
B	Additional tax from Form 8814		<input style="width: 100%;" type="text"/>
C	Additional tax from Form 4972		<input style="width: 100%;" type="text"/>
D	Tax from additional Form(s) 4972		<input style="width: 100%;" type="text"/>
E	Recapture tax from Form 8863		<input style="width: 100%;" type="text"/>
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax		<input style="width: 100%;" type="text"/>
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative		<input style="width: 100%;" type="text"/>
H	Additional tax from Form 8621		<input style="width: 100%;" type="text"/>
I	Tax. Add lines A through G. Enter the result here and include in tax below.		18,044.
J	Form 8621 tax deferral from line 9c (to line 24)		<input style="width: 100%;" type="text"/>

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet

The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.

A Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . _____ 0.

SMART WORKSHEET FOR: Other Income Statement

Unemployment Compensation Exclusion Smart Worksheet

A Add Form 1040, lines 1 through 7, and Schedule 1, lines 1 through 6 _____

B Schedule 1, line 8 other income before unemployment exclusion _____

C Add lines A and B _____

D Enter the total of line 10b of Form 1040 and Schedule 1, lines 10 through 21 _____

E Subtract line D from line C. This is your modified adjusted gross income _____

F Is the amount on line E \$150,000 or more? Yes. **Stop.** You can't exclude any unemployment
 No. Go to line G

G Unemployment compensation received (not more than \$10,200) | _____ | _____
 Any adjustment on line G is taken on Schedule 1, line 8 and is
 not included in the totals below

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 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet

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).

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

B QBI worksheet to report Yes No

C Specified Service Trade or Business (SSTB)? Yes No

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

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 ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Qualified Business Income Deduction Smart Worksheet

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).

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 : Wage & Tax Statement (Copy 2)

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 ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet	
<p>If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines A, B, and C below:</p> <ul style="list-style-type: none"> — The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or — You had home debt that was not used to buy, build or substantially improve your home that secures the loan 	
<p>QuickZoom to Deductible Home Mortgage Interest Worksheet ▶</p>	
<p>Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/></p>	
<p>A Home mortgage interest and points reported on Form 1098:</p>	
1	Sum of lines 5a through 5d below <u>12,452.11</u>
2	Limited amount to report on Sch A, line 8a _____
<p>B Home mortgage interest not reported on Form 1098:</p>	
1	Sum of lines 6a and 6b below _____
2	Limited amount to report on Sch A, line 8b _____
<p>C Points not reported on Form 1098:</p>	
1	Sum of lines 7a through 7c below _____
2	Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Home Mortgage Interest Worksheet (JPMORGAN CHASE BANK, N.A.)

Home Mortgage Interest Limitation Smart Worksheet				
A	Is this the original loan used to purchase this home?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
B	Is this a home equity loan or refinance of a purchase loan? Was cash ever taken out as part of a refinance?	Home Equity <input type="checkbox"/>	Refi <input checked="" type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
C	Were all loan proceeds used to purchase, build, or improve the home secured by this loan? (see help if this loan is a refinance loan)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		If no, amount used to purchase, build, or improve this home (see help) _____		
D	Date loan was paid off, if paid off in 2020 _____			
E	Outstanding mortgage principal as of 12/31/2020 (or pay-off date, if applicable) . . . _____			
	Check if you had only one 1098 <input type="checkbox"/>			
F	Total	Post-12/15/17 Home Debt	10/14/87 - 12/15/17 Home Debt	Pre-10/14/87 Home Debt
1	Interest paid in 2020 . . .	12,452.11	12,452.11	_____
2	Total points	_____	_____	_____
3	Beginning balance . . .	355,912.90	355,912.90	_____
4	Borrowed in 2020	_____	_____	_____
5	Principal applied	_____	_____	_____
6	Ending balance	_____	_____	_____
7	Average loan balance . . .	_____	_____	_____
8	Acquisition debt	355,912.90	355,912.90	_____
9	Acquisition interest	12,452.11	12,452.11	_____
10	Deductible points	_____	_____	_____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
A	Enter Section 179 carryover from prior year _____
B	QuickZoom to the Asset Entry Worksheet ▶
C	QuickZoom to the Depreciation/Amortization Reports ▶
D	QuickZoom to Form 4562 for Schedule A ▶
E	Treat all MACRS assets for activity as qualified Indian reservation property? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H	Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet	
QuickZoom to enter nontaxable combat pay on Form W-2 ▶	
A Taxpayer:	
1	Taxpayer, nontaxable combat pay _____
1a	Taxpayer, prior year nontaxable combat pay from 2019 _____
2 Election for earned income credit (EIC):	
	Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
	Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
	Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1	Spouse, nontaxable combat pay _____
1a	Spouse, prior year nontaxable combat pay from 2019 _____
2 Election for earned income credit (EIC):	
	Elect spouse's nontaxable combat pay as earned income for EIC? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
	Elect spouse's nontaxable combat pay as earned income for DCB? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
	Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment	_____ 7,375 .
Amount due	_____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet
Election to use 2019 earned income for Earned Income Credit

The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.

A Elect to use 2019 earned income for EIC Yes No

B Earned income for EIC from your 2019 return 136,073.

C Current year earned income for EIC 145,092.

If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.

D You may compare the tax benefit of electing to use 2020 Earned Income by checking the boxes on line A

Overpayment 7,375. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A Taxable and tax exempt interest _____

B Dividend income _____

C Capital gain net **income** _____

D Royalty and rental of personal property net **income** _____

E Passive activity net **income**:

1 Rental real estate net income or loss _____

2 Farm rental net income or loss _____

3 Partnerships and S corporations net income or loss _____

4 Estates and trusts net income or loss _____

5 Total of lines 1 through 4 _____

6 Total passive activity net **income**, line 5 if greater than zero _____

F Interest and dividends from Forms 8814 _____

G Adjustments _____

H **Total investment income**, add lines A through G 0.

Is line H, **total investment income** over \$3,650?

No. You may take the credit.

Yes. Stop. You **cannot** take the credit.

Additional Information From 2020 Federal Tax Return

Schedule F (THE BUXTON FARM LLC): Profit or Loss from Farming Line 32 Other Expenses

Continuation Statement

Other Expenses	Amount
BEDDING	500.
IRRIGATION	225.
BUILDING MATERIALS home depot	3,600.
NEW HEAT PUMP \$16,760 - 10% OFFICE	1,676.
Total	6,001.

Charitable Organization (Goodwill)
Detail of Item Donations - Continued

Continuation Statement

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	04/11/2020	1	Grill: Gas	18.00	1	12.00	0	18.00
1	04/11/2020	1	Computer Speakers (Pair)	6.00	1	4.00	0	6.00
1	04/11/2020	1	Children&uFFFDs Kitchen Set	20.00	1	14.00	0	20.00
1	04/11/2020	1	Briefcase	19.00	1	13.00	0	19.00
1	04/11/2020	1	Digital Camera	33.00	1	18.00	0	33.00
1	04/11/2020	1	Laptop Case	29.00	2	21.00	0	58.00
1	04/11/2020	1	Automotive: Floor Mats (Set)	27.00	1	19.00	0	27.00
1	04/11/2020	1	Vacuum Cleaner: Canister	25.00	1	17.00	0	25.00
1	04/11/2020	1	Shop Vac: 16-25 Gallon	64.00	1	40.00	0	64.00
1	04/11/2020	1	Chest of Drawers	78.00	2	37.00	0	156.00
1	04/11/2020	1	China Hutch	138.00	0	96.00	1	96.00
1	04/11/2020	1	Dining Table	197.00	0	129.00	1	129.00
Total								651.00

Form 4562 Depreciation Options
State Asset Class Default Statement

Continuation Statement

STATE CALC		Autos & Trucks		STATE CALC		Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End	
CO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
CT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
DC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
GA	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
HI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ID	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IL	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
IA	State	01/01/2019	PERMANENT	State	01/01/2019	PERMANENT	
KS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
KY	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
LA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ME	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MD	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MA	None	N/A	N/A	None	N/A	N/A	
MI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MN	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MS	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MO	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
MT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NE	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NH	None	N/A	N/A	None	N/A	N/A	
NJ	Federal	01/01/2018	PERMANENT	None	N/A	N/A	
NM	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NY	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
NC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
ND	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	
OH	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT	

**Form 4562 Depreciation Options
State Asset Class Default Statement**

Continuation Statement

STATE CALC		Autos & Trucks		STATE CALC	Farm Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
OK	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
OR	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
SC	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
UT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
VT	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
VA	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
WV	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
WI	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT
XX	Federal	01/01/2018	PERMANENT	Federal	01/01/2018	PERMANENT

**Form 4562 Depreciation Options
State 2009 Economic Stimulus Default Statement**

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2020 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
CT	Federal	Part	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
DE	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.
GA	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.
ID	State	Full	12/31/2007	12/31/2009	Full	1,040,000.	2,590,000.
IL	Federal	Part	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,590,000.
IA	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
KS	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
KY	State	N/A	N/A	N/A	Full	100,000.	2,590,000.
LA	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
ME	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
MI	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
MN	Federal	Part	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
MS	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
MO	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
MT	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
NE	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
NH	State	N/A	N/A	N/A	Full	500,000.	2,000,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
NY	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
NC	Federal	Part	12/31/2007	12/31/2027	Part	1,040,000.	2,590,000.
ND	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
OH	Federal	Part	12/31/2007	12/31/2027	Part	1,040,000.	2,590,000.
OK	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
OR	State	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
SC	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
UT	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2020 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
VT	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
VA	State	N/A	N/A	N/A	Full	1,040,000.	2,590,000.
WV	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.
WI	State	Full	12/31/2007	12/31/2013	Full	1,040,000.	2,590,000.
XX	Federal	Full	12/31/2007	12/31/2027	Full	1,040,000.	2,590,000.

Form 4562 Depreciation Options

State Qualified Disaster Area Default Statement

Continuation Statement

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
XX	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

**Form 4562 Depreciation Options
State Kansas Disaster Zone Default Statement**

Continuation Statement

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
XX	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

**Form 4562 Depreciation Options
State CBEP Default Statement**

Continuation Statement

STATE CALC		CBEP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEP start	CBEP end
CO	Federal	Full	12/20/2006	12/31/2020
CT	Federal	Full	12/20/2006	12/31/2020
DE	Federal	Full	12/20/2006	12/31/2020
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2020
HI	Federal	Full	12/20/2006	12/31/2020

**Form 4562 Depreciation Options
State CBEPP Default Statement**

Continuation Statement

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
ID	Federal	Full	12/20/2006	12/31/2020
IL	Federal	Full	12/20/2006	12/31/2020
IN	Federal	Full	12/20/2006	12/31/2020
IA	Federal	Full	12/20/2006	12/31/2020
KS	Federal	Full	12/20/2006	12/31/2020
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2020
ME	State	Full	12/20/2006	12/31/2007
MD	Federal	Full	12/20/2006	12/31/2020
MA	Federal	Full	12/20/2006	12/31/2020
MI	Federal	Full	12/20/2006	12/31/2020
MN	State	Full	12/20/2006	12/31/2017
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2020
MT	Federal	Full	12/20/2006	12/31/2020
NE	None	N/A	N/A	N/A
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A
NM	Federal	Full	12/20/2006	12/31/2020
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2020
ND	Federal	Full	12/20/2006	12/31/2020
OH	Federal	Full	12/20/2006	12/31/2020
OK	Federal	Full	12/20/2006	12/31/2020
OR	Federal	Full	12/20/2006	12/31/2020
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2020
VT	Federal	Full	12/20/2006	12/31/2020
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013
XX	Federal	Full	12/20/2006	12/31/2020

**Form 4562 Depreciation Options
State GO Zone Default Statement**

Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.

**Form 4562 Depreciation Options
State GO Zone Default Statement**

Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
XX	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

**Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement**

Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

**Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement**

Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
XX	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

**Form 4562 Depreciation Options
State Software/Real Property Sec 179 Default Statement**

Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC	& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
GA	Federal	TY2003	PERMANENT	None	N/A	N/A
HI	None	N/A	N/A	None	N/A	N/A
ID	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IA	None	N/A	N/A	State	TY2018	PERMANENT
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT
MD	None	N/A	N/A	None	N/A	N/A
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MN	None	N/A	N/A	State	TY2010	PERMANENT
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A

Form 4562 Depreciation Options

State Software/Real Property Sec 179 Default Statement

Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC	& 179 Lodging Property	
State	F/S conformity	Start	End	F/S conformity	Start	End
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT
PA	None	N/A	N/A	None	N/A	N/A
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WV	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
XX	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT

Form 4562 Depreciation Options

State Asset Class Default Statement

Continuation Statement

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
CT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
DC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
GA	None	N/A	N/A	State	10/22/2004	12/31/2017
HI	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
ID	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
IN	Federal	12/31/2008	12/31/2017	State	12/31/2011	PERMANENT
IA	None	N/A	N/A	State	12/31/2019	PERMANENT
KS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ME	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MD	None	N/A	N/A	State	10/22/2004	PERMANENT
MA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MN	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MS	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
MO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
MT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
NY	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
NC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
ND	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OH	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
OK	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT

**Form 4562 Depreciation Options
State Asset Class Default Statement**

Continuation Statement

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
OR	State	12/31/2008	12/31/2017	State	10/22/2004	PERMANENT
PA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
RI	State	12/31/2013	12/31/2017	State	12/31/2013	PERMANENT
SC	State	12/31/2008	12/31/2009	State	12/31/2014	12/31/2017
UT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT
VT	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
VA	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
WV	Federal	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
WI	State	12/31/2008	12/31/2013	State	10/22/2004	PERMANENT
XX	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	PERMANENT

**Form 4562 Depreciation Options
Fruit/Nut Tree/Vine SDA in Year Planted/Grafted**

Continuation Statement

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
CO	Federal	Full	12/31/15	12/31/27
CT	Federal	Part	12/31/15	12/31/27
DE	Federal	Full	12/31/15	12/31/27
DC	State	N/A	N/A	N/A
GA	State	N/A	N/A	N/A
HI	State	N/A	N/A	N/A
ID	State	N/A	N/A	N/A
IL	Federal	Part	12/31/15	12/31/27
IN	State	N/A	N/A	N/A
IA	State	N/A	N/A	N/A
KS	Federal	Full	12/31/15	12/31/27
KY	State	N/A	N/A	N/A
LA	Federal	Full	12/31/15	12/31/27
ME	State	N/A	N/A	N/A
MD	State	N/A	N/A	N/A
MA	State	N/A	N/A	N/A
MI	Federal	N/A	12/31/15	12/31/27
MN	Federal	Part	12/31/15	12/31/27
MS	State	N/A	N/A	N/A
MO	Federal	Full	12/31/15	12/31/27
MT	Federal	Full	12/31/15	12/31/27
NE	Federal	Full	12/31/15	12/31/27
NH	State	N/A	N/A	N/A
NJ	State	N/A	N/A	N/A
NM	Federal	Full	12/31/15	12/31/27
NY	State	N/A	N/A	N/A
NC	Federal	Part	12/31/15	12/31/27
ND	Federal	Full	12/31/15	12/31/27
OH	Federal	Part	12/31/15	12/31/27
OK	Federal	Full	12/31/15	12/31/27
OR	Federal	Full	12/31/15	12/31/27
PA	State	N/A	N/A	N/A
RI	State	N/A	N/A	N/A
SC	State	N/A	N/A	N/A
UT	Federal	Full	12/31/15	12/31/27
VT	State	N/A	N/A	N/A

**Form 4562 Depreciation Options
Fruit/Nut Tree/Vine SDA in Year Planted/Grafted**

Continuation Statement

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
VA	State	N/A	N/A	N/A
WV	Federal	Full	12/31/15	12/31/27
WI	State	Full	12/31/15	12/31/13
XX	Federal	Full	12/31/15	12/31/27

2020 Form OR-40

Page 1 of 4, 150-101-040
(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001011555

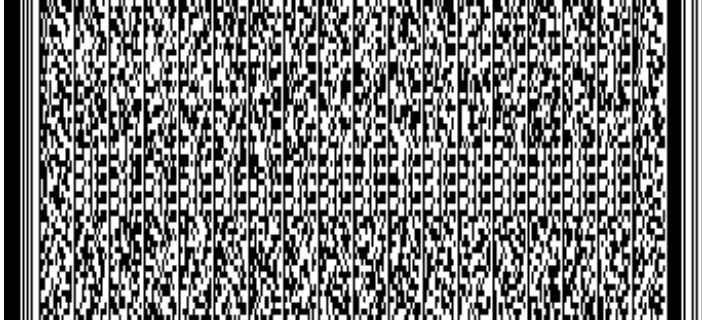
Office use only	

Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

Fiscal year ending:

Space for 2-D barcode—do not write in box below



- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short-year tax election. Federal disaster relief.
- Extension filed. Federal Form 8886.
- Form OR-24.

First name KRISTOPHER	Initial D	Last name BUXTON	<input type="checkbox"/> Deceased	Social Security no. (SSN) 540-96-6279	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name JEANA	Initial M	Spouse's last name BUXTON	<input type="checkbox"/> Deceased	Spouse's SSN 567-83-9739	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address 18360 S DILLMAN RD				Date of birth (mm/dd/yyyy) 04/25/1979	Spouse's date of birth 01/23/1985	
City OREGON CITY	State OR	ZIP code 97045-8349	Country USA	Phone (971) 295-0561		

Filing status (check only **one** box)

- 1. Single.
- 2. Married filing jointly.
- 3. Married filing separately (enter spouse's information **above**).
- 4. Head of household (with qualifying dependent).
- 5. Qualifying widow(er) with dependent child.

Exemptions

- 6a. Credits for yourself: Regular Severely disabled ... 6a. **Total 1**
- Check box if someone else can claim you as a dependent.
- 6b. Credits for spouse: Regular Severely disabled ... 6b. **Total 1**
- Check box if someone else can claim your spouse as a dependent.

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

*Dependent relationship code (see instructions).

- 6c. Total number of dependents 6c.
- 6d. Total number of dependent children with a qualifying disability (see instructions) 6d.
- 6e. Total exemptions. Add 6a through 6d **Total. 6e.**

2020 Form OR-40

Page 2 of 4, 150-101-040
(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001021555

Name KRISTOPHER D BUXTON	SSN 540-96-6279
------------------------------------	---------------------------

Note: Reprint page 1 if you make changes to this page.

Taxable income

7. Federal adjusted gross income from federal Form 1040, 1040-SR, and 1040-NR, line 11; or 1040-X, line 1C (see instructions)	7.	145,092.00
8. Total additions from Schedule OR-ASC, section 1	8.	
9. Income after additions. Add lines 7 and 8.....	9.	145,092.00

Subtractions

10. 2020 federal tax liability. See instructions for the correct amount: \$0-\$6,950	10.	6,950.00
11. Social Security included on federal Form 1040 or 1040-SR, line 6b	11.	
12. Oregon income tax refund included in federal income	12.	
13. Total subtractions from Schedule OR-ASC, section 2.....	13.	2,425.00
14. Total subtractions. Add lines 10 through 13	14.	9,375.00
15. Income after subtractions. Line 9 minus line 14.....	15.	135,717.00

Deductions

16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0.....	16.	16,159.00
17. Standard deduction. Enter your standard deduction (see instructions).....	17.	4,630.00

You were: 17a. 65 or older 17b. Blind **Your spouse was:** 17c. 65 or older 17d. Blind

18. Enter the larger of line 16 or 17	18.	16,159.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0	19.	119,558.00

Oregon tax

20. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	20.	9,955.00
20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY		
21. Interest on certain installment sales	21.	
22. Total tax before credits. Add lines 20 and 21	22.	9,955.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$210. Otherwise, see instructions.....	23.	420.00
24. Political contribution credit. See limits in instructions	24.	
25. Total standard credits from Schedule OR-ASC, section 3.....	25.	
26. Total standard credits. Add lines 23 through 25.....	26.	420.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0	27.	9,535.00
28. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions).....	28.	
29. Tax after standard and carryforward credits. Line 27 minus line 28.....	29.	9,535.00

2020 Form OR-40

Page 3 of 4, 150-101-040 (Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001031555

Name KRISTOPHER D BUXTON SSN 540-96-6279

Note: Reprint page 1 if you make changes to this page.

Payments and refundable credits

Table with 2 columns: Description and Amount. Rows include Oregon income tax withheld, tax refund, estimated tax payments, earned income credit, and total refundable credits.

Tax to pay or refund

Table with 2 columns: Description and Amount. Rows include overpayment of tax, net tax, penalty and interest, interest on underpayment, total penalty, net tax including penalty and interest, overpayment less penalty and interest, estimated tax, charitable checkoff, political party checkoff, Oregon 529 college savings plan, total refund, and net refund.

Direct deposit

50. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: []

Type of account: [X] Checking or [] Savings

Routing number: 123006800

Account number: 7403447217

Reserved

2020 Form OR-40

Page 4 of 4, 150-101-040
(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001041555

Name KRISTOPHER D BUXTON	SSN 540-96-6279
------------------------------------	---------------------------

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature X	Date		
Spouse's signature (if filing jointly, both must sign) X	Date		
Signature of preparer other than taxpayer XSELF PREPARED	Preparer phone	Preparer license number, if professionally prepared	
Preparer address	City	State	ZIP code

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. **Without this information, we may adjust your return.**

Make your payment (if you have an amount due on line 42)

- **Online payments:** Visit our website at www.oregon.gov/dor.
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write **"2020 Oregon Form OR-40"** and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use the Form OR-40-V payment voucher if you're mailing your payment with your return.

Send in your return

- **Non-2-D barcode.** If the 2-D barcode area on the front of this return is blank:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the 2-D barcode area on the front of this return is filled in:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Complete this section only if you're amending your 2020 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

2020 Schedule OR-A

Page 1 of 1, 150-101-007
(Rev. 08-13-20 ver. 01)

Oregon Department of Revenue



Office use only

Oregon Itemized Deductions

Submit original form—do not submit photocopy

First name KRISTOPHER	Initial D	Last name BUXTON	Social Security number (SSN) 540-96-6279
Spouse's first name JEANA	Initial M	Spouse's last name BUXTON	Spouse's SSN 567-83-9739

Read instructions carefully before completing this schedule.

Medical and dental expenses

Caution! Don't include expenses reimbursed or paid by others.

- 1. Medical and dental expenses (see instructions) 1.
- 2. Federal adjusted gross income (AGI). Enter the amount from Form OR-40, line 7 or Form OR-40-N or OR-40-P, line 29F 2. **145,092.00**
- 3. AGI threshold. Multiply line 2 by 7.5% (0.075) 3. **10,882.00**
- 4. **Medical and dental expense deduction.** Subtract line 3 from line 1. If line 3 is more than line 1, enter 0..... 4.

Taxes you paid

- 5. State and local income taxes. **Don't include Oregon income tax!** 5. **143.00**
- 6. Real estate taxes (see instructions)..... 6. **2,738.00**
- 7. Personal property taxes 7. **0.00**
- 8. Reserved 8. **[REDACTED]**
- 9. Total income and property taxes. Add lines 5 through 8. **Don't enter more than \$10,000 (\$5,000 if married filing separately)** 9. **2,881.00**
- 10. Other taxes. List type and amount: _____
_____ 10.
- 11. **Taxes paid deduction.** Add lines 9 and 10 11. **2,881.00**

Interest you paid

- 12. Mortgage interest and points reported to you on federal Form 1098 12. **12,452.00**
- 13. Mortgage interest not reported to you on federal Form 1098..... 13.
- 14. Points not reported to you on federal Form 1098 14.
- 15. Mortgage insurance premiums (see instructions) 15.
- 16. Investment interest (see instructions)..... 16.
- 17. **Interest paid deduction.** Add lines 12 through 16..... 17. **12,452.00**

Gifts to charity

- 18. Gifts by cash or check (see instructions) 18.
- 19. Gifts other than by cash or check (see instructions)..... 19. **826.00**
- 20. Carryover from prior year 20.
- 21. Total gifts to charity. Add lines 18 through 20 21. **826.00**

Other miscellaneous deductions

- 22. List type and amount. **Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation** (see instructions) _____
_____ 22.

Oregon itemized deductions

- 23. Add lines 4, 11, 17, 21, and 22..... 23. **16,159.00**
- Enter the amount from line 23 on Form OR-40, line 16; Form OR-40-N or OR-40-P, line 37.

—You must include this schedule with your Oregon income tax return—

2020 Schedule OR-ASC

Page 1 of 1, 150-101-063
(Rev. 08-13-20 ver. 01)

Oregon Department of Revenue



Office use only

Oregon Adjustments for Form OR-40 Filers

Submit original form—do not submit photocopy.

First name KRISTOPHER	Initial D	Last name BUXTON	Social Security number (SSN) 540-96-6279
Spouse's first name JEANA	Initial M	Spouse's last name BUXTON	Spouse's SSN 567-83-9739

Use Schedule OR-ASC to claim any of the following that aren't included on Form OR-40:

- Additions.
- Subtractions.
- Standard credits.
- Carryforward credits.
- Refundable credits.

Identify the code you're claiming and enter the information requested in the corresponding section. Enter the total from each section on the line indicated for Form OR-40.

For more information, refer to the instructions, Publication OR-CODES, or Publication OR-17.

Section 1: Additions (codes 100–199)

Code	Amount
1a.	1b.
1c.	1d.
1e.	1f.
1g.	1h.
1i.	1j.

Enter total on Form OR-40,
line 8

Section 2: Subtractions (codes 300–399)

Code	Amount
2a. 354	2b. 2,425.00
2c.	2d.
2e.	2f.
2g.	2h.
2i.	2j.

Enter total on Form OR-40,
line 13

Section 3: Standard credits (codes 800–834)

Code	Amount	State abbreviation (if claiming code 802 or 815)
3a.	3b.	3c. <input type="text"/>
3d.	3e.	3f. <input type="text"/>
3g.	3h.	3i. <input type="text"/>
3j.	3k.	3l. <input type="text"/>
3m.	3n.	3o. <input type="text"/>

Enter total on Form OR-40,
line 25

Section 4: Carryforward credits (codes 835–889)

Code	Amount from prior year	Amount awarded this year	Total used this year
4a.	4b.	4c.	4d.
4e.	4f.	4g.	4h.
4i.	4j.	4k.	4l.
4m.	4n.	4o.	4p.
4q.	4r.	4s.	4t.

Enter total on Form OR-40,
line 28

Section 5: Refundable credits (codes 890–899)

Code	Amount
5a.	5b.
5c.	5d.
5e.	5f.

Enter total on Form OR-40,
line 35

— You must include this schedule with your Oregon income tax return —

2020 Schedule OR-DEPR

Page 1 of 1, 150-101-025
(Rev. 06-25-20, ver. 01)

Oregon Department of Revenue



00322001011555

Office use only

Oregon Depreciation Schedule

For individuals, partnerships, corporations, and fiduciaries

Don't complete this schedule if your federal and Oregon depreciation are the same.

First name KRISTOPHER	Initial D	Last name BUXTON	Social Security number (SSN) 540-96-6279
Spouse's first name JEANA	Initial M	Spouse's last name BUXTON	Spouse's SSN 567-83-9739
Business name THE BUXTON FARM LLC			Federal employer identification number (FEIN)

1a. Property description JOHN DEERE	1b. Date placed in service in Oregon 06/01/2018	1c. Federal cost or other basis 3,975.00
	1d. Oregon cost or other basis 3,975.00	1e. Oregon depreciation allowed or allowable in earlier years 1,590.00

1f. Oregon depreciation method 150 DB	1g. Property life or rate 60.0	1h. 2020 Oregon depreciation 954.00	1i. 2020 Federal depreciation 954.00
---	--	---	--

2a. Property description OLIVER (YKFR BH TUTAKI 5)	2b. Date placed in service in Oregon 02/19/2019	2c. Federal cost or other basis 800.00
	2d. Oregon cost or other basis 800.00	2e. Oregon depreciation allowed or allowable in earlier years 250.00

2f. Oregon depreciation method 200 DB	2g. Property life or rate 36.0	2h. 2020 Oregon depreciation 250.00	2i. 2020 Federal depreciation 0.00
---	--	---	--

3a. Property description DORA (CVF WILSONS GINA 1)	3b. Date placed in service in Oregon 04/03/2019	3c. Federal cost or other basis 500.00
	3d. Oregon cost or other basis 500.00	3e. Oregon depreciation allowed or allowable in earlier years 500.00

3f. Oregon depreciation method 200 DB	3g. Property life or rate 36.0	3h. 2020 Oregon depreciation 250.00	3i. 2020 Federal depreciation 0.00
---	--	---	--

4a. Property description See Depreciation Schedule Table	4b. Date placed in service in Oregon	4c. Federal cost or other basis 10,079.00
	4d. Oregon cost or other basis 7,860.00	4e. Oregon depreciation allowed or allowable in earlier years 4,330.00

4f. Oregon depreciation method	4g. Property life or rate	4h. 2020 Oregon depreciation 6,040.00	4i. 2020 Federal depreciation 4,115.00
--------------------------------	---------------------------	---	--

5. Totals. Add up the amounts in columns h and i..... 5h. **7,494.00** 5i. **5,069.00**

6. You have an **Oregon addition** if box 5h is **less** than box 5i. Enter difference here6.

7. You have an **Oregon subtraction** if box 5h is **more** than box 5i. Enter difference here7. **2,425.00**

—**Don't** include this form with your Oregon return. Keep it with your records. Complete a new schedule each year.—

Name
Kristopher D & Jeana M Buxton

Social Security Number
540-96-6279

*This form is to be used by all taxpayers filing an Oregon return. Lines which **only** apply to certain filers are indicated below in parentheses. If an item below does not indicate your main form, it is either not applicable or is to be entered directly on that form.*

		Federal Column (40P/40N)	Oregon Column (All Filers)
Code	Description		
103	Claim of right income repayments (40, 40N, 40P)		
106	Disposition of inherited Oregon farmland or forestland (40, 40N, 40P)		
107	Federal election on interest and dividends of a minor child (40, 40N, 40P)		
109	Federal income tax refunds (40)		
116	Net operating loss non-Oregon source (40, 40N, 40P)		
117	Oregon College & MFS 529 Savings Plan subtraction nonqualified withdrawal (40, 40N, 40P)		
118	Oregon deferral of reinvested capital gain (40, 40N, 40P)		
119	Partnership and S corporation modifications for Oregon (40, 40N, 40P)		
122	Unused business credit (40, 40N, 40P)		
123	Federal subsidies for employer prescription drug plans (40, 40N, 40P)		
131	Federal Law Disconnect. Do not use this code unless instructed by the Department of Revenue (40, 40N, 40P) . . .		
	Fiduciary Adjustments		
132	Accumulation distribution from certain domestic trusts (40, 40N, 40P)		
133	Fiduciary adjustments from Oregon estates and trusts (40, 40N, 40P)		
	Schedule A deduction add back for OR subtractions		
134	Gambling losses claimed as itemized deduction (40)		
136	Refund of Oregon-only itemized Deductions from a prior year (40, 40N, 40P)		
	Individual Development Account (IDA)		
137	Non-qualified withdrawal (40, 40N, 40P)		
138	Addback for IDA donation credit (40)		
139	Lump-sum distribution from a qualified retirement plan (40, 40N, 40P)		
140	Passive foreign Investment Income (40, 40N, 40P)		
	Itemized deduction add back for Oregon Credits		
142	Contributions to Child Care Fund (40)		
144	Contributions to Oregon Production Investment Fund (40) . . .		
146	Contributions to a university venture fund (40)		
148	Income taxes paid to another state by a pass-through entity (40, 40N, 40P)		
	Basis Adjustments		
150	Basis of business assets transferred to Oregon (40, 40N, 40P)		
151	Depletion in excess of property basis (40, 40N, 40P)		
152	Depreciation difference for Oregon (40, 40N, 40P)		
153	Federal depreciation disconnect (40, 40N, 40P)		
154	Gain or loss on sale of depreciable property with different basis for Oregon (40, 40N, 40P)		
155	Passive activity losses (40, 40N, 40P)		
156	Suspended losses (40, 40N, 40P)		
157	Federal estate tax on income in respect of a decedent (40) . . .		

158	Interest and dividends on state and local government bonds outside of Oregon (40, 40N, 40P)		
159	Federal subtraction for retirement savings rollover from Individual Development Account (40, 40N, 40P)		
160	Charitable Donations not allowed for Oregon (40)		
161	Nonresident capital loss carryovers (40, 40N, 40P)		
162	Capital loss carryover difference (40, 40N, 40P)		
163	WFHDC medical expenses (40)		
	ABLE account subtraction nonqualified		
164	withdrawal (40, 40N, 40P)		
165	College Opportunity Grant contributions (40)		
	First-time home buyer savings account		
166	nonqualified withdrawal (40, 40N, 40P)		
187	CPAR addition (40, 40N, 40P)		
Other Code	Enter other additions description below		
Total to OR-ASC Section 1 or OR-ASC N/P section 2			0.

Name
Kristopher D & Jeana M Buxton

Social Security Number
540-96-6279

*This form is to be used by all taxpayers filing an Oregon return. Lines which **only** apply to certain filers are indicated below in parentheses. If an item below does not indicate your main form, it is either not applicable or is to be entered directly on that form.*

Code		Description		Federal Column (40P/40N)	Oregon Column (All Filers)
300	American Indian (40, 40N, 40P)				
301	Artist's charitable contribution (40 only)				
303	Construction worker and logger commuting (40, 40N, 40P)				
306	Federal gain previously taxed by OR (40, 40N, 40P)				
307	Federal pension (40, 40N, 40P)				
308	Tuition and Fees (40, 40N, 40P)				
309	Federal tax from a prior year (40 only)				
310	Fiduciary adjustments from Oregon estates and trusts (40, 40N, 40P)				
311	Foreign tax (40 only)				
314	Individual Development Account (40, 40N, 40P)				
315	Interest and dividends on U.S. bonds and notes (40, 40N, 40P)				
316	Land donation to educational institutions (40, 40N, 40P)				
317	Interest from state local government bonds (40, 40N, 40P)				
a 319	Military active duty pay (40, 40N, 40P)				
b 319	Oregon National Guard and reserve pay subtraction (40, 40N, 40P)				
319	Total Military pay subtractions (40, 40N, 40P)				
320	Mortgage interest credit (40 only)				
321	Net operating loss for Oregon (40, 40N, 40P)				
322	Oregon lottery winnings included on your federal return (40, 40N, 40P)	Date of Winning Ticket	Winnings received per ticket		
323	Partnership or S corp modifications (40, 40N, 40P)				
324	Oregon college & MFS 529 savings plan deposit carryforward (40, 40N, 40P)				
	Oregon income tax refund included in				

327	Employee retirement plans previously taxed (40, 40N, 40P)		
329	Public Safety Memorial Fund award (40, 40N, 40P)		
330	Railroad Retirement Board benefits: Tier 2, windfall/ vested dual, supplemental, railroad unemployment benefits (40, 40N, 40P)		
331	US government interest in IRA or Keogh distributions (40, 40N, 40P)		
333	Scholarship awards used for housing exp (40, 40N, 40P)		
335	Legislative Assembly salary/expenses (40, 40N, 40P)		
336	Film production labor rebate -- Greenlight Oregon Labor Rebate Fund (40, 40N, 40P)		
338	Mobile home park capital gain (40, 40N, 40P)		
339	Capital Construction Fund (CCF) (40, 40N, 40P)		
340	Federal business credits (40, 40N, 40P)		
341	Composite Return (40N, 40P)		
342	Oregon investment advantage (40, 40N, 40P)		
344	Mobile home tenant payment (40, 40N, 40P)		
347	Taxable benefits for former RDP's (40, 40N, 40P)		
348	IRA conversions previously taxed (40, 40N, 40P)		
351	Special Oregon medical (40, 40N, 40P)		
352	DISC (domestic international sales corporation) dividends payments (40, 40N, 40P)		
354	Depreciation difference for Oregon (40, 40N, 40P)		2,425.
355	Gain or loss on sale of depreciable property with a different basis for federal and Oregon (40, 40N, 40P)		
356	Passive activity losses (40, 40N, 40P)		
357	Suspended Losses (40, 40N, 40P)		
358	Basis of business assets transferred to Oregon (40, 40N, 40P)		
359	Marijuana business expenses not allowed on federal return		
360	ABLE account deposit carryforward		
361	First-time home buyer savings account contributions and earnings (40, 40N, 40P)		
384	CPAR subtraction (40, 40N, 40P)		
All Others	Enter other subtractions description below		
Total to OR-ASC section 2 or OR-ASC N/P section 3			2,425.

Oregon

Form 40/40P/40N Special Oregon Medical Subtraction Worksheet 2020

▶ Keep for your records

Name	Social Security No.
------	---------------------

Other Subtractions

Special Oregon medical subtraction Code 351 For Taxpayer and/or Spouse age 66 or over on 12/31/2020.

	Column A Taxpayer	Column B Spouse
1 Medical and dental expenses for each qualifying taxpayer.		
2 Total medical and dental expenses claimed (Sch OR-A, line 1)		
3 Line 1 divided by line 2. Round to three decimal places		
4 Enter the smaller of line 2, above, or Schedule OR-A, line 3.		
5 Line 3 times line 4. Round to the nearest dollar		
6 Maximum allowable medical subtraction from the table in the instructions (\$1,800 maximum)		
7 Enter the smaller of line 5 or line 6		
8 Add the amounts from line 7, columns A and B. This is your special Oregon medical subtraction		

Name Kristopher D Buxton	Social Security Number 540-96-6279
-----------------------------	---------------------------------------

This form is to be used by all taxpayers filing an Oregon return. Lines which **only** apply to certain filers are indicated below in parenthesis. If an item below does not indicate your main form, it is either not applicable or is to be entered directly on that form.

Standard Credits		
Code	Description	Amount
806	Mutually taxed gain on the sale of residential property	
807	Oregon Cultural Trust contributions	
808	Oregon Veterans' Home Physician	
809	Political contribution credit (40N, 40P only)	
810	Reservation enterprise zone	
811	Retirement income credit	
812	Rural Emergency Medical Technician (EMT)	
813	Rural health practitioners	
815	Pass-through income taxes paid to another state State code	
Total to Form OR-ASC Section 3 or Form OR-ASC N/P Section 5		

Carryforward Credits

* Credit can be claimed by S corporation shareholders only

Code	Description	Carried Forward	Awarded this year	Remaining Tax	Claimed this year
835	Agricultural workforce housing			9,535.	0.
836	*Agriculture workforce housing loans			9,535.	0.
837	*Alternative qualified research activities			9,535.	0.
838	Biomass production/collection carryforward			9,535.	0.
839	Business energy carryforward			9,535.	0.
840	Child and dependent care credit carryforward			9,535.	0.
841	Child Care Fund contributions			9,535.	0.
843	Crop donation			9,535.	0.
845	Electronic commerce zone investment			9,535.	0.
846	Employer provided dependent care assistance carryforward			9,535.	0.
847	Employer scholarship			9,535.	0.
848	*Lender's credit:energy conservation carryforward			9,535.	0.
849	Energy conservation project			9,535.	0.
850	Fish screening devices			9,535.	0.
852	Oregon IDA Initiative Fund donation			9,535.	0.
853	*Long term enterprise zone facilities			9,535.	0.
854	*Lender's credit affordable housing			9,535.	0.
855	Initiative/New Markets			9,535.	0.
856	Oregon Production Investment Fund contributions			9,535.	0.
857	Pollution control facilities carryforward			9,535.	0.
858	*Qualified research activities			9,535.	0.
859	Renewable Energy Development Fund contributions			9,535.	0.
860	Renewable energy resource equipment manufact carryforward			9,535.	0.
861	Residential energy			9,535.	0.
863	Transportation projects carryforward			9,535.	0.
864	University Venture Development Fund contributions carryforward			9,535.	0.
867	Reforestation of underproductive forestlands			9,535.	0.
868	Rural technology workforce development			9,535.	0.
869	Bovine manure production/collection			9,535.	0.
871	College Opportunity Grant contributions			9,535.	0.
872	Short line railroad rehabilitation			9,535.	0.
Total to Form OR-ASC Section 4 or Form					

Refundable Credits		
Code	Description	Amount
890	Claim of Right	
891	Mobile Home Park Closure	
895	Working Family Household and Dependent Care (WFHDC)	
896	Oregon 529 College Savings Network account contributions	
897	ABLE account contributions	
Total to Form OR-ASC Section 5 or Form OR-ASC N/P Section 7		
Total to Payments & Refundable Credits Section Form OR-40, or		
Form OR-40-N or Form OR-40-P		
Earned Income Credit		

Name Kristopher D & Jeana M Buxton	Social Security Number 540-96-6279
---------------------------------------	---------------------------------------

*This form is to be used by all taxpayers filing an Oregon nonresident or part-year resident return. Lines which **only** apply to certain filers are indicated below in parenthesis. If an item below does **not** indicate your main form, it is either not applicable or is to be entered directly on that form.*

Code	Description	Amount
600	Artist's charitable contribution (40P)	
601	Federal income tax refunds (40N, 40P)	
602	Federal tax from a prior year (40N, 40P)	
603	Foreign tax (40N, 40P)	
604	Gambling losses claimed as an itemized deduction (40N, 40P)	
605	Federal estate tax on income in respect of a decedent (40N, 40P)	
607	Federal mortgage interest credit (40N, 40P)	
609	Federal business and health coverage credit (40N, 40P)	
642	Child Care Fund contributions (40N, 40P)	
644	Oregon Production Investment Fund contributions (40N, 40P)	
646	University Venture Development Fund contributions (40N, 40P)	
648	Oregon IDA Initiative Fund donation credit add-back (40N, 40P)	
649	Claim of right income repayment (40N, 40P)	
650	Charitable Donations not allowed for Oregon (40N, 40P)	
651	WFHDC medical expenses (40N, 40P)	
652	College Opportunity Grant contributions (40N, 40P)	
Total to OR-ASC N/P section 4.		

Oregon Information Worksheet

2020

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . Kristopher
Middle Initial . . . D Suffix _____
Last Name . . . Buxton
SSN 540-96-6279
Date of Birth . . . 04/25/1979
Date of Death . . . _____
Daytime Phone . . . (971) 295-0561
Home Phone . . . _____

Spouse/RDP:

First Name . . . Jeana
Middle Initial . . . M Suffix _____
Last Name . . . Buxton
SSN 567-83-9739
Date of Birth . . . 01/23/1985
Date of Death . . . _____
Daytime Phone . . . _____

Print phone number on the forms . . . Home Taxpayer work Spouse/RDP work

E-mail address . kristopherdb@gmail.com

c/o Name . . . _____

Street Address . 18360 S Dillman Rd

City Oregon City State . . OR ZIP Code 97045-8349

APO/FPO address . . . APO FPO

Foreign country _____ Foreign Zip Code . . . _____

Part II – Main Form

Form 40: Resident Tax Return ► _____
 Form 40N: Nonresident Tax Return ► _____
 Form 40P: Part-Year Resident Tax Return ► _____
Dates of residency in Oregon (Part-Year and Nonresident filers only) From _____
To _____

Part III – Filing Status

Single
 Married, filing joint
 Married, filing separate

Eligible to claim your spouse's exemption (see Help)

Do all of the following apply for 2020? - for Working Family Household and Dependent Care Credit

- You lived apart from your spouse during the last 6 months of 2020.
- The person's whose care you paid for lived with you for more than half of 2020.
- You paid more than half of the cost of keeping up that home for 2020.

Yes
 No

different residency status from spouse?

Yes
 No

Head of household
 Qualifying widow(er)

Part IV – Taxpayer/Spouse Information

Taxpayer
Yes No
Yes
Yes

Spouse
Yes No
Yes
Yes

Severely disabled
Legally blind
Can be claimed as a dependent on someone else's return

Part VII – Electronic Filing Information

Yes No

Use Federal PIN(s) in place of Form EF (See Help)

Select if special situation applies _____

Enter any Oregon identified disaster tax relief situations... _____

Part VIII – Direct Deposit Information

Yes No

Elect direct deposit of state tax refund

Do you want direct debit of state tax payment (Electronic Filing only)?

Bank Information:

If you selected direct deposit, fill out the information below:

Name of Financial Institution (optional) Wells Fargo _____

Account type Checking Savings

Routing number 123006800

Account number 7403447217

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – Extension Status

Yes No

Tax return due date extended?

Extended due date _____

QuickZoom to Form 40-V: Application for Automatic Extension of Time to File ▶ _____

Part X – Amended Return

Filing an Oregon amended return

Enter the tax year you are amending _____

Previous Oregon payment made _____

Previous Oregon refund received _____

QuickZoom to Amended Schedule ▶ _____

oriw3412.SCR 12/21/20

Tax Payments Worksheet

2020

▶ Keep for your records

Name <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
--	--

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	14,485.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	14,485.
15	Date return will be filed and balance paid	15	

Oregon Standard or Itemized Deduction Worksheet

2020

▶ Keep for your records — Do not file

Name <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
--	--

1 Check here if you can be claimed as a dependent on another person's return		<input type="checkbox"/>	
2 Minimum amount	2	1,100.	
3 If the box on line 1 is checked, what was your earned income for the year?	3		
4 Enter the larger of line 2 or line 3	4	1,100.	
5 Standard deduction based on filing status			
a Single \$ 2,315.			
b Married Filing Jointly \$ 4,630.			
c Married Filing Separately \$ 2,315.			
d Head of Household \$ 3,725.			
e Qualifying Widow(er) \$ 4,630.	5	4,630.	
6 If dependent filer, enter the smaller of line 4 or line 5, otherwise enter line 5	6	4,630.	
7 Additional deductions:			
a You are age 65 or older	7 a		
b You are blind	b		
c Spouse/RDP is age 65 or older	c		
d Spouse/RDP is blind	d		
8 Total available standard deduction (add lines 6 through 7d)	8	4,630.	
9 Oregon itemized deductions (from Schedule OR-A)	9	16,159.	
10 Larger of line 9 or line 8	10	16,159.	

Oregon Federal Tax Liability Subtraction Worksheet

2020

▶ Keep for your records — Do not file

Name <u>Kristopher D & Jeana M Buxton</u>	Social Security Number <u>540-96-6279</u>
--	--

	Enter your federal adjusted gross income	<u>145,092.</u>	
1	Federal Tax Liability		<u>18,044.</u>
2	Excess Advance Premium Tax Credit		<u> </u>
3	Subtract line 2 from line 1 (if less than zero, enter zero)		<u>18,044.</u>
4 a	Additional tax on retirement Plans	<u> </u>	
b	Investment credit recapture	<u> </u>	
c	Additional tax on charitable contribution	<u> </u>	
d	First time homebuyer credit recapture, if not main home or disposed.	<u> </u>	
	Add lines 4a through 4d		<u> </u>
5	Add lines 3 & 4		<u>18,044.</u>
6	American Opportunity Credit		<u> </u>
7	Premium tax credit (Form 8962, line 24)		<u> </u>
8	2020 Federal Economic Stimulus Payment(s) received in 2020 or 2021, plus Recovery Rebate Credit (Form 1040 or 1040-SR, line 30)		<u>3,600.</u>
9	Add lines 6 through 8		<u>3,600.</u>
10	Subtract line 9 from line 5 (if less than zero, enter zero)		<u>14,444.</u>
11	Maximum allowed tax liability subtraction		<u>6,950.</u>
12	Smaller of line 10 or line 11. Enter here and on Form OR-40, line 10; OR-40-P, line 40; or OR-40-N, line 40		<u>6,950.</u>

Tax Summary
 ▶ Keep for your records

2020

Name(s) Kristopher D & Jeana M Buxton	
Federal Adjusted gross income	145,092.
Additions to income	
Subtractions from income	9,375.
Itemized/standard deduction	16,159.
Taxable income	119,558.
Total tax	9,955.
Exemption credit	420.
Other credits	420.
Net income tax	9,535.
Total payments and refundable credits	14,485.
Total penalty and interest due	
Amount owed	
Overpayment	4,950.
Applied to estimated tax	
Donations	
Net Refund	4,950.

Smart Worksheets From 2020 Oregon Tax Return

SMART WORKSHEET FOR: Other Subtractions Statement

Part B: Federal tax paid in a prior year smart worksheet	
1	Enter maximum amount from table. <u>6,950.</u>
2	Enter federal tax liability subtraction. <u>6,950.</u>
3	Subtract line 2 from line 1. If the result is 0, you cannot deduct your federal tax from a prior year <u>0.</u>
4	Enter the amount of federal tax you paid in 2020 for a prior year. _____
5	Enter the smaller of line 3 or line 4 and enter as subtraction code 309 _____

SMART WORKSHEET FOR: Other Subtractions Statement

Part C: Foreign tax subtraction smart worksheet	
1	Enter maximum amount from table. <u>6,950.</u>
2	Enter federal tax liability subtraction (including Part B, Line 5 above) <u>6,950.</u>
3	Subtract line 2 from line 1. If the result is 0, you cannot deduct your foreign tax paid <u>0.</u>
4	Enter the amount of foreign tax you paid in 2020, but no more than \$3,000 (\$1,500 if your filing status is married filing separately) _____
5	Enter the smaller of line 3 or line 4 and enter as subtraction code 311 _____

SMART WORKSHEET FOR: Other Subtractions Statement

529 College Savings Network Smart Worksheet	
A	Previous year carryover amount (if applicable) _____
B	Oregon limitation <u>4,960.</u>
C	Amount to be carried over <u>0.</u>

SMART WORKSHEET FOR: Other Subtractions Statement

US Government Interest in IRA or Keogh Distribution Smart Worksheet	
A	Balance in IRA/Pension Accounts as of 12/31/2020 _____
B	2020 IRA/Keogh distributions taken from this account _____
C	Line A plus Line B _____
D	US Government Interest Earned as of 12/31/2020 _____
E	Total Accumulated US Government Interest Received through 12/31/2019 _____
F	Line D minus Line E, but not less than -0- <u>0.</u>
G	Line F divided by Line C. Oregon exempt ratio _____
H	Line B multiplied by line G. Oregon exempt portion of current year's distribution _____

SMART WORKSHEET FOR: Other Subtractions Statement

ABLE Account Smart Worksheet	
A	Previous year carryover amount (if applicable) _____
B	Oregon limitation <u>4,960.</u>
	Amount to be carried over <u>0.</u>

SMART WORKSHEET FOR: Other Subtractions Statement

First-time Home Buyer Savings Account Smart Worksheet	
A	Enter the total of your first-time home buyer savings account contributions and earnings for 2020 _____
B	Oregon limitation <u>10,000.</u>
C	Enter the smaller of line A or line B and enter as subtraction code 361 <u>None</u>

Additional Information From 2020 Oregon Tax Return

Schedule OR-DEPR: Oregon Depreciation Schedule Depreciation Schedule Table

Continuation Statement

Property Description	Date	Fed Cost	OR Cost	Depr Allowed	Method	Prop Life	Oregon Depr	Fed Depr
TULIP (CVF WILSONS GINA 4)	04/03/2019	500.00	500.00	500.00	200 DB	36.000	250.00	0.00
BETTY (CVF JENNY 4)	07/07/2019	450.00	450.00	450.00	200 DB	36.000	225.00	0.00
VERONICA (CVF JENNY 3)	07/07/2019	450.00	450.00	450.00	200 DB	36.000	225.00	0.00
OFFICE SETUP	03/01/2019	1,450.00	0.00	1,450.00	200 DB	84.000	600.00	0.00
LUCY (LIVESTOCK DOG)	01/01/2019	300.00	300.00	300.00	200 DB	60.000	150.00	0.00
THELMA (MINI DONKEY 1)	04/01/2019	400.00	400.00	400.00	DB	36.000	400.00	0.00
LOUISE (MINI DONKEY 2)	04/01/2019	400.00	400.00	400.00	DB	36.000	400.00	0.00
GRAVEL 1/2-	12/28/2020	760.00	760.00	380.00	VARIOUS	180.000	380.00	380.00
STUMP REMOVAL IN PASTURE X7	04/05/2020	700.00	700.00	0.00	VARIOUS	180.000	700.00	700.00
BORING BARK 3/4-	09/15/2020	760.00	0.00	0.00	VARIOUS	180.000	760.00	760.00
PEARL	10/02/2020	800.00	800.00	0.00	VARIOUS	3.000	400.00	400.00
BANDIT	07/02/2020	650.00	650.00	0.00	VARIOUS	3.000	325.00	325.00
DUKE	10/02/2020	650.00	650.00	0.00	150 DB	36.000	325.00	325.00
ROSIE	10/02/2020	650.00	650.00	0.00	S/L	36.000	325.00	325.00
RANGER	07/20/2020	500.00	500.00	0.00	VARIOUS	240.000	250.00	250.00
REBEL	07/02/2020	659.00	650.00	0.00	150 DB	240.000	325.00	650.00
Total		10,079.00	7,860.00	4,330.00			6,040.00	4,115.00

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 Kristopher D	Last name Buxton	Your social security number 540-96-6279
If joint return, spouse's first name and middle initial Jeana M	Last name Buxton	Spouse's social security number 567-83-9739
Home address (number and street). If you have a P.O. box, see instructions. 18360 S Dillman Rd		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Oregon City		State OR
Foreign country name		ZIP code 970458349
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):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	179,511.
Attach Sch. B if required.	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	3a	3b	
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8	Other income from Schedule 1, line 9		8	-34,419.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	145,092.
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.	10 Adjustments to income:				
	a	From Schedule 1, line 22	10a		
	b	Charitable contributions if you take the standard deduction. See instructions	10b		
	c	Add lines 10a and 10b. These are your total adjustments to income ▶		10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	145,092.
	12	Standard deduction or itemized deductions (from Schedule A)		12	24,800.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	0.
	14	Add lines 12 and 13		14	24,800.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	120,292.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	18,044.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	18,044.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	18,044.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	18,044.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	24,219.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	24,219.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,200.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,200.
33	Add lines 25d, 26, and 32. These are your total payments	33	25,419.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	7,375.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	7,375.
b	Routing number 1 2 3 0 0 6 8 0 0		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 7 4 0 3 4 4 7 2 1 7		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		Vice President	_____
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<i>[Signature]</i>		Head Secretary	_____

Phone no. (971) 295-0561 Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name Self-Prepared				
Firm's address			Phone no.	Firm's EIN

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

**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
Kristopher D & Jeana M Buxton

Your social security number
540-96-6279

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	-5,750.
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	-28,669.
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	-34,419.

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	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
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	