

Review your print out for checklist items.

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** ☐ 2019 ☐ 2018 ☐ 2017 ☐ 2016**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and middle initial

Last name

Your social security number

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your phone number

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

If you checked the MFS box, enter the name of 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. ▶

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	1		
2	Itemized deductions or standard deduction	2		
3	Subtract line 2 from line 1	3		
4a	Exemptions (amended 2017 or earlier returns only). If changing , complete Part I on page 2 and enter the amount from line 29	4a		
4b	Qualified business income deduction (amended 2018 or later returns only)	4b		
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5		

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions):	6		
7	Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7		
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8		
9	Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9		
10	Other taxes	10		
11	Total tax. Add lines 8, 9, and 10	11		

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing , see instructions.)	12		
13	Estimated tax payments, including amount applied from prior year's return	13		
14	Earned income credit (EIC)	14		
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15		
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		
17	Total payments. Add lines 12 through 15, column C, and line 16	17		


Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19		
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22	Amount of line 21 you want refunded to you	22		
23	Amount of line 21 you want applied to your (enter year): estimated tax 23			

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

 For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24		
25	Your dependent children who lived with you	25		
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28		
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29		
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here <input type="checkbox"/>			

Dependents (see instructions):

(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
			Child tax credit	Credit for other dependents (amended 2018 or later returns only)
Quentin L Bernskoetter	735-10-1710	Son	<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"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

Remember to keep a copy of this form for your records.

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

Sign Here

▶
 Your signature _____ Date _____ Your occupation _____
 ▶
 Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer Use Only

▶
 Preparer's signature _____ Date _____ Firm's name (or yours if self-employed) _____
 Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____

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 Melissa r		Last name Bernskoetter		Your social security number 494-04-2548	
If joint return, spouse's first name and middle initial Bradley S		Last name Bernskoetter		Spouse's social security number 492-02-1645	
Home address (number and street). If you have a P.O. box, see instructions. 610 Doe Run				Apt. no. C	
City, town, or post office. If you have a foreign address, also complete spaces below. Jefferson City			State MO	ZIP code 651096581	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes
☒ No

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1956
☐ Are blind

Spouse:

☐ Was born before January 2, 1956
☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Quentin L	Bernskoetter	735-10-1710	Son	<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"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	36,872.
	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	
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.	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	4,332.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶				9	41,204.
	10	Adjustments to income:					
	a	From Schedule 1, line 22	10a	2,099.			
	b	Charitable contributions if you take the standard deduction. See instructions	10b	100.			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	2,199.	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶				11	39,005.
	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	
	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	14,205.

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	1,423.																		
17	Amount from Schedule 2, line 3	17																			
18	Add lines 16 and 17	18	1,423.																		
19	Child tax credit or credit for other dependents	19	0.																		
20	Amount from Schedule 3, line 7	20	1,423.																		
21	Add lines 19 and 20	21	1,423.																		
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.																		
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	0.																		
25	Federal income tax withheld from:																				
a	Form(s) W-2	25a	1,294.																		
b	Form(s) 1099	25b	1,457.																		
c	Other forms (see instructions)	25c																			
d	Add lines 25a through 25c	25d	2,751.																		
26	2020 estimated tax payments and amount applied from 2019 return	26																			
27	Earned income credit (EIC)	27	1,378.																		
28	Additional child tax credit. Attach Schedule 8812	28	1,400.																		
29	American opportunity credit from Form 8863, line 8	29	1,000.																		
30	Recovery rebate credit. See instructions	30																			
31	Amount from Schedule 3, line 13	31																			
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	3,778.																		
33	Add lines 25d, 26, and 32. These are your total payments	33	6,529.																		
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,529.																		
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,529.																		
Direct deposit? See instructions.	b Routing number <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X										
X	X	X	X	X	X	X	X	X	X												
	d Account number <table border="1" style="display: inline-table; text-align: center; width: 200px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	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																			
For details on how to pay, see instructions.	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 <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> 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																		
			State Employee																		
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation																		
			Student																		
	Phone no. (573) 645-9944	Email address																			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date																		
	Firm's name	PTIN	Check if: <input type="checkbox"/> Self-employed																		
	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
Melissa r & Bradley S Bernskoetter

Your social security number
494-04-2548

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	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	14,532.
8	Other income. List type and amount ► UCE -10,200.	8	-10,200.
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	4,332.

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	2,099.
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	2,099.

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

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Schedule 1 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► **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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Melissa r & Bradley S Bernskoetter

Your social security number
494-04-2548

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	1,423.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	1,423.

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 (see instructions)	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	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

BAA

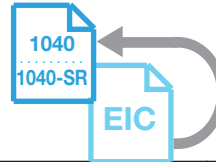
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Schedule 3 (Form 1040) 2020

SCHEDULE EIC
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Earned Income Credit**

Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- ▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2020Attachment
Sequence No. **43**

Name(s) shown on return

Melissa r & Bradley S Bernskoetter

Your social security number

494-04-2548

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3**

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	Quentin L Bernskoetter					
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	735-10-1710					
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>1</u> <u>9</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2020?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son					
6 Number of months child lived with you in the United States during 2020 • If the child lived with you for more than half of 2020 but less than 7 months, enter "7." • If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u> </u> months <i>Do not enter more than 12 months.</i>		<u> </u> months <i>Do not enter more than 12 months.</i>	

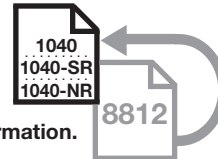
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2020

Attachment
Sequence No. **47**

Name(s) shown on return

Melissa r & Bradley S Bernskoetter

Your social security number

494-04-2548

Part I All Filers

Caution: If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.)	1	2,000.
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	0.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	2,000.
4	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit	4	1,400.
5	Enter the smaller of line 3 or line 4	5	1,400.
6a	Earned income (see instructions)	6a	36,872.
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	34,372.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	5,156.

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	9	
10	Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 10. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	1,400.
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Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **50**

Your social security number

494-04-2548

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	2,500.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . .	2	180,000.
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	3	39,005.
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit . . .	4	140,995.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	5	20,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . .	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . .	7	2,500.
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . .	8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . .	9	1,500.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . .	10	
11	Enter the smaller of line 10 or \$10,000 . . .	11	
12	Multiply line 11 by 20% (0.20) . . .	12	
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er) . . .	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . .	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . .	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶ . . .	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . .	19	1,423.

Name(s) shown on return

Melissa r & Bradley S Bernskoetter

Your social security number

494-04-2548



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Bradley S Bernskoetter	21 Student social security number (as shown on page 1 of your tax return) 492-02-1645
22 Educational institution information (see instructions)	
a. Name of first educational institution State Technical College of Missouri (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. One Technology Drive Linn MO 65051 (2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 43-1731010	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2020 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2020? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	4,000.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000.
29 Multiply line 28 by 25% (0.25)	29	500.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,500.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Tuition and Fees Deduction

OMB No. 1545-0074

► **Attach to Form 1040 or 1040-SR.**
► **Go to www.irs.gov/Form8917 for the latest information.**

Attachment
Sequence No. **60**

Name(s) shown on return

Melissa r & Bradley S Bernskoetter

Your social security number

494-04-2548



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

Before you begin:

- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
- ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return) <div style="display: flex; justify-content: space-between;"> First name Last name </div> <div style="display: flex; justify-content: space-between;"> Melissa r Bernskoetter </div>	(b) Student's social security number (as shown on page 1 of your tax return) <div style="text-align: center;">494-04-2548</div>	(c) Adjusted qualified expenses (see instructions) <div style="text-align: center;">2,099.</div>
2	Add the amounts on line 1, column (c), and enter the total		2,099.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	3	41,204.
4	<ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed 		4
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.		5
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. </div> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px dotted black;"></div> </div>		6
			2,099.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed.

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status			MFJ	MFJ	MFJ
Total income			47,266.	51,844.	41,204.
Adjustments to income					2,199.
Adjusted gross income			47,266.	51,844.	39,005.
Tax expense			830.	1,881.	2,263.
Interest expense . . .					
Contributions					100.
Misc. deductions . . .					
Other itemized ded'ns				3,262.	5,641.
Total itemized/ standard deduction . .			24,000.	24,400.	24,800.
Exemption amount . .			0.	0.	0.
QBI deduction					
Taxable income			23,266.	27,444.	14,205.
Tax			2,412.	2,903.	1,423.
Alternative min tax . .					
Total credits			291.	2,033.	1,423.
Other taxes			0.		
Payments			1,920.	1,980.	6,529.
Form 2210 penalty . .					
Amount owed			201.		
Applied to next year's estimated tax .					
Refund				1,110.	6,529.
Effective tax rate % . .			4.49	1.68	-9.69
**Tax bracket %			12.0	12.0	10.0

**Tax bracket % is based on Taxable income.

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

Santa Barbara Tax Products Group, LLC**and Green Dot Bank Refund Processing Service Agreement ("Agreement")**

Name: Melissa r & Bradley S Bernskoetter
 Social Security No.: 494-04-2548

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2020 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF EITHER TURBOTAX PREMIUM SERVICES OR TURBOTAX MAX, TURBOTAX PLUS, OR SUCH OTHER INTUIT TAX PRODUCTS PURCHASED IN CONNECTION WITH THIS AGREEMENT (EACH A "TAX PRODUCT"). YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2021). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU RECEIVE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2020 federal tax refund. You also authorize Intuit Inc., as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit Inc. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. None of Intuit Inc., Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 4,303.00
Less Tax Product Fees	\$
Less TurboTax Fees	\$ 140.00
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 4,123.00

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2020 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Tax Product fees; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees, Tax Product fees, and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2020 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2020 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.com>.

7. Disbursement Methods (Select One): You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

a) ☐ Direct Deposit to Turbo(SM) Debit Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Bank, which issues the Turbo(SM) Debit Visa Card ("Card") you have obtained or are obtaining, so that Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the Deposit Account Agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Processor will not be responsible for your funds once they have been deposited with Bank.**

b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 256074974

Account # 7027381644

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Processor in writing 3 business days prior to the date the account will be debited (as set forth in the email and/or written notices sent to you) to revoke the authorization for applicable fees agreed to in Section 4, and to afford Processor a reasonable opportunity to act on your request. You may notify us in writing at: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

10. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

10.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

10.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

10.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

10.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

10.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

10.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

11. Customer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2020 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2020 TurboTax User Agreement, (iii) You consent to the release of your 2020 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 10/2019

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and purchase history • transaction history and overdraft history 	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	Reasons we can share your personal information	Does Green Dot Bank share?
	For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	No
	For joint marketing with other financial companies.	Yes
	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For nonaffiliates to market to you.	Yes
To limit our sharing	Visit us online: https://turbodebitcard.intuit.com/privacy-settings Your choice(s) will apply to only the card number you enter when making your choice(s). If you have more than one card or account with us, you will need to make your choice(s) for each card or account separately. Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.	
Questions?	Call 1-888-285-4169 or go to turbodebitcard.intuit.com	

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What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • use your debit card or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies such as Santa Barbara Tax Products Group, LLC.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>The only nonaffiliates we share with are Intuit Inc. and its affiliates and subsidiaries.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>
Other important information	
<p>Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California, Illinois, North Dakota or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.</p>	

Santa Barbara Tax Products Group, LLC**and Civista Bank Refund Processing Service Agreement ("Agreement")**

Name: Melissa r & Bradley S Bernskoetter
 Social Security No.: 494-04-2548

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2020 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

THE REFUND PROCESSING SERVICE IS A FREE OPTION INCLUDED WITH YOUR PURCHASE OF TURBOTAX PREMIUM SERVICES, TURBOTAX MAX, TURBOTAX PLUS, OR SUCH OTHER INTUIT TAX PRODUCTS PURCHASED IN CONNECTION WITH THIS AGREEMENT (EACH A "TAX PRODUCT"). YOU ARE NOT REQUIRED TO USE THE REFUND PROCESSING SERVICE. IF YOU USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2021). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU RECEIVE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2020 federal tax refund. You also authorize Intuit Inc., as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit Inc. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. None of Intuit Inc., Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 4,303.00
Less Tax Product Fees	\$
Less TurboTax Fees	\$ 140.00
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 4,123.00

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2020 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Tax Product fees; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees, Tax Product fees, and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2020 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2020 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.com>.

7. Disbursement Methods (Select One): You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

a) ☐ Direct Deposit to Turbo(SM) Debit Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Debit Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the Deposit Account Agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.**

b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 256074974

Account # 7027381644

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Processor in writing 3 business days prior to the date the account will be debited (as set forth in the email and/or written notices sent to you) to revoke the authorization for applicable fees agreed to in Section 4, and to afford Processor a reasonable opportunity to act on your request. You may notify us in writing at: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

10. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

10.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

10.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

10.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

10.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

10.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

10.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

11. Customer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2020 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2020 TurboTax^(R) User Agreement, (iii) You consent to the release of your 2020 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 02/2015

Civista Bank Tax Product Privacy Policy**FACTS** What does Civista Bank do with your Personal Information?

Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none">• Social Security number and account balances• payment history and transaction history• overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share
Questions?	Call Toll Free: 800-901-6663 or go to www.civistabank.com	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Civista Bank does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

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. 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. You specify that your consent is valid for three years from the date of this 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(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2020 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

Melissa
First Name

Bernskoetter
Last Name

Please type the date below:

02/01/2021

Date

Bradley

Bernskoetter

02/01/2021

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

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, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2020 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

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."

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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, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2020 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Melissa

Bernskoetter

Please type the date below:

02/01/2021

Date

Bradley

Bernskoetter

02/01/2021

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.
Melissa	r	Bernskoetter	494-04-2548
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
Bradley	S	Bernskoetter	492-02-1645
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
610 Doe Run			C
City, Town or Post Office. If you have a foreign address, also complete below.			ZIP Code
Jefferson City			65109-6581
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) ✓ if qualifies for: under age 17 qualifying for child tax credit		Credit for other dependents
Quentin L	Bernskoetter	735-10-1710	Son	<input checked="" 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,

Spouse was born before January 2, 1956,

☐
☐

Blind.

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	36,872.
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.	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	4,332.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	41,204.
10	Adjustments to income:		
a	From Schedule 1, line 22	10 a	2,099.
	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	100.
c	Add lines 10a and 10b. These are your total adjustments to income	10 c	2,199.
11	Subtract line 10c from line 9. This is your adjusted gross income . AGI including excludable Puerto Rico Income.	11	39,005.

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

12	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none"> People who checked blind or over 65 or who can be claimed as a dependent, see instructions. All others: <ul style="list-style-type: none"> 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	<u>24,800.</u>
Subtract itemized or standard deduction from adjusted gross income amount		<u>14,205.</u>

Melissa r & Bradley S Bernskoetter

494-04-2548

Page 3

Form 1040 or Form 1040-SR, Lines 13 - 18		
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
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>14,205.</u>

16 Tax. Check if any from:		
1 <input type="checkbox"/> Form(s) 8814		
2 <input type="checkbox"/> Form 4972		
3 <input type="checkbox"/>		
		<u>1,423.</u>
17 Amount from Schedule 2, line 3.	17	
18 Add lines 16 and 17	18	<u>1,423.</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	<u>0.</u>
20 Amount from Schedule 3, line 7.	20	<u>1,423.</u>
21 Add lines 19 and 20	21	<u>1,423.</u>
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	<u>0.</u>
23 Other taxes, including self-employment tax, from Schedule 2, line 10.	23	<u>0.</u>
24 Add lines 22 and 23. This is your total tax ▶	24	<u>0.</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>1,294.</u>
b Form(s) 1099	25 b	<u>1,457.</u>
c Other forms	25 c	
d Add lines 25a through 25c.	25 d	<u>2,751.</u>
26 2020 estimated tax payments and amount applied from 2019 return	26	
27 Other payments and refundable credits:		
Earned income credit (EIC)		<u>1,378.</u>
Nontaxable combat pay election		
28 Additional child tax credit. Attach Schedule 8812		<u>1,400.</u>
29 American opportunity credit from Form 8863, line 8.		<u>1,000.</u>
30 Recovery rebate credit.		
31 Amount from Schedule 3, line 13		
32 Add lines 27 through 31. These are your other payments and refundable credits ▶	32	<u>3,778.</u>
33 Add Lines 25d, 26, and 32. These are your total payments ▶	33	<u>6,529.</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		6,529.
35 a Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35		6,529.
Direct deposit? ▶ b Routing number <u>XXXXXXXXXX</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ▶ d Account number <u>XXXXXXXXXXXXXXXXXXXX</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			
A Taxpayer _____	Spouse _____	Date of divorce/sep _____	* <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 _____ b Date of original divorce or separation agreement ▶ _____	2 a		
3 Business income or (loss). Attach Schedule C	3		
4 Other gains or (losses). Attach Form 4797	4		
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5		
6 Farm income or (loss). Attach Schedule F.	6		
7 Unemployment compensation	7		14,532.
8 Other income. List type and amount: ▶ <u>UCE</u> _____ -10,200.	8		-10,200.
9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 8	9		4,332.
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	2,099.
22	Add lines 10 through 21 These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10a	22	2,099.

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	
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)		0.

Melissa r & Bradley S Bernskoetter 494-04-2548 Page 6

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	1,423.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other credits from Form:	6	
a	3800		
b	8801		
c			
7	Add lines 1 through 6.	7	1,423.
a	Enter here and on Form 1040 or 1040-SR, line 20		
b	Add line 7 plus child tax/other dep. credit on line 19 above		
	Subtract total credits on line 7a from tax on line 18 above.		0.

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	12 b	
	Schedule(s) H and Form(s) 7202.	12 c	
c	Health coverage tax credit from Form 8885	12 d	
d	Other	12 e	
e	Deferral for certain Schedule H or SE filers		
f	Add lines 12a through 12e	12 f	
13	Total Payments: Part II, lines 8 through 12f, Withholding (Form 1040, line 25d),	13	6,529.
	Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30		
	Other Payments and Refundable Credits (Form 1040, line 32)		3,778.

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	State Employee	
		Spouse's Occupation	
Daytime Phone No.		Student	
(573) 645-9944		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 Address (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared	State	ZIP Code

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Melissa r & Bradley S Bernskoetter	Your SSN 494-04-2548
---	-------------------------

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"/>
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: <div style="border: 1px solid black; height: 40px; width: 450px; margin-top: 5px;"></div>	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

Schedule 1
Line 8

Other Income Statement

2020

Statement L8

Name(s) Shown on Return Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
---	---------------------------------------

	(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)		
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):		
17 Limitation on business losses (Form 461)		
18 Global intangible low-taxed income (Form 8992)		
19 Section 965 deferred foreign income (Form 965)		
20		

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 Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
---	---------------------------------------

Charity Name . . . alzheimer's association
Address
City State ZIP code

Combined Amounts Worksheet

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

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	100.00
			Total:	100.00
			Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

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

Melissa r & Bradley S Bernskoetter

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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
1	(not needed)	100.00	1	<input checked="" type="checkbox"/>	Once	<input type="checkbox"/>	Recur	100.00
				<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		
Other Costs	Description of Other Costs			Value of Miles		
		<input type="checkbox"/> Once	<input type="checkbox"/> Recur			
		<input type="checkbox"/> Once	<input type="checkbox"/> Recur			
		<input type="checkbox"/> Once	<input type="checkbox"/> Recur			

Melissa r & Bradley S Bernskoetter

494-04-2548

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

Charitable Organization Questions

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

Federal Information Worksheet

► Keep for your records

2020

Part I – Personal Information

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

Taxpayer:

First name Melissa
Middle initial R Suffix
Last name Bernskoetter
Social security no. 494-04-2548
Occupation State Employee
Date of birth 11/11/1990 (mm/dd/yyyy)
Age as of 1-1-2021 30
Daytime phone (573) 645-9944 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

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer 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

Spouse:

First name Bradley
Middle initial S Suffix
Last name Bernskoetter
Social security no. 492-02-1645
Occupation Student
Date of birth 09/20/1989 (mm/dd/yyyy)
Age as of 1-1-2021 31
Daytime phone Ext
Legally blind ☐
Date of death

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 spouse retired on total and permanent disability? . . ☐ 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 610 Doe Run Apt no. . . C
City Jefferson City State . . . MO ZIP code . . 65109-6581

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)	Qualified child/dep care exps incurred and paid 2020	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						
Quentin Bernskoetter	L	735-10-1710 Son	07/14/2019 11	L				E	12		Yes

* "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) ▶ navy federal credit union

Check the appropriate box. ▶ Checking ☒ Savings ☐

Routing number. ▶ 256074974 Account number ▶ 7027381644

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

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 ▶ MO

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 ▶ MO

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 18205

Spouse's PIN used to sign the return 18205

Taxpayer:

Drivers license or state ID number s001326011

Issued by what state MO

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

Spouse

Drivers license or state ID number t001313034

Issued by what state MO

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 . . . Melissa Middle initial . R Last name . . Bernskoetter
Suffix

Social security no. . . 494-04-2548 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No

Date of birth 11/11/1990 (mm/dd/yyyy) age as of 1-1-2021 30

Occupation State Employee Daytime phone (573) 645-9944 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 MO

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

Student Information Worksheet

2020

► Keep for your records

Name of Student Melissa r Bernskoetter	Social Security Number 494-04-2548
---	---------------------------------------

Part I – Student Status

- Was this person a student during 2020? ☒ Yes ☐ No
- What kind of school did the student attend during 2020? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input checked="" type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- Did the student receive scholarships or other education assistance? ☐ Yes ☐ No
- Qualified Tuition Program only:
 - Did the student make any education loan payments to treat as expenses? ☐ Yes ☒ No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2020? ☒ Yes ☐ No ☐ NA
- Was this student enrolled at an eligible education institution during 2020? ☒ Yes ☐ No ☐ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☒ Yes ☐ No ☐ NA
- Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- Is this student an eligible dependent of the taxpayer? ☐ Yes ☒ No ☒ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? ☐ NA
- In how many prior years has a Hope Credit been claimed for this student ☐ NA

Part III – Education Credit Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No
Already completed 4 years of college
- Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No
- Is this student qualified for the Tuition and Fees Deduction? ☒ Yes ☐ No

Part IV – Educational Institution and Tuition Summary

Received 2019 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
Stephens College 43-0670936	Po Box 2121 Columbia MO 65215	7,296.	1,105.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals		7,296.	1,105.		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☒ Yes ☐ No

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	1,342.		
b Other veteran assistance or certain Indian tribal payments	3,000.		
c Other tax-free employer-provided assistance			
d Total			4,342.
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	1,105.		
b Other scholarships, fellowships and grants			
c Total	1,105.		
3 Scholarship reported in 2020 not allocable to 2020 expense			
4 Amount required to be used for other than qualified education expenses			
5 Subtract line 3 and 4 from line 2c.	1,105.		
6 Total qualified education expenses from Part VI below.	7,546.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			1,105.
8 Subtract line 7 from line 5.		0.	
9 Taxable part. Add lines 4 and 8.		0.	
10 Tax-free educational assistance. Add lines 1d and 7			5,447.

[illegible]

16	Deducted on Sched A . . .							
17	Used for credit or deduction							
18	Used for exclusion		0.	0.	0.			
	See tax help							
19	Total adjustments.	5,447.	5,447.	5,447.	5,447.	5,447.	5,447.	
20	Adjusted qualified expenses	2,099.	2,099.	2,099.	2,099.	2,099.	1,849.	0.

Melissa r Bernskoetter

494-04-2548

Page 3

Part VII – Education Credit or Deduction Election

- | | | |
|---|--|--|
| 1 | Elect credit or deduction which results in best tax outcome. | <input checked="checked" type="checkbox"/> |
| 2 | Elect the American Opportunity Credit | <input type="checkbox"/> |
| 3 | Elect the Lifetime Learning Credit | <input type="checkbox"/> |
| 4 | Elect the tuition and fees deduction | <input type="checkbox"/> |
| 4 | Not applicable | <input type="checkbox"/> |

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2020		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Education Loan Payments		
b Qualified Education Loan Payments applied		
c Qualified Apprenticeship Education Expenses		
d Qualified Apprenticeship Education Expenses applied		
e Qualified Elementary and Secondary Education Expenses		
f Qualified Elementary and Secondary Education Expenses applied		
g Adjusted Qualified Higher Education Expenses		
h Adjusted Qualified Higher Education Expenses applied		
3 Total qualified education expenses attributable to this QTP		
4 Excess distributions. Subtract line 3 from line 1.		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2		
6 Fraction. Divide line 3 by line 1.		
7 Multiply line 5 by line 6.		
8 Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses		
3 Qualified Elementary and Secondary Education Expenses applied		
4 Subtract line 3 from line 1.		
5 Adjusted Qualified Higher Education Expenses		
6 Qualified Higher Education Expenses applied to ESA distributions		
7 Excess distributions. Subtract line 6 from line 4.		
8 Distributions taxable to recipient		

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

- | | | |
|---|--|------------------|
| 1 | Total proceeds from U.S. Savings Bonds cashed during 2020 for this student. | |
| 2 | Adjusted Qualified Higher Education Expenses. | |
| 3 | Qualified Higher Education Expenses applied to exclusion of U.S. bond interest | |
| 4 | Interest included in line 1 | |
| 5 | Name and address of eligible educational institution(s) attended: | |
| | Institution Name | Institution Name |

Street address

Street address

City

State

Zip Code

City

State

Zip Code

**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 . . . Bradley Middle initial . S Last name . . . Bernskoetter
Suffix

Social security no. . . 492-02-1645 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No

Date of birth 09/20/1989 (mm/dd/yyyy) age as of 1-1-2021 31

Occupation Student 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 MO

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

Student Information Worksheet

2020

► Keep for your records

Name of Student Bradley S Bernskoetter	Social Security Number 492-02-1645
--	--

Part I – Student Status

- Was this person a student during 2020? ☒ Yes ☐ No
- What kind of school did the student attend during 2020? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input checked="" type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- Did the student receive scholarships or other education assistance? ☐ Yes ☐ No
- Qualified Tuition Program only:
 - Did the student make any education loan payments to treat as expenses? ☐ Yes ☒ No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2020? ☐ Yes ☒ No ☐ NA
- Was this student enrolled at an eligible education institution during 2020? ☒ Yes ☐ No ☐ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☒ Yes ☐ No ☐ NA
- Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- Is this student an eligible dependent of the taxpayer? ☐ Yes ☒ No ☒ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? ☐ NA
- In how many prior years has a Hope Credit been claimed for this student ☐ NA

Part III – Education Credit Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? ☒ Yes ☐ No
- Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No
- Is this student qualified for the Tuition and Fees Deduction? ☒ Yes ☐ No

Part IV – Educational Institution and Tuition Summary

Received 2019 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
State Technical College of Missouri 43-1731010	One Technology Drive Linn MO 65051	5,593.	3,998.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals		5,593.	3,998.		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☒ Yes ☐ No

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total			_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	3,998.		
b Other scholarships, fellowships and grants	_____		
c Total	3,998.		
3 Scholarship reported in 2020 not allocable to 2020 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.	3,998.		
6 Total qualified education expenses from Part VI below.	10,593.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			3,998.
8 Subtract line 7 from line 5.		0.	
9 Taxable part. Add lines 4 and 8.		0.	
10 Tax-free educational assistance. Add lines 1d and 7			3,998.

Part VI – Education Expenses

[illegible]

16	Deducted on Sched A . . .							
17	Used for credit or deduction							
18	Used for exclusion		0.	0.	0.			
	See tax help							
19	Total adjustments.	3,998.	3,998.	3,998.	3,998.	3,998.	3,998.	
20	Adjusted qualified expenses	6,595.	6,595.	6,595.	6,595.	6,595.	1,595.	0.

Bradley S Bernskoetter

492-02-1645 Page 3

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
4	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2020		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Education Loan Payments		
b Qualified Education Loan Payments applied		
c Qualified Apprenticeship Education Expenses		
d Qualified Apprenticeship Education Expenses applied		
e Qualified Elementary and Secondary Education Expenses		
f Qualified Elementary and Secondary Education Expenses applied		
g Adjusted Qualified Higher Education Expenses		
h Adjusted Qualified Higher Education Expenses applied		
3 Total qualified education expenses attributable to this QTP		
4 Excess distributions. Subtract line 3 from line 1.		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2		
6 Fraction. Divide line 3 by line 1.		
7 Multiply line 5 by line 6.		
8 Earnings taxable to recipient. Subtract line 7 from line 5.		

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses		
3 Qualified Elementary and Secondary Education Expenses applied		
4 Subtract line 3 from line 1.		
5 Adjusted Qualified Higher Education Expenses		
6 Qualified Higher Education Expenses applied to ESA distributions		
7 Excess distributions. Subtract line 6 from line 4.		
8 Distributions taxable to recipient		

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2020 for this student.	
2	Adjusted Qualified Higher Education Expenses.	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

Street address

Street address

City

State

Zip Code

City

State

Zip Code

Dependent and Nondependent Information Worksheet

2020

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Quentin Middle initial . L Last name . . Bernskoetter
Suffix

Social security no. . . 735-10-1710

Date of birth 07/14/2019 (mm/dd/yyyy) age as of 12-31-2020 1
Did this person pass away in 2020 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,300 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2020? ☐ Yes ☐ No

Was the person placed with you for adoption after 2020, or was the adoption final in 2020 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2020 _____

Unreimbursed medical expenses paid for qualifying person in 2020 _____

Employment taxes paid for dependent care providers in 2020 _____

Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ NoChild is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No**Part V – Dependent's State Residency Information**Enter this person's state of residence as of December 31, 2020 MO

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 VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

Student Information Worksheet

2020

► Keep for your records

Name of Student Quentin L Bernskoetter	Social Security Number 735-10-1710
---	---------------------------------------

Part I – Student Status

- 1 Was this person a student during 2020? ☐ Yes ☒ No
- 2 What kind of school did the student attend during 2020? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input checked="" type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- 3 Did the student receive scholarships or other education assistance? ☐ Yes ☐ No
- 4 Qualified Tuition Program only:
 - a Did the student make any education loan payments to treat as expenses? ☐ Yes ☐ No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2020? ☐ Yes ☐ No ☒ NA
- 2 Was this student enrolled at an eligible education institution during 2020? ☐ Yes ☐ No ☒ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? ☐ Yes ☐ No ☒ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☐ Yes ☐ No ☒ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? ☐ Yes ☐ No ☒ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? ☒ Yes ☐ No ☐ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? ☐ NA
- 9 In how many prior years has a Hope Credit been claimed for this student ☐ NA

Part III – Education Credit Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No
- 2 Is this student qualified for the Lifetime Learning Credit? ☐ Yes ☒ No
- 3 Is this student qualified for the Tuition and Fees Deduction? ☐ Yes ☒ No

Part IV – Educational Institution and Tuition Summary

Received 2019 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☒ Yes ☐ No

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2020 not allocable to 2020 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.	_____		
6 Total qualified education expenses from Part VI below.	_____ 0 .		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit	Lifetime Learning Credit	Tuition and Fees Deduction	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	Qualified Elementary and Secondary Expense for ESA and QTP
		Not Qualified	Not Qualified	Not Qualified	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition.	_____							
Paid to institution as a condition of enrollment:								
2 Fees	_____							
3 Books, supplies, equipment	_____							
Paid to other than institution or not a condition of enrollment:								
4 Books, supplies, equipment	_____							
5 Other course-related . . .	_____							
6 Room and board	_____							
7 Special needs expenses . .	_____							
8 Computer expenses	_____							
9 QTP or ESA contribution .	_____							
10 Academic tutoring	_____							
11 Uniforms	_____							
12 Transportation	_____							
13 Total qualified expenses . .	_____							
Adjustments:								
14 Refunds	_____							
15 Tax-free assistance	_____							

16	Deducted on Sched A . . .							
17	Used for credit or deduction							
18	Used for exclusion		0.	0.	0.			
	See tax help							
19	Total adjustments.		0.	0.	0.			
20	Adjusted qualified expenses	0.	0.	0.	0.	0.	0.	0.

Quentin L Bernskoetter

735-10-1710

Page 3

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Elect the tuition and fees deduction	<input type="checkbox"/>
4	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2020	
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:	
a	Qualified Education Loan Payments	
b	Qualified Education Loan Payments applied	
c	Qualified Apprenticeship Education Expenses	
d	Qualified Apprenticeship Education Expenses applied	
e	Qualified Elementary and Secondary Education Expenses	
f	Qualified Elementary and Secondary Education Expenses applied	
g	Adjusted Qualified Higher Education Expenses	
h	Adjusted Qualified Higher Education Expenses applied	
3	Total qualified education expenses attributable to this QTP	
4	Excess distributions. Subtract line 3 from line 1.	
	If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2020 for this student.	
2	Adjusted Qualified Higher Education Expenses.	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

Street address

Street address

City

State

Zip Code

City

State

Zip Code

► Keep for your records

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	32,187.	4,685.	36,872.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	1,169.	125.	1,294.
3 & 7	Total social security wages/tips	33,991.	4,685.	38,676.
4	Total social security tax withheld	2,107.	290.	2,397.
5	Total Medicare wages and tips	33,991.	4,685.	38,676.
6	Total Medicare tax withheld	493.	68.	561.
8	Total allocated tips	0.		0.
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	11,425.		11,425.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans	361.		361.
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	11,064.		11,064.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14	1,443.		1,443.
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	32,187.	4,685.	36,872.
17	Total state tax withheld	884.	29.	913.
19	Total local tax withheld.			

Name
Melissa r BernskoetterSocial Security Number
494-04-2548**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . 494-04-2548
b Employer ID number (EIN). . . 44-6000987
c Employer's name, address, and ZIP code
 STATE OF MISSOURI OFFICE OF ADMINIS
 NISTRATION
 Street P.O. BOX 809
 City JEFFERSON CITY
 State MO ZIP Code 65102
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
 32,187.38
3 Social security wages
 33,990.99
5 Medicare wages and tips
 33,990.99
7 Social security tips
 0.00

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

2 Federal income tax withheld
 1,168.59
4 Social security tax withheld
 2,107.44
6 Medicare tax withheld
 492.87
8 Allocated tips
 0.00

d Control number . HEALTH & SENIOR SERVICES-OPER 580 Q02800 DRESS-SENIOR & DIS SERV**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First MELISSA M.I. R
 Last BERNSKOETTER Suff. _____
f Employee's address and ZIP code
 Street 610 DOE RUN APT C
 City JEFFERSON CITY
 State MO ZIP Code 65109
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

9 _____**10** Dependent care benefits
 0.00**11** Nonqualified plans
 _____**12** Enter box 12 below

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

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

Box 12 Code	Box 12 Amount	If Box 12 code is:	
G	360.72	A:	Enter amount attributable to RRTA Tier 2 tax . . .
DD	11,064.00	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 checked="" 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
MO	14260751	32,187.38	884.00

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".)
RETIRE - EE	1,442.89	Other (not classified)

Name
Bradley S BernskoetterSocial Security Number
492-02-1645☒**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. . . **492-02-1645**
b Employer ID number (EIN). . . **20-3641396**
c Employer's name, address, and ZIP code
EDGEWOOD INVESTMENTS LLC
Street **2711 W EDGEWOOD DRIVE**
City **JEFFERSON CITY**
State **MO** ZIP Code **65109**
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

1 Wages, tips, other compensation
4,685.23
3 Social security wages
4,685.23
5 Medicare wages and tips
4,685.23
7 Social security tips

2 Federal income tax withheld
125.00
4 Social security tax withheld
290.48
6 Medicare tax withheld
67.94
8 Allocated tips

► Enter unreported tips in **Part VII** on Page 2 below.**d** Control number . . . _____☒**Transfer employee information from the Federal Information Worksheet**

e Employee's name
First **Bradley** M.I. **S**
Last **Bernskoetter** Suff. _____
f Employee's address and ZIP code
Street **610 Doe Run, Apt. C**
City **Jefferson City**
State **MO** ZIP Code **65109-6581**
Foreign Province _____
Foreign Postal Code _____
Foreign Country _____

9 _____
11 Nonqualified plans

12 Enter box 12 below

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

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

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	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
MO	19552815	4,685.23	29.00
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

► Keep for your records

QuickZoom to Form 1095-A, Health Insurance Marketplace Statement►

QuickZoom to Form 8962, Premium Tax Credit (PTC)►

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Your Social Security No.

494-04-2548

Owned by: (See tax help if recipient is a dependent)

☐ Taxpayer ☐ Spouse☐ Spouse is covered by plan**Part I Recipient Information**

1 Marketplace identifier MO	2 Marketplace-assigned pol. no. 87193876	3 Policy issuer's name	
4 Recipient's name		5 Recipient's SSN	6 Recipient's DOB
7 Recipient's spouse's name		8 Spouse's SSN	9 Spouse's DOB
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.) 610 Doe Run, Apt. C	
13 City or town Jefferson City	14 State or province MO	15 Country and ZIP or foreign postal code 65109-6581	

Part II Covered Individuals

☐ Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II.
Note: Checking this box again will repopulate the information below and overwrite existing entries.

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

Part III Coverage Information

Month	Copy Feature See help for more info.	A. Monthly enrollment premiums	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 JANUARY				
22 FEBRUARY				
23 MARCH				
24 APRIL				
25 MAY				
26 JUNE				
27 JULY		452.40	598.51	441.00
28 AUGUST		452.40	598.51	441.00
29 SEPTEMBER		452.40	598.51	441.00
30 OCTOBER		452.40	598.51	441.00
31 NOVEMBER		452.40	598.51	441.00
32 DECEMBER		452.40	598.51	441.00
33 Annual Totals		2,714.	3,591.	2,646.

1098-T
Worksheet

Tuition Statement
► Keep for your records

2020

Taxpayer's name <u>Melissa r & Bradley S Bernskoetter</u>	Social Security No. <u>494-04-2548</u>
--	---

1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2020. Yes ☒ No ☐
- B** A Form 1098-T was received from this institution for **2019** with Box 2 filled in and Box 7 checked Yes ☐ No ☒

Identify Student (Required):

- A** If student is Melissa or Bradley
Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet ► Bradley
- B** If student is Quentin
Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet ► _____

Filer's name <u>State Technical College of Missouri</u> Street address <u>One Technology Drive</u> City State Zip Code <u>Linn MO 65051</u> Foreign province/county _____ Foreign postal code Foreign country _____		1 Payments received for qualified tuition and related expenses \$ <u>5,593.</u>	
		2	
		3	
Filer's Employer Identification Number <u>43-1731010</u>	Student's Taxpayer Identification Number <u>492-02-1645</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ <u>3,998.</u>
Student's name <u>Bradley</u> Street address Apt. No. <u>610 Doe Run C</u> City State Zip Code <u>Jefferson City MO 65109-6581</u>		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2021 ► <input type="checkbox"/>
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input checked="" type="checkbox"/>	9 Check if a graduate student . . ► <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2020 0.
- B** Enter box 1 amount actually paid during 2020 5,593.

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) _____
- C** Portion of box 5 amount from scholarships or grants 3,998.
- D** Box 5 amount includes veteran- or employer-provided educational assistance ☐

1098-T
Worksheet

Tuition Statement
► Keep for your records

2020

Taxpayer's name <u>Melissa r & Bradley S Bernskoetter</u>	Social Security No. <u>494-04-2548</u>
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1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2020. Yes ☒ No ☐
- B** A Form 1098-T was received from this institution for **2019** with Box 2 filled in and Box 7 checked Yes ☐ No ☒

Identify Student (Required):

- A** If student is Melissa or Bradley
Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet ► Melissa
- B** If student is Quentin
Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet ► _____

Filer's name <u>Stephens College</u> Street address <u>Po Box 2121</u> City _____ State _____ Zip Code _____ <u>Columbia</u> <u>MO</u> <u>65215</u> Foreign province/county _____ Foreign postal code _____ Foreign country _____		1 Payments received for qualified tuition and related expenses \$ <u>7,296.</u>	
		2	
		3	
Filer's Employer Identification Number <u>43-0670936</u>	Student's Taxpayer Identification Number <u>494-04-2548</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ <u>2,447.</u>
Student's name <u>Melissa</u> Street address _____ Apt. No. _____ <u>610 Doe Run</u> <u>C</u> City _____ State _____ Zip Code _____ <u>Jefferson City</u> <u>MO</u> <u>65109-6581</u>		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2021 ► <input type="checkbox"/>
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input checked="" type="checkbox"/>	9 Check if a graduate student . . ► <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2020 0.
- B** Enter box 1 amount actually paid during 2020 7,296.

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . 1,342.
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
- C** Portion of box 5 amount from scholarships or grants 1,105.
- D** Box 5 amount includes veteran- or employer-provided educational assistance ☐

► Keep for your records

Name(s) Shown on Return
Bradley S BernskoetterYour Social Security No.
492-02-1645**Ownership:**Taxpayer ► ☐ Spouse ► ☒ Joint ► ☐ CORRECTED . . ► ☐**Note:** If filing electronically, all payer and recipient information **must** be entered. See page 2 for additional information **required** for boxes 1 through 9.**PAYER'S** name, street address, city, state, ZIP code, and telephone no.Missouri Division of Employment Security
PO Box 3100Jefferson City MO 65102Check box to use Foreign Address . . ► ☐

Foreign Street Address

Foreign City .

Foreign Province . .

Foreign Postal Code

Country .

Payer's TIN Telephone number43-1158662**Recipient's TIN**492-02-1645**Recipient's** name, street address, city, state, ZIP code.Bradley S Bernskoetter610 Doe Run, Apt. CJefferson City MO 65109-6581Check box to use Foreign Address . . ► ☐

Foreign Street Address

Foreign City .

Foreign Province . .

Foreign Postal Code

Country .

Account number (optional)

1 Unemployment compensation . . . \$ 14,532.**2** State or local income tax refunds, credits, or offsets.
Do not enter here. Enter on Federal Carryover Worksheet.
QuickZoom to Federal Carryover Worksheet ►**3** Box 2 amount is for tax year**4 Federal income tax withheld**\$ 1,457.**5** RTAA payments

\$

6 Taxable grants

\$

7 Agriculture payments

\$

8 State or local income tax refunds, credits, or offsets from a trade or business

\$

9 Market gain. \$**10a** State**10b** State identification no.I confirm that the state withholding identification number(s) are accurate ☐**11** State income tax withheld \$

\$

12 a Locality name**13** Local income tax withheld

\$

Additional Government Payments Information

Page 2

Name(s) Shown on Return

Bradley S Bernskoetter

Your Social Security No.

492-02-1645

State or local abbreviations:

State Local

Enter the abbreviation of the state or locality issuing the payment ▶

Unemployment repaid:

Enter the portion of the amount entered in box 1 that was repaid, if any

Agriculture payments:

(If there is an amount in box 7)

Required: Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . . ▶ Form 4835 line 3a ▶

Schedule F line 6a or 41 . . . ▶ Form 4835 line 5a ▶

Trade or business income:

(If there is an amount in box 8)

Enter the taxable portion of the refund amount reported in box 8.

Required: Double-click to select the form on which to report this income:

Schedule C line 6 ▶ Schedule F line 8 or 43 . . . ▶

Market gain:

(If there is an amount in box 9)

Required: Double-click to select the form on which to report this income:

Schedule F line 4a or 39a . . . ▶ Form 4835 line 3a ▶

QuickZoom to another copy of Form 1099-G ▶

Form 1099-Q Summary**2020**

► Keep for your records

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Social Security No.

494-04-2548

Coverdell Educational Savings Account (ESA) Distributions**Recipient
Taxpayer****Recipient
Spouse**

- 1** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another ESA of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Return of 2020 contributions
- e** Less: Return of pre 2020 contributions. These are
reported on the tax return in the year the
contribution was made, not on the 2020 tax return
- 2** Balance of gross Coverdell ESA distributions
- 3** Education expenses not used as basis for credits
- 4** Amount of ESA distributions after return of basis
- 5** Earnings on return of 2020 contributions
- 6** Earnings on non-family member transfer
- 7** Taxable amount of ESA distributions on line 2
- 8** Taxable amount included on Schedule 1 (Form 1040), line 21
- 9** Non-taxable ESA distributions

Gross State Qualified Tuition Plan (QTP) Distributions

- 10** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another QTP of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Expenses refunded and recontributed
- 11** Balance of gross state QTP distributions
- 12** Earnings on state QTP distributions on line 11

Gross Private Qualified Tuition Plan (QTP) Distributions

- 13** Total gross distributions from box 1 of Form 1099-Q
- a** Less: Rollover to another QTP of beneficiary
- b** Less: Transfer to another family member
- c** Less: Transfer to a non-family member
- d** Less: Expenses refunded and recontributed
- 14** Balance of gross private QTP distributions
- 15** Earnings on private QTP distributions on line 14

Taxable Qualified Tuition Plan (QTP) Distributions

- 16** Balance of gross QTP distributions.
- 17** Earnings on QTP distributions on line 16
- 18** Education expenses not used as basis for credits
- 19** Non-taxable QTP distributions
- 20** Taxable amount of earnings on line 17
- 21** Earnings on non-family member transfer (state)
- 22** Earnings on non-family member transfer (private)
- 23** Taxable amount included on Schedule 1 (Form 1040), line 21

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.					

Forms 1099-MISC / 1099-NEC Summary

2020

► Keep for your records

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

Box	Description	Taxpayer	Spouse	Total
	Form 1099-MISC Summary			
1	Total Rents			
	► Schedule C			
	► Schedule E			
	► Form 4835			
	► Other Income			
2	Total Royalties			
	► Schedule C			
	► Schedule E			
3	Total Other income			
	► Schedule C			
	► Schedule F			
	► Form 4835			
	For Form 1040:			
	► Winnings (Prizes, etc.)			
	► Tribal Gaming			
	► Alaska Permanent Fund			
	► Other Income			
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
8	Substitute payments			
9	Total Crop insurance proceeds			
	► Schedule F			
	► Form 4835			
10	Gross proceeds paid to an attorney			
	► Taxable amount			
12	Section 409A deferrals			
13	Excess golden parachute payments			
14	Nonqualified deferred compensation			
15	State tax withheld — total			
Total	Boxes 1-3, 5-14.			
	Form 1099-NEC Summary			
1	Total Nonemployee compensation			
	► Schedule C			
	► Schedule F			
	► Wages			
	► Other Income			
4	Federal tax withheld			
5	State tax withheld — total			

Wages, Salaries, & Tips Worksheet

2020

► Keep for your records

Name(s) Shown on Return <u>Melissa r & Bradley S Bernskoetter</u>	Social Security Number <u>494-04-2548</u>
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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	32,187.	4,685.	36,872.
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"/>	<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	32,187.	4,685.	36,872.
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	0.	0.	0.
14 Other non-earned income:			

15 Total of lines 10 through 14	32,187.	4,685.	36,872.

Name as Shown on Return
Melissa r & Bradley S BernskoetterSocial Security No.
494-04-2548

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2020 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>1</u> X \$2,000. Enter the result	1	<u>2,000.</u>		
2	Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result	2			
3	Add lines 1 and 2			3	<u>2,000.</u>
4	Enter the amount from Form 1040 or 1040-SR, line 11	4	<u>39,005.</u>		
5	1040 filers: enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.	5	<u>0.</u>		
6	1040-NR filers: Enter -0-. Add lines 4 and 5. Enter the total	6	<u>39,005.</u>		
7	Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 • All other filing statuses — \$200,000	7	<u>400,000.</u>		
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8			
9	Multiply the amount on line 8 by 5% (.05). Enter the result			9	<u>0.</u>
10	Is the amount on line 10 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on line 19 of Form 1040, 1040-SR or 1040-NR. You also cannot take the additional child tax credit on line 28 of Form 1040, 1040-SR or 1040-NR. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i>			10	<u>2,000.</u>

Part 2

11	Enter the amount from line 18 of Form 1040 or 1040-SR	11	<u>1,423.</u>		
12	Add the amounts from — Schedule 3, line 1 Schedule 3, line 2 + Schedule 3, line 3 + Schedule 3, line 4 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	12	<u>1,423.</u>		
13	Subtract line 12 from line 11			13	<u>0.</u>
14	Are you claiming any of the following credits? • Mortgage interest credit, Form 8839 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter -0-. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.			14	<u>0.</u>
15	Subtract line 14 from line 13. Enter the result			15	<u>0.</u>
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input type="checkbox"/> No. Enter the amount from line 10 <input checked="" type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below.			16	<u>0.</u>

**This is your child
tax credit and credit for
other dependents**Enter this amount on
Form 1040, line 19
Form 1040-SR, line 19
Form 1040-NR, line 19

- TIP:** You may be able to take the **additional child tax credit** on line 28 of Form 1040, 1040-SR or 1040-NR only if you answered 'Yes' on line 16 and line 1 is more than zero.
- First, complete your Form 1040, 1040-SR or 1040-NR through line 27 (also complete Schedule 3, line 10)
 - Then, use Schedule 8812 to figure any additional child tax credit.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2020

► Keep for your records

Name(s) Shown on Return
Melissa r & Bradley S Bernskoetter

Social Security Number
494-04-2548

		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.
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.
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.
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

► Keep for your records

2020

Name(s) Shown on Return Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
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				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.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
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:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
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:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
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			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
Melissa r & Bradley S BernskoetterSocial Security Number
494-04-2548

1 a	Enter your taxable income from Form 1040, line 15	1 a	14,205.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . .	b	
c	Add lines 1a and 1b	1 c	14,205.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	14,205.
15	Enter: <ul style="list-style-type: none">• \$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	80,000.
16	Enter the smaller of line 1c or line 15	16	14,205.
17	Enter the smaller of line 14 or line 16	17	14,205.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	14,205.
19	Enter the smaller of line 1c or: <ul style="list-style-type: none">• \$163,300 if single or married filing sep,• \$326,600 if MFJ or qual widow(er), or• \$163,300 if head of household.	19	14,205.
20	Enter the smaller of line 14 or line 19	20	14,205.
21	Enter the larger of line 18 or line 20	21	14,205.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
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	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter: <ul style="list-style-type: none">• \$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	
27	Enter the smaller of line 1c or line 26	27	
28	Add lines 21 and 22	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the smaller of line 25 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	
32	Add lines 24 and 30	32	
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	
34	Multiply line 33 by 20% (0.20)	34	
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	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

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>1,423.</u>
45	Add lines 31, 34, 40, 43, and 44	45	<u>1,423.</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>1,423.</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>1,423.</u>

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2020

Line 16

► Keep for your records

Name(s) Shown on Return Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
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1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	_____
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	_____
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	_____
	<input type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	_____
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	_____
6	Enter:		
	\$40,000 if single or married filing separately,	}	6 _____
	\$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	_____
8	Enter the smaller of line 5 or line 7	8	_____
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	_____
10	Enter the smaller of line 1 or line 4	10	_____
11	Enter the amount from line 9	11	_____
12	Subtract line 11 from line 10.	12	_____
13	Enter:		
	\$441,450 if single,	}	13 _____
	\$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	_____
15	Add lines 5 and 9	15	_____
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	_____
17	Enter the smaller of line 12 or line 16	17	_____
18	Multiply line 17 by 15% (0.15)	18	_____
19	Add lines 9 and 17	19	_____
20	Subtract line 19 from line 10	20	_____
21	Multiply line 20 by 20% (0.20)	21	_____
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	_____
23	Add lines 18, 21, and 22	23	_____
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	_____
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	_____

IRA Contributions Worksheet

2020

► Keep for your records

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

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		
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		
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.		
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>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet.		
13	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: <input 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.		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2020

► Keep for your records

Melissa r & Bradley S Bernskoetter

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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 ln 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: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

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: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2020

Name(s) Shown on Return Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
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1	Prescription medications	1	4,000.
2	Health insurance premiums:		
a	Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	
b	From Form(s) 1095-A - net of adjustments	b	66.
	Taxpayer's portion of 1095-A premiums (total less spouse) . . . 66.		
	Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer		
c	Medicare premiums	c	
d	From Form(s) 1099-R	d	
	NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.		
e	Taxpayer's gross long-term care premiums 2 e		
f	Taxpayer's allowable long-term care premiums f		
g	Spouse's gross long-term care premiums g		
h	Spouse's allowable long-term care premiums h		
i	Dep or child under 27 gross long-term care premiums . . . i		
j	Dep or child under 27 allowable long-term care prem. . . j		
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	
m	Spouse's long-term care premiums not deducted as an adjustment to income. . .	m	
n	Dependent's long-term care premiums not deducted as an adj to income	n	
o	Other self-employed health insurance not deducted as an adj to income	o	
3	Fees for doctors, dentists, etc	3	3,000.
4	Fees for hospitals, clinics, etc.	4	1,000.
5	Lab and x-ray fees	5	500.
6	Expenses for qualified long-term care	6	
7	Eyeglasses and contact lenses	7	
8	Medical equipment and supplies	8	
9	Medical transportation expenses:		
a	Medical miles driven 9 a		
b	Multiply the number of miles on line 9a by 17 cents per mile b		
c	Other medical transportation costs not included above for example: ambulance fees c		
d	Total medical transportation expenses (add lines 9b and 9c)	9 d	
10	Lodging for medical purposes (up to \$50 per night per person)	10	
11	Other medical and dental expenses:		
a	_____	11 a	
b	_____	b	
c	_____	c	
d	_____	d	
e	_____	e	
f	_____	f	
g	_____	g	
h	_____	h	
i	_____	i	
j	_____	j	
12	Total of medical and dental expenses (add lines 1 through 11j)	12	8,566.
13 a	Less: insurance reimbursement for any expenses listed	13 a	
b	Less: medical savings account (MSA) or health savings account (HSA) distributions b		
14	Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)	14	8,566.

2020

Name(s) Shown on Return
Melissa r & Bradley S Bernskoetter

Social Security Number
494-04-2548

	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 . . .								

ID

9 2020 extensions

Local

20 Total Tax Payments for 2020

ID

24 Other (amended returns, installment payments, etc) . .

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2020

► Keep for your records

Name(s) Shown on Return <u>Melissa r & Bradley S Bernskoetter</u>	Social Security Number <u>494-04-2548</u>
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	39,005.
(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	39,005.

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 913.00

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). 913.00

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 _____

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 property taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2019 Amount Enter 2020 description:	
	_____ 230.00 <u>dodge ram 1500</u> _____	200.00
	_____ <u>Volkswagen Beetle</u> _____	300.00
	_____ <u>Subaru Outback</u> _____	800.00
	_____ <u>Honda Civic</u> _____	50.00
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)	1,350.00
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 property 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	_____
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	_____
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 Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
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State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	913.
2 2020 state estimated taxes paid in 2020	2	
3 2019 state estimated taxes paid in 2020	3	
4 Amount paid with 2019 state application for extension	4	
5 Amount paid with 2019 state income tax return	5	
6 Overpayment on 2019 state income tax return applied to 2020 tax	6	
7 Other amounts paid in 2020 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2020 local estimated taxes paid in 2020	10	
11 2019 local estimated taxes paid in 2020	11	
12 Amount paid with 2019 local application for extension	12	
13 Amount paid with 2019 local income tax return	13	
14 Overpayment on 2019 local income tax return applied to 2020 tax	14	
15 Other amounts paid in 2020 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17	17	
18 Total Add lines 1 through 17	18	913.
19 State and local refund allocated to 2020	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20.	21	
22 Total state and local income tax deduction Line 18 less line 21	22	913.

Nondeductible State Income Tax (Hawaii Only)

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

2020

- Keep for your records

Name(s) Shown on Return Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
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Cash Contributions

[illegible]

Charitable Deduction Limits Worksheet For Current Year Contributions

2020

► Keep for your records

Name(s) Shown on Return <u>Melissa r & Bradley S Bernskoetter</u>	Social Security Number <u>494-04-2548</u>
--	--

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	100.

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	39,005.
----------	--	----------	---------

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	23,403.	
10	Deductible amount. Enter the smaller of line 7 or line 9.	10	100.	
11	Carryover. Subtract line 10 from line 7.	11		0.

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 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	100.	
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 Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
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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	39,005.
	Percentage of line 8	Used in Current Year	
a	60% AGI limit to line 9 23,403.	Less 100.	a 23,303.
b	50% AGI limit to line 12 19,503.	Less 100.	b 19,403.
c	30% AGI limit, Section C to line 19 11,702.	Less 0.	c 11,702.
d	30% AGI limit, Section D to line 26 11,702.	Less 0.	d 11,702.
e	20% AGI limit to line 35 7,801.	Less 0.	e 7,801.

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

► Keep for your records

2020

Name(s) Shown on Return Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
alzheimer's association	100.	100.		
Totals:	100.	100.		

Part II Non-Cash Contributions Summary

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

Part III Contribution Carryovers to 2021

	Total (a) Total	Cash and Other Non-Capital Gain Property (b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	Capital Gain Property (f) 30% Limit	(g) 20% Limit
1 2020 contributions .	100.		100.				
2 2020 contributions allowed	100.		100.				
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

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- 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
- Was any charity other than a 60%/50% charity? ☐ Yes ☒ No

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2020

► Keep for your records

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

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		26	
b				
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

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

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

<p>1 Is your earned income* more than \$750?</p> <p><input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,100</p> <p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$12,400 • Married filing jointly — \$24,800 • Head of household — \$18,650 <p>3 Standard deduction.</p> <p>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</p> <p>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)</p> <p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12</p>	<p>_____</p> <p>_____ ► 1 _____</p> <p>_____ ► 2 <u>24,800.</u></p> <p>_____ 3 a _____</p> <p>_____ 3 b _____</p> <p>_____ 3 c _____</p>
---	---

****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 Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
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Part I – Earned Income Credit Worksheet Computation

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . .			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	32,187.	4,685.	36,872.
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	32,187.	4,685.	36,872.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	32,187.	4,685.	36,872.
11 Scholarship or fellowship income not on W-2 . . .	0.	0.	0.
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	32,187.	4,685.	36,872.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	32,187.	4,685.	36,872.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2. .	32,187.	4,685.	36,872.

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

23 Self-employed, church and statutory employees .			
24 Wages, salaries, tips, etc	32,187.	4,685.	36,872.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	32,187.	4,685.	36,872.

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Name(s) Shown on Return
Melissa r & Bradley S Bernskoetter

Social Security Number
494-04-2548

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	

Form 1040
Line 17a

Earned Income Credit Worksheet

2020

► Keep for your records

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

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. ►

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	36,872.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	36,872.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Medicaid Waiver Payments reported as nontaxable	6	
7	Earned income. Add lines 3, 4, 5, and 6	7	36,872.
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.	8	1,721.
	If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.		
9	Enter your AGI from Form 1040, line 11	9	39,005.
10	If you have:		
	• 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)?		
	<input type="checkbox"/> Yes. Go to line 11 now.		
	<input checked="" 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	10	1,378.
11	Earned income credit.		
	• 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	11	1,378.

Enter line 11 amount on Form 1040, line 27.

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 ☒ **X**
Disqualified from Earned Income Credit. ☐ **Yes** ☒ **X** ☐ **No**

Potential qualifying child count ▶ 1
Non dependent potential qualifying child count ▶ 0
Qualifying child count (max 3) ▶ 1

Schedule SE Adjustments Worksheet

2020

► Keep for your records

Name(s) Shown on Return Melissa r & Bradley S Bernskoetter	Social Security Number 494-04-2548
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	(a) Taxpayer	(b) Spouse
QuickZoom to the Long Schedule SE ►	<input 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		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C		
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		
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		

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

Part I Information from Form(s) 1098-E, Student Loan Interest Statement

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Total student loan interest.				
Less total student loan interest used for QTP (Section 529 plan)				
Total adjusted student loan interest				

Part II Computation of Student Loan Interest Deduction

1 Enter the total interest you paid in 2020 on qualified student loans (see Form 1040 instructions).	1	
2 Enter the smaller of line 1 or \$2,500.	2	
3 Modified AGI Note: If line 3 is \$85,000 or more if single, head of household, or qualifying widow(er) or \$170,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	51,304.
4 Enter: \$70,000 if single, head of household, or qualifying widow(er); \$140,000 if married filing jointly.	4	140,000.
5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	0.
6 Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	0.0000
7 Multiply line 2 by line 6	7	
8 Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, Sch 1, line 20. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	

* **Modified AGI** is the amount from Form 1040, line 8b, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Schedule 1 (Form 1040), lines 10 through 19 and any write-in amount next to line 22, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Education Tuition and Fees Summary

2020

► Keep for your records

Name(s) Shown on Return <u>Melissa r & Bradley S Bernskoetter</u>	Your Social Security No. <u>494-04-2548</u>
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Part I - Qualified Education Expense Summary

(a) Student's name First Name <u> </u> MI <u> </u> Last Name <u> </u> Suffix <u> </u> Social Security Number <u> </u>	(b) Qualified Education Expenses	(c) Qualified for: Yes No	(d) Elected Credit or Deduction if manual	(e) Elected Credit or Deduction if automatic
Melissa <u> </u> r <u> </u> Bernskoetter <u> </u> 494-04-2548 <u> </u>	2,099. 2,099. 2,099. 2,099.	Amer Opp Cr . . ► <input type="checkbox"/> <input checked="" type="checkbox"/> Lifetime Cr . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Total Qualified Expenses				
Bradley <u> </u> S <u> </u> Bernskoetter <u> </u> 492-02-1645 <u> </u>	6,595. 6,595. 6,595. 6,595.	Amer Opp Cr . . ► <input checked="" type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total Qualified Expenses				
		Amer Opp Cr . . ► <input type="checkbox"/> <input type="checkbox"/> Lifetime Cr . . . ► <input type="checkbox"/> <input type="checkbox"/> Tuition Ded . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total Qualified Expenses				
Total qualified expenses	8,694. 8,694. 8,694.	American Opportunity Credit Lifetime Learning Credit Tuition and Fees Deduction		

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ► ☐
- 2 **Automatic** - Check to use the choices calculated in Part I, column (e) above ► ☒
- or
- 3 **Manual** - Check to use the choices you entered in Part I, column (d) above ► ☐

Part III - Summary of Credits

Tuition and Fees Deduction Summary

1	Total 2020 tuition and fees paid for purposes of deduction.	1	2,099.
2	Modified adjusted gross income	2	51,304.
3	Maximum deduction allowed	3	4,000.
4	Allowable Tuition and Fees Deduction (lesser of line 1 or line 3)	4	2,099.

American Opportunity, Lifetime Learning Credits Summary

1	Tentative American Opportunity Credit	1	2,500.
2	Tentative Lifetime Learning Credit	2	
3	Total Education Credits (after limitations)	3	2,423.

Use a separate worksheet for each casualty or theft event.

► Keep for your records

Name(s) shown on return

Melissa r & Bradley S Bernskoetter

Social Security No.

494-04-2548

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 Melissa r & Bradley S Bernskoetter		Social Security Number 494-04-2548	
	(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.	0.		
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

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

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	14,205.
2	Additions to income	2	
3	Add lines 1 and 2	3	14,205.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	14,205.

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	39,005.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	39,005.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	35,105.
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	

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	113,400.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	39,005.
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	1,036,800.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	113,400.

- Keep for your records

Name(s) Shown on Return		Social Security Number
Melissa r & Bradley S Bernskoetter		494-04-2548
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. • 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

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

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
MO			1,121.		8.	
Totals . .			1,121.		8.	

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
MO	1,121.	8.

2019 Locality Tax Refund Information

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

Melissa r & Bradley S Bernskoetter

494-04-2548

Other Tax and Income Information			2019	2020
1	Filing status	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4).	2		
3	Itemized deductions	3	5,143.	8,004.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	51,844.	39,005.
6	Tax liability for Form 2210 or Form 2210-F	6	870.	0.
7	Alternative minimum tax.	7		
8	Federal overpayment applied to next year estimated tax.	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

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					0.
b	2019					
c	2018					
d	2017					
e	2016					
28	Amount overpaid less earned income credit					1,110.

Qualified Business Income Deduction (Section 199A) carryovers				2019	2020
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		

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

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2020

► Keep for your records

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Social Security Number

494-04-2548

Description	Amount
Income	
Wages	36,872.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	
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	
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	14,532.
Other income	
Total income	51,404.
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	100.
Total adjustments	100.
Modified adjusted gross income	51,304.

Two-Year Comparison

2020

Name(s) Shown on Return

Melissa r & Bradley S Bernskoetter

Social Security Number

Income	2019	2020	Difference	%
Wages, salaries, tips, etc	51,844.	36,872.	-14,972.	-28.88
Interest and dividend income				
State tax refund	0.	0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above		4,332.	4,332.	
Total Income	51,844.	41,204.	-10,640.	-20.52
Adjustments to Income		2,199.	2,199.	
Adjusted Gross Income	51,844.	39,005.	-12,839.	-24.76
Itemized Deductions				
Medical and dental	3,262.	5,641.	2,379.	72.93
Income or sales tax	1,521.	913.	-608.	-39.97
Real estate taxes				
Personal property and other taxes	360.	1,350.	990.	275.00
Interest paid				
Gifts to charity		100.	100.	
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	5,143.	8,004.	2,861.	55.63
Standard or Itemized Deduction	24,400.	24,800.	400.	1.64
Qualified Business Income Deduction				
Taxable Income	27,444.	14,205.	-13,239.	-48.24
Income tax	2,903.	1,423.	-1,480.	-50.98
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	2,903.	1,423.	-1,480.	-50.98
Nonbusiness credits	2,033.	1,423.	-610.	-30.00
Business credits				
Total Credits	2,033.	1,423.	-610.	-30.00
Self-employment tax				
Other taxes				
Total Tax After Credits	870.	0.	-870.	-100.00
Withholding	1,980.	2,751.	771.	38.94
Estimated and extension payments				
Earned income credit		1,378.	1,378.	
Additional child tax credit		1,400.	1,400.	
Other payments		1,000.	1,000.	
Total Payments	1,980.	6,529.	4,549.	229.75
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	1,110.	6,529.	5,419.	488.20
Balance Due				

Current year effective tax rate -9.69 %

Tax Summary
► Keep for your records

2020

Name (s)

Melissa r & Bradley S Bernskoetter

Total income	41,204.
Adjustments to income	2,199.
Adjusted gross income	39,005.
Itemized/standard deduction	24,800.
Qualified business income deduction	
Taxable income	14,205.
Tentative tax	1,423.
Additional taxes	
Alternative minimum tax	
Total credits	1,423.
Other taxes	
Total tax	0.
Total payments	6,529.
Estimated tax penalty	
Amount Overpaid	6,529.
Refund	6,529.
Amount Applied to Estimate	
Balance due	0.

2020

Social Security No.

494-04-2548

<p>1 Can you be claimed as a dependent on another person's 2020 return?</p> <p><input checked="" type="checkbox"/> No. Go to line 2</p> <p><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?</p> <p><input checked="" type="checkbox"/> Yes. Skip lines 3 and 4 and go to line 5.</p> <p><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?</p> <p><input type="checkbox"/> Yes. Your credit is not limited. Go to line 5.</p> <p><input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a valid social security number?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 5.</p> <p><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?</p> <p><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.</p> <p><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 <u>2,400.</u></p> <p>6 <u>500.</u></p> <p>7 <u>2,900.</u></p> <p>8 <u>1,200.</u></p> <p>9 <u>600.</u></p> <p>10 <u>1,800.</u></p> <p>11 <u>39,005.</u></p> <p>12 <u>150,000.</u></p> <p>13 _____</p> <p>14 _____</p> <p>15 <u>2,900.</u></p> <p>16 <u>2,900.</u></p> <p>17 <u>0.</u></p> <p>18 <u>1,800.</u></p> <p>19 <u>1,800.</u></p> <p>20 <u>0.</u></p> <p>21 <u>0.</u></p>
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Compare to U. S. Averages

► Keep for your records

2020

Name(s) Shown on Return Melissa r & Bradley S Bernskoetter	Social Security No 494-04-2548
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Your 2020 adjusted gross income (AGI) 39,005.
National adjusted gross income range used below from 30,000. to 49,999.

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	36,872.	39,356.
Taxable interest		709.
Tax-exempt interest		4,509.
Dividends		2,822.
Business net income		15,935.
Business net loss		8,303.
Net capital gain		5,162.
Net capital loss		2,282.
Taxable IRA		11,438.
Taxable pensions and annuities		18,929.
Rent and royalty net income		8,209.
Rent and royalty net loss		8,651.
Partnership and S corporation net income		17,638.
Partnership and S corporation net loss		15,338.
Taxable social security benefits		8,289.
Medical and dental expenses deduction	5,641.	8,946.
Taxes paid deduction	2,263.	4,512.
Interest paid deduction		6,671.
Charitable contributions deduction	100.	3,058.
Total itemized deductions	8,004.	17,594.
Child care credit		630.
Education tax credits	1,423.	1,110.
Child tax credit	0.	1,053.
Retirement savings contributions credit		205.
Earned income credit	1,378.	1,809.
Other Information	Actual Per Return	National Average
Adjusted gross income	39,005.	41,482.
Taxable income	14,205.	23,164.
Income tax	1,423.	3,030.
Alternative minimum tax		10,730.
Total tax liability	0.	3,265.

Santa Barbara Tax Products Group, LLC**and Green Dot Bank Refund Processing Service Agreement ("Agreement")**Name: Melissa r & Bradley S BernskoetterSocial Security No.: 494-04-2548

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2020 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$0.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2020 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2021). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2020 federal tax refund. You also authorize Intuit Inc., as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit Inc. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. None of Intuit Inc., Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 4,303.00
Less Processor Refund Processing Fee	\$ 0.00
Less TurboTax Fees	\$ 140.00
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 4,123.00

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2020 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Processor

to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2020 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2020 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the \$ 0.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.com>.

7. Disbursement Methods (Select One): You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

a) ☐ Direct Deposit to Turbo(SM) Debit Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Bank, which issues the Turbo(SM) Debit Visa Card ("Card") you have obtained or are obtaining, so that Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the Deposit Account Agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Processor will not be responsible for your funds once they have been deposited with Bank.**

b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☒ Checking
☐ Savings

RTN # 256074974

Account # 7027381644

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are **not** responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to

provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Processor in writing 3 business days prior to the date the account will be debited (as set forth in the email and/or written notices sent to you) to revoke the authorization for applicable fees agreed to in Section 4, and to afford Processor a reasonable opportunity to act on your request. You may notify us in writing at: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit Inc., Processor will pay compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

11. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

11.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

11.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

11.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

11.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

12. Customer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2020 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2020 TurboTax^(R) User Agreement, (iii) You consent to the release of your 2020 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 10/2019

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and purchase history • transaction history and overdraft history 	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.	
	Reasons we can share your personal information	Does Green Dot Bank share?
	For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	No
	For joint marketing with other financial companies.	Yes
	For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For nonaffiliates to market to you.	Yes
To limit our sharing	<p>Visit us online: https://turbodebitcard.intuit.com/privacy-settings Your choice(s) will apply to only the card number you enter when making your choice(s). If you have more than one card or account with us, you will need to make your choice(s) for each card or account separately. Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>	
Questions?	Call 1-888-285-4169 or go to turbodebitcard.intuit.com	

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What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • use your debit card or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies such as Santa Barbara Tax Products Group, LLC.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>The only nonaffiliates we share with are Intuit Inc. and its affiliates and subsidiaries.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>
Other important information	
<p>Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California, Illinois, North Dakota or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.</p>	

and Civista Bank Refund Processing Service Agreement ("Agreement")

Name: Melissa r & Bradley S Bernskoetter

Social Security No.: 494-04-2548

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2020 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$0.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES, AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2020 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2021). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2020 federal tax refund. You also authorize Intuit Inc., as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit Inc. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. None of Intuit Inc., Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$ 4,303.00
Less Processor Refund Processing Fee	\$ 0.00
Less TurboTax Fees	\$ 140.00
Less Fees for Additional Products and Services Purchased	\$
Expected Proceeds*	\$ 4,123.00

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2020 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Processor

to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2020 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2020 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the \$ 0.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$30.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Methods (Select One): You agree that the disbursement method selected below will be used by Processor to disburse funds to you.

- a) ☐ Direct Deposit to Turbo(SM) Debit Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Debit Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the Deposit Account Agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.**
- b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☒ Checking
☐ Savings

RTN # 256074974

Account # 7027381644

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$30.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit Inc. are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$30.00 may be charged if we are required to

provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$60.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Processor in writing 3 business days prior to the date the account will be debited (as set forth in the email and/or written notices sent to you) to revoke the authorization for applicable fees agreed to in Section 4, and to afford Processor a reasonable opportunity to act on your request. You may notify us in writing at: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. **FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES:** In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. **Compensation.** In addition to any fees paid directly by you to Intuit Inc., Processor will pay compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

11. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

11.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in court or to have a jury trial. The AAA's phone number is 800-778-7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

11.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

11.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

11.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

12. Customer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2020 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2020 TurboTax^(R) User Agreement, (iii) You consent to the release of your 2020 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 02/2015

Civista Bank Tax Product Privacy Policy**FACTS** What does Civista Bank do with your Personal Information?

Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none">• Social Security number and account balances• payment history and transaction history• overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.	
	Reasons we can share your personal information	Does Civista Bank Share?
	For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes
	For our marketing purposes — to offer our products and services to you.	No
	For joint marketing with other financial companies.	No
	For our affiliates' everyday business purposes — information about your transactions and experiences.	No
	For our affiliates' everyday business purposes — information about your creditworthiness.	No
	For our affiliates to market to you.	No
	For non affiliates to market to you.	No
Questions?	Call Toll Free: 800-901-6663 or go to www.civistabank.com	

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with our affiliates.
Non affiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Civista Bank does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Melissa r & Bradley S Bernskoetter

Primary SSN: 494-04-2548

Federal Return Submitted: May 02, 2021 12:58 PM PDT

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."

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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

Select state returns to file electronically:

State(s)

Select other returns to file electronically:

Other Return(s)

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 by mail:

State(s)

Select other returns to file by mail:

Other Return(s)

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

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

Select state amended return(s) to file electronically:

State(s)

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 by mail:

State(s)

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

☐ Sign return electronically using Practitioner PIN

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
- ☐ Taxpayer(s) entered own PIN(s)
- ☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____

Spouse's PIN filing a joint return (enter any 5 numbers)

Date PIN entered.

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

	Driver's license
	State issued identification card
	Passport
	Account statement from financial institution
	Utility billing statement
	Credit card billing statement

☐ To indicate a client return download in FnF

[illegible]

Smart Worksheets From 2020 Federal Tax Return

SMART WORKSHEET FOR: Schedule 8812: Additional Child Tax Credit

Prior Year Earned Income Election Smart Worksheet Election to use 2019 earned income for the Additional Child Tax Credit	
A	Elect to use 2019 earned income for Additional Child Tax Credit <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>
B	CTC Earned Income from 2019 Schedule 8812 Line 6a 51,844.
C	Nontaxable Combat Pay from 2019 return.
D	You may compare the tax benefit of electing to use 2019 Earned Income by checking the "Yes" and "No" boxes on line A
<div style="display: flex; justify-content: space-between;"> Overpayment 6,529. Amount due _____ </div>	
E	If you do not qualify for the Earned Income Credit and/or you did not transfer your tax return from last year, Quickzoom here to enter 2019 earned income on the Prior Year Earned Income Election Smart Worksheet

SMART WORKSHEET FOR: Form 8863: Education Credits
Nonrefundable Credit -- Form 8863, Line 19

1	Enter amount from line 18, Form 8863.	1	
2	Enter amount from line 9, Form 8863	2	1,500.
3	Add lines 1 and 2	3	1,500.
4	Enter the amount from Form 1040 or 1040-SR, line 12a	4	1,423.
5	Enter the amount from Schedule 3 (Form 1040 or 1040-SR), lines 1 and 2, and the amount from Schedule R, line 22	5	
6	Subtract line 5 from line 4	6	1,423.
7	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19.	7	1,423.

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

Tax Smart Worksheet	
A	Tax 1,423. Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input 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 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Additional tax from Form 8621 _____
I	Tax. Add lines A through G. Enter the result here and include in tax below. 1,423.
J	Form 8621 tax deferral from line 9c (to line 24) _____

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	36,872.
B Schedule 1, line 8 other income before unemployment exclusion	
C Add lines A and B	36,872.
D Enter the total of line 10b of Form 1040 and Schedule 1, lines 10 through 21	2,199.
E Subtract line D from line C. This is your modified adjusted gross income	34,673.
F Is the amount on line E \$150,000 or more? <input type="checkbox"/> Yes. Stop. You can't exclude any unemployment <input checked="" type="checkbox"/> 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	10,200.

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: Personal Worksheet (Melissa) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet

A Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program	
B Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each	
1 Principal	
2 Interest	
3 Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
QuickZoom to Student Loan Interest Deduction Worksheet	►

SMART WORKSHEET FOR: Personal Worksheet (Bradley) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet

- A** Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program _____
- B** Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each
- 1** Principal. _____
- 2** Interest _____
- 3** Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? ☐ Yes ☐ No
- QuickZoom** to Student Loan Interest Deduction Worksheet ► _____

SMART WORKSHEET FOR: Dependent Information Worksheet (Quentin)

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year
Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
 (Used to determine if additional questions are necessary for children of divorced parents.)
 Both Taxpayer and spouse ☒ ☐
 Taxpayer ☐
 Spouse ☐

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2020 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No
 Detailed answers for this question. This dependent:
 - Was married on December 31, 2020 ☐ Yes ☐ No
 - If married, filed a joint return for the year ☐ Yes ☐ No
 - If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No
 - If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,300? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
1 TurboTax Web Only:
 Is the other parent claiming this dependent per the custody agreement? ☐ Yes ☐ No
 Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ No

H Who will be claiming this person as a dependent as a result of:
 - an agreement between the parents
 - the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ☒
 Other parent in different return? ☐
 Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Quentin)

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,300 or more or

* They filed a joint return ☐

SMART WORKSHEET FOR: Dependent Information Worksheet (Quentin) -- Student Info Worksheet

Apprenticeship and Education Loan Smart Worksheet

- A** Enter the amount of qualified expenses for tuition, fees, books, supplies and equipment required for participation of the designated beneficiary in a registered apprenticeship program _____
- B** Enter the amount of principal or interest payments on any qualified education loans of the designated beneficiary (or a sibling) not to exceed \$10,000 each
- 1** Principal. _____
- 2** Interest _____
- 3** Is the interest payment on line 2 included in Part I of the Student Loan Interest Deduction Worksheet? ☐ Yes ☐ No
- QuickZoom** to Student Loan Interest Deduction Worksheet ► _____

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

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 <input style="float: right;" type="checkbox"/>
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 1099-G : Certain Government Payments (Copy 1)

Community Property Unemployment Payments Smart Worksheet <i>For Joint returns only, unemployment should be identified as community or separate property. This affects how much unemployment a jointly filing couple can exclude under the American Rescue Plan. Community or separate property is usually determined based on state of residence. See help.</i>	
If unemployment reported, is any of it community property? (see help)	Yes . . . ▶ <input type="checkbox"/> No. . . ▶ <input type="checkbox"/>
Amount of community property unemployment received ▶ _____	
Allocated amounts: Taxpayer ▶ _____	Spouse ▶ _____

SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A Enter the social security tax withheld (Form(s) W-2, box 4)	2,397.
B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld.	561.
C Enter any amount from Form 8959, line 7	0.
D Add line A, B, and C	2,958.
E Enter the Additional Medicare Tax withheld (Form 8959 line 22)	
F Subtract line E from line D.	2,958.
Additional Medicare Tax on Self-Employment Income.	
G Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13)	_____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H Enter the Tier 1 tax (Form(s) W-2, box 14).	0.
I Enter the Medicare Tax (Form(s) W-2, box 14)	0.
J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N.	_____
K Add lines H, I, and J	0.
L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2020)	_____
M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2020)	_____
N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J	_____
O Add line L, M, and N	_____
Line 7 Amount	
P Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7.	2,958.

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

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:

- 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

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☒

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on Sch A, line 8c. _____

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? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? ☐ Yes ☒ 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? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect taxpayer's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ 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? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect spouse's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ 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 6,529.

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 51,844.

C Current year earned income for EIC 36,872.

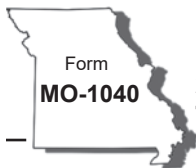
If Line C is equal to or greater than Line B the taxpayer is not eligible
to use 2019 earned income for EIC calculations.

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

Overpayment 6,529.

Amount due _____

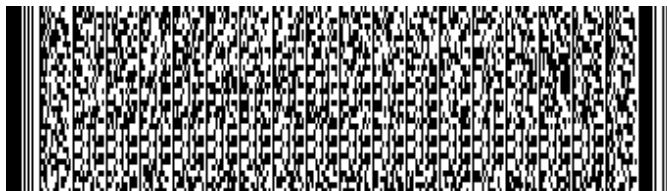
First name Last name	MI Suff	Social security number Relationship	Year of birth									
			Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	Was the child permanently and totally disabled during any part of 2020?				Lived with taxpayer in the U.S.				
Quentin Bernskoetter	L	735-10-1710 Son	2019	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	12
				<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		



MISSOURI DEPARTMENT OF
REVENUE
**2020 Individual Income
Tax Return - Long Form**

For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.



☒ **Amended Return** ☐ **Composite Return**

(For use by S corporations or Partnerships)

☐ **Federal Extension** - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 4868).

If filing a fiscal year return enter the beginning and ending dates here.

Fiscal Year Beginning (MM/DD/YY)

Fiscal Year Ending (MM/DD/YY)

Vendor Code

Department Use Only

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1555

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Filing Status

☐ Single ☐ Claimed as a Dependent ☒ Married Filing Combined ☐ Married Filing Separately ☐ Head of Household ☐ Qualifying Widow(er)

Age 62 through 64

Age 65 or Older

Blind

100% Disabled

Non-Obligated Spouse

Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐ Yourself ☐ Spouse ☐

Name

Social Security Number		Deceased in 2020	Spouse's Social Security Number		Deceased in 2020		
494	04	2548		492	02	1645	
First Name		M.I.	Last Name		Suffix		
MELISSA		R	BERNSKOETTER				
Spouse's First Name		M.I.	Spouse's Last Name		Suffix		
BRADLEY		S	BERNSKOETTER				
In Care Of Name (Attorney, Executor, Personal Representative, etc.)							

Address

Present Address (Include Apartment Number or Rural Route)		
610 DOE RUN APT C		
City, Town, or Post Office	State	ZIP Code
JEFFERSON CITY	MO	65109 - 6581
County of Residence		
COLE		

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Kansas City Regional Law Enforcement Memorial Foundation Fund	Soldiers Memorial Military Museum in St. Louis Fund
-----------------------	---------------------	---	------------------------------------	------------------------	-----------------------------	--------------------------------------	----------------------	--------------------------	---	---



Yourself (Y)

Spouse (S)

1. Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	29988	.00	1S	9017	.00
2. Total additions (from Form MO-A , Part 1, Line 7)	2Y		.00	2S		.00
3. Total income - Add Lines 1 and 2	3Y	29988	.00	3S	9017	.00
4. Total subtractions (from Form MO-A, Part 1, Line 18)	4Y		.00	4S	66	.00
5. Missouri adjusted gross income - Subtract Line 4 from Line 3.	5Y	29988	.00	5S	8951	.00
6. Total Missouri adjusted gross income - Add columns 5Y and 5S.	6	38939	.00			
7. Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	77	%	7S	23	%

8. Pension, Social Security, Social Security Disability, and Military exemption (from Form MO-A, Part 3, Section E)	8		.00
9. Tax from federal return	9	0	.00
10. Other tax from federal return.	10		.00
11. Total tax from federal return. Do not enter federal income tax withheld.	11	0	.00
12. Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage	12	25.00	%

Missouri Adjusted Gross Income Range, Line 6: Federal Tax Percentage:

\$25,000 or less	35%
\$25,001 to \$50,000	25%
\$50,001 to \$100,000	15%
\$100,001 to \$125,000	5%
\$125,001 or more	0%

13. Federal income tax deduction – Multiply Line 11 by the percentage on Line 12. Enter this amount not to exceed \$5,000 for an individual or \$10,000 for combined filers.	13	0	.00
14. Missouri standard deduction or itemized deductions. (If itemizing, See Form MO-A, Part 2) • Single or Married Filing Separate-\$12,400 • Head of Household-\$18,650 • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see page 6.	14	24800	.00
15. Long-term care insurance deduction	15	0	.00
16. Health care sharing ministry deduction.	16		.00
17. Active Duty Military income deduction	17		.00
18. Inactive Duty Military income deduction	18		.00
19. Bring jobs home deduction	19		.00
20. Transportation facilities deduction	20		.00

☐ A. Port Cargo Expansion ☐ B. International Trade Facility ☐ C. Qualified Trade Activities



Deductions Continued

21. First Time Home Buyers deduction.	A. <input type="text"/>	B. <input type="text"/>	21	<input type="text"/>	.00
22. Total deductions - Add Lines 8 and 13 through 21				22	24800 .00
23. Subtotal - Subtract Line 22 from Line 6				23	14139 .00
24. Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	10887	.00	24S	3252 .00
25. Enterprise zone or rural empowerment zone income modification	25Y	<input type="text"/>	.00	25S	<input type="text"/> .00

Tax

26. Taxable income - Subtract Line 25 from Line 24	26Y	10887	.00	26S	3252 .00
27. Tax (see tax chart on page 22 of the instructions)	27Y	403	.00	27S	65 .00
28. Resident credit - Attach Form MO-CR and other states' income tax return(s)	28Y	<input type="text"/>	.00	28S	<input type="text"/> .00
29. Missouri income percentage - Enter 100% unless you are completing Form MO-NRI . Attach Form MO-NRI and a copy of your federal return if less than 100%	29Y	100 %		29S	100 %
30. Balance - Subtract Line 28 from Line 27; OR multiply Line 27 by percentage on Line 29	30Y	403	.00	30S	65 .00
31. Other taxes - Select box and attach federal form indicated.					
<input type="checkbox"/> Lump sum distribution (Form 4972)					
<input type="checkbox"/> Recapture of low income housing credit (Form 8611)	31Y	<input type="text"/>	.00	31S	<input type="text"/> .00
32. Subtotal - Add Lines 30 and 31	32Y	403	.00	32S	65 .00
33. Total Tax - Add Lines 32Y and 32S				33	468 .00

Payments and Credits

34. MISSOURI tax withheld - Attach Forms W-2 and 1099	34	913	.00
35. 2020 Missouri estimated tax payments - Include overpayment from 2019 applied to 2020	35	<input type="text"/>	.00
36. Missouri tax payments for nonresident partners or S corporation shareholders - Attach Forms MO-2NR and MO-NRP	36	<input type="text"/>	.00
37. Missouri tax payments for nonresident entertainers - Attach Form MO-2ENT	37	<input type="text"/>	.00
38. Amount paid with Missouri extension of time to file (Form MO-60)	38	<input type="text"/>	.00
39. Miscellaneous tax credits (from Form MO-TC , Line 13) - Attach Form MO-TC	39	<input type="text"/>	.00
40. Property tax credit - Attach Form MO-PTS	40	<input type="text"/>	.00
41. Total payments and credits - Add Lines 34 through 40	41	913	.00



Skip Lines 42 through 44 if you are not filing an amended return.

42. Amount paid on original return. 42 . 00

43. Overpayment as shown (or adjusted) on original return 43 445 . 00

Indicate Reason for Amending

☐ A. Federal audit. Enter date of IRS report (MM/DD/YY)
☐ B. Net Operating Loss carryback Enter year of loss (YY)
☐ C. Investment tax credit carryback Enter year of credit (YY)
☒ D. Correction other than A, B, or C Enter date of federal amended return, if filed. (MM/DD/YY)
05 02 21

44. Amended return total payments and credits - Add Lines 41 and 42; subtract from Line 43.
Enter on Line 44. 44 468 . 00

45. If Line 41, or if amended return, Line 44, is larger than Line 33, enter the difference.
Amount of OVERPAYMENT 45 . 00

46. Amount of Line 45 to be applied to your 2021 estimated tax 46 . 00

47. Enter the amount of your donation in the trust fund boxes below. See instructions for additional trust fund codes.

47a. Children's Trust Fund . 00 47b. Veterans Trust Fund . 00 47c. Elderly Home Delivered Meals Trust Fund . 00 47d. Missouri National Guard Trust Fund . 00

47e. Workers' Memorial Fund . 00 47f. Childhood Lead Testing Fund . 00 47g. Missouri Military Family Relief Fund . 00 47h. General Revenue Fund . 00

47i. Organ Donor Program Fund . 00 47j. Kansas City Regional Law Enforcement Memorial Foundation Fund . 00 47k. Soldiers Memorial Military Museum in St. Louis Fund . 00

47l. Additional Fund Code . Additional Fund Amount . 00 47m. Additional Fund Code . Additional Fund Amount . 00

Total Donation - Add amounts from Boxes 47a through 47m and enter here 47 . 00

48. Amount of Line 45 to be deposited into a Missouri 529 Education Plan (MOST) account. Enter the total deposit amount from [Form 5632](#). 48 . 00

49. **REFUND** - Subtract Lines 46, 47, and 48 from Line 45 and enter here 49 . 00

a. Routing Number c. ☐ Checking ☐ Savings

b. Account Number



Amount Due

50. If Line 33 is larger than Line 41 or Line 44, enter the difference.

Amount of UNDERPAYMENT

50 0 00

51. Underpayment of estimated tax penalty - Attach [Form MO-2210](#). Enter penalty amount here ...

51 0 00

☐

Select this box if you are a farmer exempt from the underpayment of estimated tax penalty.

52. **AMOUNT DUE** - Add Lines 50 and 51.

If you pay by check, you authorize the Department of Revenue to process the check

electronically. Any returned check may be presented again electronically

52 0 00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. By signing or entering my name in the "Signature" field(s) below, I am providing the Department of Revenue with my signature as required under [Section 143.561, RSMo](#). Declaration of preparer (other than taxpayer) is based on all information of which he or she has knowledge. As provided in [Chapter 143, RSMo](#), a penalty of up to \$500 shall be imposed on any individual who files a frivolous return. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit, or abatement if I employ such aliens.

Signature

Signature

Date (MM/DD/YY)

Spouse's Signature (If filing combined, BOTH must sign)

Date (MM/DD/YY)

E-mail Address

Daytime Telephone

5736459944

Preparer's Signature

SELF-PREPARED

Date (MM/DD/YY)

Preparer's FEIN, SSN, or PTIN

Preparer's Telephone

Preparer's Address

State

ZIP Code

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm

☐

Yes

☐

No

Did you pay a tax return preparer to complete your return, but the preparer failed to sign the return or provide an Internal Revenue Service preparer tax identification number? If you marked yes, please insert the preparer's name, address, and phone number in the applicable sections of the signature block above.

☐

Yes

☐

No

Department Use Only

☐

A

☐

FA

☐

E10

☐

DE

☐

F

Mail To: Balance Due:

Missouri Department of Revenue
P.O. Box 329
Jefferson City, MO 65105-0329

Refund or No Amount Due:

Missouri Department of Revenue
P.O. Box 500
Jefferson City, MO 65105-0500

Phone (Balance Due): (573) 751-7200

Phone (Refund or No Amount Due): (573) 751-3505

Fax: (573) 522-1762

E-mail: income@dor.mo.gov

(Revised 12-2020)

IN

REV 10/27/21 INTUIT.CS.CFP.SP



20322051555

MO-1040 Page 5



MISSOURI DEPARTMENT OF

REVENUE**2020 Individual Income Tax Adjustments**Department Use Only
(MM/DD/YY)

Attach to Form MO-1040. Attach your federal return. See information beginning on page 13 to assist you in completing this form.

Name

Social Security Number

494 - 04 - 2548

Spouse's Social Security Number

492 - 02 - 1645

First Name

MELISSA

M.I. Last Name

R BERNSKOETTER

Suffix

Spouse's First Name

BRADLEY

M.I. Spouse's Last Name

S BERNSKOETTER

Suffix

Additions

Yourself (Y)

Spouse (S)

1. Interest on state and local obligations other than Missouri source. . . .

1Y .00 1S .002. ☐ Partnership ☐ Fiduciary ☐ S Corporation ☐ Business Interest☐ Net Operating Loss (Carryback/Carryforward)☐ Other (description) 2Y .00 2S .00

3. Nonqualified distribution received from a qualified 529 plan not used for qualified expenses.

3Y .00 3S .00

4. Food Pantry contributions included on Federal Schedule A.

4Y .00 4S .00

5. Nonresident Property Tax.

5Y .00 5S .00

6. Nonqualified distribution received from a qualified Achieving a Better Life Experience Program (ABLE) not used for qualified expenses. . . .

6Y .00 6S .00

7. Total Additions - Add Lines 1 through 6. Enter here and on Form MO-1040, Line 2.

7Y .00 7S .00**Subtractions**

8. Interest from exempt federal obligations included in federal adjusted gross income - Attach a detailed list or all Federal Form(s) 1099

8Y .00 8S .00

9. Any state income tax refund included in federal adjusted gross income.

9Y .00 9S .0010. ☐ Partnership ☐ Fiduciary ☐ S Corporation ☐ Railroad Retirement Benefits ☐ Military (nonresident)☐ Combat Pay ☐ Build America and Recovery Zone Bond Interest ☐ MO Public-Private Transportation Act☐ Net Operating Loss ☐ Business Interest☐ Other (description) 10Y .00 10S .00

11. Exempt contributions made to a qualified 529 plan

11Y .00 11S .00

12. Qualified Health Insurance Premiums - Attach the Qualified Health Insurance Premiums Worksheet (Form 5695) and supporting documentation

12Y .00 12S 66 .00

1555

REV 10/27/21 INTUIT.CG.OFP.SP



20340011555

For Privacy Notice, see instructions.

MO-A Page 1

13. Missouri depreciation adjustment (**Section 143.121, RSMo**)☐

Sold or disposed property previously taken as addition modification

13Y		00	13S		00
-----	--	----	-----	--	----

14. Home Energy Audit Expenses - Attach the Home Energy Audit Expense (**Form MO-HEA**)

14Y		00	14S		00
-----	--	----	-----	--	----

15. Exempt contributions made to a qualified Achieving a Better Life Experience Program (ABLE)

15Y		00	15S		00
-----	--	----	-----	--	----

16. Agriculture Disaster Relief

16Y		00	16S		00
-----	--	----	-----	--	----

17. Business Income Deduction - see worksheet on page 16.

17Y		00	17S		00
-----	--	----	-----	--	----

18. Total Subtractions - Add Lines 8 through 17. Enter here and on Form MO-1040, Line 4

18Y		00	18S	66	00
-----	--	----	-----	----	----

Complete this section only if you itemize deductions on your federal return. Attach your Federal Form 1040 (pages 1 and 2) and Federal Schedule A.

1. Total federal itemized deductions from Federal Form 1040 or Federal Form 1040-SR, Line 12

1		00
---	--	----

2. 2020 Social security tax - (Yourself)

2		00
---	--	----

3. 2020 Social security tax - (Spouse)

3		00
---	--	----

4. 2020 Railroad retirement tax - Tier I and Tier II (Yourself)

4		00
---	--	----

5. 2020 Railroad retirement tax - Tier I and Tier II (Spouse)

5		00
---	--	----

6. 2020 Medicare tax - Yourself and Spouse (see instructions on page 43)

6		00
---	--	----

7. 2020 Self-employment tax (see instructions on page 43)

7		00
---	--	----

8. Total - Add Lines 1 through 7

8		00
---	--	----

9. State and local income taxes from Federal Schedule A, Line 5 or enter \$0 if completing worksheet below.

9		00
---	--	----

10. Earnings taxes included in Line 9

10		00
----	--	----

11. Net state income taxes - Subtract Line 10 from Line 9 or enter Line 7 from worksheet below

11		00
----	--	----

12. Missouri Itemized Deductions - Subtract Line 11 from Line 8. Enter here and on Form MO-1040, Line 14

12		00
----	--	----

Complete this worksheet only if your total state and local taxes included in your federal itemized deductions (Federal Schedule A, Line 5d) exceeds \$10,000 (or \$5,000 for married filing separate filers).

1. Enter the sum of your state and local taxes on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5d.

1		00
---	--	----

2. State and local income taxes from Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a.

2		00
---	--	----

3. Earnings taxes included on Federal Form 1040 or Federal Form 1040-SR, Schedule A, Line 5a

3		00
---	--	----

4. Subtract Line 3 from Line 2.

4		00
---	--	----

5. Divide Line 4 by Line 1.

5		%
---	--	---

6. Enter \$10,000 (\$5,000 if married filing separately).

6		00
---	--	----

7. Multiply Line 6 by percentage on Line 5. Enter here and on Missouri Itemized Deductions, Line 11, above.

7		00
---	--	----



Part 3 - Pension and Social Security/Social Security Disability/Military Exemption

Part 3 - Section A

Public Pension Calculation - Pensions received from any federal, state, or local government.

1. Missouri adjusted gross income from Form MO-1040, Line 6	1	38939	00
2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b	2		00
3. Subtract Line 2 from Line 1	3	38939	00
4. Select the appropriate filing status and enter amount on Line 4.			
• Married Filing Combined (joint federal) - \$100,000			
• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	4	100000	00
5. Subtract Line 4 from Line 3 and enter on Line 5. If Line 4 is greater than Line 3, enter \$0	5	0	00
6. Taxable pension for each spouse from public sources from Federal Form 1040 or Federal Form 1040-SR, Line 5b	6Y		00
	6S		00
7. Amount from Line 6 or \$39,014 (maximum social security benefit), whichever is less	7Y		00
	7S		00
8. If you received taxable social security, complete Form MO-A, Lines 1 through 8 of Section C, and enter the amount(s) from Line(s) 6Y and 6S. See instructions if Line 3 of Section C is more than \$0.	8Y		00
	8S		00
9. Subtract Line 8 from Line 7. If Line 8 is greater than Line 7, enter \$0.	9Y	0	00
	9S	0	00
10. Add amounts on Lines 9Y and 9S	10	0	00
11. Total public pension, subtract Line 5 from Line 10. If Line 5 is greater than Line 10, enter \$0	11	0	00

Part 3 - Section B

Private Pension Calculation - Annuities, pensions, IRAs, and 401(k) plans funded by a private source.

1. Missouri adjusted gross income from Form MO-1040, Line 6	1	38939	00
2. Taxable social security benefits from Federal Form 1040 or Federal Form 1040-SR, Line 6b	2		00
3. Subtract Line 2 from Line 1	3	38939	00
4. Select the appropriate filing status and enter the amount on Line 4.			
• Married Filing Combined (joint federal) - \$32,000			
• Single, Head of Household, and Qualifying Widow(er) - \$25,000			
• Married Filing Separate - \$16,000	4	32000	00
5. Subtract Line 4 from Line 3. If Line 4 is greater than Line 3, enter \$0	5	6939	00
6. Taxable pension for each spouse from private sources from Federal Form 1040 or Federal Form 1040-SR, Line 4b and 5b	6Y		00
	6S		00
7. Amounts from Line 6Y and 6S or \$6,000, whichever is less	7Y	0	00
	7S	0	00
8. Add Lines 7Y and 7S	8	0	00
9. Total private pension, subtract Line 5 from Line 8. If Line 5 is greater than Line 8, enter \$0.	9	0	00



Social Security or Social Security Disability Calculation - To be eligible for social security deduction you must be 62 years of age by December 31 and have selected the 62 and older box on page 1 of Form MO-1040. Age limit does not apply to social security disability deduction.

Part 3 - Section C

1. Missouri adjusted gross income from Form MO-1040, Line 6	1	38939	00
2. Select the appropriate filing status and enter the amount on Line 2.			
• Married Filing Combined (joint federal) - \$100,000	2	100000	00
• Single, Head of Household, Married Filing Separate, and Qualifying Widow(er) - \$85,000	3	0	00
3. Subtract Line 2 from Line 1 and enter on Line 3. If Line 2 is greater than Line 1, enter \$0			
4. Taxable social security benefits for each spouse from Federal Form 1040 or Federal Form 1040-SR, Line 6b	4Y		00
	4S		00
5. Taxable social security disability benefits for each spouse from Federal Form 1040 or 1040-SR, Line 6b	5Y		00
	5S		00
6. Amount from Line(s) 4Y or 5Y, and 4S or 5S	6Y		00
	6S		00
7. Add Lines 6Y and 6S	7		00
8. Total social security/social security disability, subtract Line 3 from Line 7. If Line 3 is greater than Line 7, enter \$0	8	0	00

Military Pension Calculation

Part 3 - Section D

1. Military retirement benefits included on Federal Form 1040 or Federal Form 1040-SR, Line 5b	1		00
2. Taxable public pension from Federal Form 1040 or Federal Form 1040-SR, Line 5b	2		00
3. Divide Line 1 by Line 2 (Round to whole number)	3		%
4. Multiply Line 3 by Line 11 of Section A.	4		00
5. Total military pension, subtract Line 4 from Line 1	5		00

Total Pension and Social Security/Social Security Disability/Military Exemption

Part 3 - Section E

Add Line 11 (Section A), Line 9 (Section B), Line 8 (Section C), and Line 5 (Section D) from Form MO-A. Enter total amount here and on Form MO-1040, Line 8.		0	00
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Attach to Form MO-1040. Attach your federal return.
Instructions for Part 2 and 3 begin on page 43.



Tax Summary
► Keep for your records

2020

Name(s) Melissa R & Bradley S Bernskoetter	
Federal adjusted gross income	39,005.
Total adjustments – additions and subtractions . .	-66.
Missouri adjusted gross income	38,939.
Total deductions	24,800.
Taxable income	14,139.
Total tax	468.
Tax payments and credits	913.
Overpayment	
Amount applied to 2021 estimated taxes	
Total contributions	
Refund	
Underpayment of estimated tax penalty	
Amount due	0.

Long-Term Care Insurance Deduction Worksheet

2020

► Keep for your records

Name as Shown on Return Melissa R Bernskoetter	Social Security No. 494-04-2548
---	------------------------------------

If you paid premiums for qualified long-term care insurance in 2020 you may be eligible for a deduction on your Missouri income tax return.

A Amount paid for qualified long-term care insurance policy		
1 Federal amount paid for qualified long-term care insurance		
2 Enter Missouri amount paid for qualified long-term care insurance if greater than the federal amount	0.	
3 Missouri long-term care insurance (from line A1 or A2)	A	0.
If you itemized on your federal return and your federal itemized deductions included medical expenses go to line B, if not skip to line H.		
B Amount from federal Schedule A, line 4	B	
C Amount from federal Schedule A, line 1	C	
D Enter the amount of qualified long-term care included in line C	D	
E Subtract line D from line C	E	
F Subtract line E from line B. If less than zero enter "0"	F	
G Subtract line F from line A.	G	
H Enter line G (or line A if you did not have to complete lines B through G) on Form MO-1040, line 15	H	0.

Missouri Information Worksheet

2020

► Keep for your records

Part I — Personal Information

Taxpayer

Last Name Bernskoetter
 First Name Melissa
 Middle Initial r Suffix
 Social Security No. 494-04-2548
 Date of Birth 11/11/1990
 Date of Death
 Work Phone Number (573) 645-9944 * ☒
 In Care of Name
 Address 610 Doe Run Apt. C
 City Jefferson City State MO ZIP Code 65109-6581
 County Cole Home Phone Number * ☐
 County Code COLE

Spouse

Last Name Bernskoetter
 First Name Bradley
 Middle Initial S Suffix
 Social Security No. 492-02-1645
 Date of Birth 09/20/1989
 Date of Death
 Work Phone Number * ☐
 Home Phone Number * ☐

* Check one of these boxes to print optional daytime phone number on Form MO-1040 page 2

Yes No

☒ ☐ Address is the same as last year

Part II — Main Form

- ☒ Missouri resident (Long Form) **QuickZoom** to Form MO-1040 ►
☐ Missouri part-year resident filing as a resident **QuickZoom** to Form MO-1040 ►
☐ Missouri part-year resident filing as a nonresident **QuickZoom** to Form MO-1040 ►
☐ Nonresident **QuickZoom** to Form MO-1040 ►

Spouse Residency or Military Spouse Relief Act:

- ☐ Spouse has different residency than the taxpayer (**See Tax Help**)
☐ Spouse qualifies under Military Spouse Residency Relief Act (**See Tax Help**)

For Part-Year Residents Only:

Taxpayer Missouri residency dates (use MM/DD/YYYY format) . From _____ To _____
 Spouse Missouri residency dates From _____ To _____

****Note:** Kansas City has provided a free online portal called Quick Tax to enable taxpayers to electronically file their Kansas City returns. Please go to www.kcmo.gov/home to find out more information on how to use Quick Tax to file your Kansas City return.

Taxpayer City Forms

- ☐ QZ to ►
☐ QZ to ►

Spouse City Forms

- ☐ QZ to ►
☐ QZ to ►

Form RD-108 Kansas City Profits Return Earnings Tax
 Form RD-109 Kansas City Wage Earner Earnings Tax

Part III — Filing Status

- ☐ 1 Single
☒ 2 Married and filing a combined Missouri return
☐ 3a Married filing separate return
☐ 4 Head of household
☐ 5 Qualifying widow(er) with dependent child
☐ 6 Claimed as a dependent on another person's federal tax return

Part IV — Farmer Status

- ☐ At least 2/3 of your gross 2020 income is from farming
☐ At least 2/3 of your gross 2020 income is from farming and you will file your 2020 return and pay the full amount of the tax due on or before March 1, 2021

Part V — Non-Obligated Spouse

Yourself ☐ **Spouse** ☐ Non-obligated spouse

Part VI — 100% Disabled

Yes ☐ **No** ☒ **Taxpayer** is 100% disabled
☐ ☒ **Spouse** is 100% disabled

Part VII — Property Tax Credit

- ☐ **1** Taxpayer does not need to file a MO return (not enough income was earned) but wants to claim the property tax credit. **QuickZoom** to Form MO-PTC ▶
- ☐ **2** Taxpayer needs to file a MO return and:
1) will file as single or married filing jointly;
2) will claim the property tax credit on the return. **QuickZoom** to Form MO-PTS ▶
- ☐ **3** Taxpayer needs to file a return and will file the return jointly with a spouse, but they:
1) lived separately for the entire year; and
2) want to claim the property tax credit separately. **QuickZoom** to Form MO-PTC ▶

Part VIII — Direct Deposit Information

Yes ☐ **No** ☒ Elect direct deposit of state tax refund?

Bank Information:

If you selected Direct Deposit, fill out the information below:

Name of Financial Institution (optional) . . . navy federal credit union

Account type Checking ☒ Savings ☐

Routing number 256074974

Account number 7027381644

Identity Theft and Refund Fraud

Generally, the time frame for issuing refunds depends on when the return is filed and the incoming volumes. For returns filed in January with no problems noted, refunds can sometimes be issued within a week. However, refunds from returns filed in April can sometimes take 8 weeks, even if there is no problem with the return as the state manages its cash resources to meet all of its obligations. The timing of refunds is also affected by the Department's measures to prevent identity theft and refund fraud. Refunds will only be issued when the Department has taken reasonable steps to ensure that the individuals claiming the refunds are not using stolen identities.

Missouri website for additional information: https://dor.mo.gov/personal/individual/identity_theft.php

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 XI — Extension Status

☐

Federal extension has been filed

Yes No

☐☒

Missouri tax return due date extended?

Extended due date . . . _____

QuickZoom to Form MO-60 ►

Part X — Amended Return

☒

Filing a Missouri amended return

Enter the tax year you are amending 2020

Amount paid with original Missouri 2020 return . . .

Refund from original Missouri 2020 return 445.

QuickZoom to Form MO-1040 ►

Federal/State Depreciation Adjustment Summary

2020

Name as Shown on Return Melissa R & Bradley S Bernskoetter	Social Security Number 494-04-2548
---	---------------------------------------

Schedule C	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule C Depreciation Adjustment (Sum of Column E)

Schedule E	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule E Depreciation Adjustment (Sum of Column E)

Schedule F	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule F Depreciation Adjustment (Sum of Column E)

Form 4835	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 4835 Depreciation Adjustment (Sum of Column E)

Federal/State Depreciation Adjustment Summary

2020

Name as Shown on Return

Melissa R & Bradley S Bernskoetter

Social Security Number

494-04-2548

Schedule K-1 Partnership	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E)

Schedule K-1 S Corporation	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Column E)

Schedule K-1 Estates & Trusts	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Column E).

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E)

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income.

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation.

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation

Federal/State Depreciation Adjustment Summary

2020

Name as Shown on Return Melissa R & Bradley S Bernskoetter	Social Security Number 494-04-2548
---	---------------------------------------

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E)

Total Federal/State Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income
 Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation
 Depreciation Adjustment Included in Schedule A Subject to 2% Limitation

**Adjusted Gross Income Worksheet
for Combined Return**

2020

► Keep for your records

Name as Shown on Return Melissa R & Bradley S Bernskoetter		Social Security Number 494-04-2548	
Federal Form	1040	Y – Yourself	S – Spouse
	Line Number		
1 Wages, salaries, tips, etc	1	32,187.	4,685.
2 Taxable interest income	2 b		
3 Dividend income	3 b		
4 State and local income tax refunds (from Schedule 1)	1	0.	
5 Alimony received (from Schedule 1)	2 a		
6 Business income or (loss) (from Schedule 1)	3		
7 Capital gain or (loss)	7		
8 Other gains or (losses) (from Schedule 1)	4		
9 Taxable IRA distributions	4 b		
10 Taxable pensions and annuities	5 b		
11 Rents, royalties, partnerships, S corporations, trusts, etc (from Schedule 1)	5		
12 Farm income or (loss) (from Schedule 1)	6		
13 Unemployment compensation (from Schedule 1)	7		14,532.
14 Taxable social security benefits	6 b		
15 Other income (from Schedule 1)	8	0.	-10,200.
16 Total (add lines 1 through 15)		32,187.	9,017.
17 Less: Federal adjustments to income	10 c	2,199.	0.
18 Federal adjusted gross income (Line 16 less Line 17). Enter amounts here and on lines 1Y and 1S, Form MO-1040.	11	29,988.	9,017.

Name(s) Shown on Return

Melissa R & Bradley S Bernskoetter

Your Social Security Number

494-04-2548

Part I 2021 Estimated Tax Amount Options**1 Select One of Six Ways to Calculate the Required Annual Payment for 2021 Estimates:**

- a 100% of **2020** taxes (default, see Tax Help) ☒ 468.
- b 100% of tax on **2021** estimated taxable income ☐ 466.
- c 90% of tax on **2021** estimated taxable income ☐ 420.
- d 66-2/3% of tax on **2021** estimated taxable income (farmers and fishermen) ☐ 311.
- e Equal to 100% of overpayment (no vouchers) ☐
- f Enter total amount you want to use for estimates and check box ☐ ►

2 Selected estimated tax amount:

- a 2021 Required Annual Payment based on your choice above 468.
- b Estimated amount of 2021 state income tax withholding 913.
- c **Total of estimated tax payments required for 2021** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$100 or more (default) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

1 Amount of overpayment available (Form MO-1040, line 45)

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☐
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply 0. ☒
- f Amount applied to 2021 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☐ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☒ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2021	2 Jun 15, 2021	3 Sep 15, 2021	4 Jan 18, 2022	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2021, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2021

2020 income and deductions are shown in the '2020 Actual' column below.

* **Caution:** For each line in the '2021 Estimated' column, enter the estimated 2021 amount **if different** from 2020. Otherwise, the '2020 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2020 Actual	**2021 Estimated
A Enter your 2021 estimated adjusted gross income:		
 Yourself (combined returns only)	29,988.	
 Spouse (combined returns only)	8,951.	
 One income (non-combined only)		
B Enter your estimated pension exemption and social security/soc sec disability/military exemption for 2021 . . .		
C Enter your long-term care, health care sharing ministry, military income deduction, bring jobs home deductions and transportation facilities deduction for 2021	0.	
D Reserved Reserved Reserved		
E Enter your itemized deductions or standard deduction amount.	24,800.	
F Resident — enter Missouri credit for income tax to be paid to another state, miscellaneous tax credits and/or a property tax credit. Nonresident — enter Missouri approved misc tax credits Credit Total		
G Resident or Nonresident — Missouri tax to be withheld Total Withholding	913.	
H Estimated tax on lump-sum distribution:		
I Estimated recapture of low income housing credit		

Part VI 2021 Estimated Taxable Income and Tax

	Y — Yourself	S — Spouse	T — Total or One Income
1 Enter your 2021 estimated adjusted gross income	29,988.	8,951.	38,939.
2 Enter percentage of column Y and S to total in column T	77.00 %	23.00 %	100 %
3 Enter your estimated pension/soc sec/disability/military exemption for 2021		3	
4 Enter your long-term care, health care sharing ministry, military income deduction and bring jobs home deductions		4	0.
5 Reserved Reserved		5	
6 Enter your itemized deductions or standard deduction amount		6	24,800.
7 Total lines 3, 4, 5, and 6.		7	24,800.
8 Subtract line 7 from line 1. This is your total taxable income		8	14,139.
9 Prorate line 8 between spouses according to the percentages on line 2	10,887.	3,252.	14,139.
10 Tax (refer to Form MO-1040ES Tax Rate Chart) . . .	401.	65.	466.
11 Resident — enter Missouri credit for income tax to be paid to another state, miscellaneous tax credits and/or property tax credit. (do not include withholding) Nonresident — enter misc approved MO credits (do not include withholding)		11	
12 Estimated tax liability (line 10 less line 11).		12	466.
13 Estimated tax on lump-sum distribution		13	
14 Estimated recapture of low income housing credit		14	
15 Total estimated tax to be paid (add lines 12, 13, and 14).		15	466.

Tax Payments Worksheet

2020

► Keep for your records

Name <u>Melissa R & Bradley S Bernskoetter</u>	Social Security Number <u>494-04-2548</u>
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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		
7	Amount paid with current year extension		
8	Total tax payments		

Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9 State withholding on Forms W-2	884.		29.
10 State withholding on Forms W-2G			
11 State withholding on Forms 1099-R			
12 a State withholding on Forms 1099-MISC			
b State withholding on Forms 1099-NEC			
c State withholding on Forms 1099-G			
d State withholding on Forms 1099-K			
13 Other state tax withholding			
14 Total income tax withheld	884.		29.
15 Date return will be filed and balance paid		15	04/15/2021

Smart Worksheets From 2020 Missouri Tax Return

SMART WORKSHEET FOR: Form MO-1040: Missouri Resident (Long Form)

Missouri Income Tax Withheld for Nonresidents Smart Worksheet	
A	Missouri income tax withheld from the Tax Payments Worksheet <u>913.</u>
Nonresident partners or S corporation shareholders:	
B	Missouri tax withholding from Form(s) MO-2NR (entered on the federal Tax Payments Worksheet and included on line A) _____
Nonresident entertainers:	
C	Missouri tax withholding from Form MO-2ENT (entered on the federal Tax Payments Worksheet and included on line A) _____
<p>Note: Make sure that the amounts on line B and/or line C are reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A.</p>	
D	Missouri income tax withheld for line 31. Subtract lines B and C from line A <u>913.</u>

SMART WORKSHEET FOR: Form MO-A: Individual Income Tax Adjustments

State Income Tax Refund Smart Worksheet		Yourself	Spouse
A	Total State and Local Refunds from 2019 ▶	<u>0.</u>	<u> </u>
B	Minus any Refund from 2019 Kansas City and/or St. Louis ▶	<u>0.</u>	<u> </u>
C	Remaining State and Local Refunds from 2019. ▶	<u>0.</u>	<u> </u>

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 Melissa r		Last name Bernskoetter		Your social security number 494-04-2548	
If joint return, spouse's first name and middle initial Bradley S		Last name Bernskoetter		Spouse's social security number 492-02-1645	
Home address (number and street). If you have a P.O. box, see instructions. 610 Doe Run				Apt. no. C	
City, town, or post office. If you have a foreign address, also complete spaces below. Jefferson City			State MO	ZIP code 651096581	
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. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

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

Standard Deduction

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Quentin L	Bernskoetter	735-10-1710	Son	<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"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	36,872.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
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.	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	4,332.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	41,204.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	2,099.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	100.
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	2,199.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	39,005.
	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	
	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	14,205.

Form **1040** (2020)

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** ☐ 2019 ☐ 2018 ☐ 2017 ☐ 2016**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and middle initial

Last name

Your social security number

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your phone number

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

If you checked the MFS box, enter the name of 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. ▶

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	1		
2	Itemized deductions or standard deduction	2		
3	Subtract line 2 from line 1	3		
4a	Exemptions (amended 2017 or earlier returns only). If changing , complete Part I on page 2 and enter the amount from line 29	4a		
4b	Qualified business income deduction (amended 2018 or later returns only)	4b		
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5		

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions):	6		
7	Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7		
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8		
9	Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9		
10	Other taxes	10		
11	Total tax. Add lines 8, 9, and 10	11		

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing , see instructions.)	12		
13	Estimated tax payments, including amount applied from prior year's return	13		
14	Earned income credit (EIC)	14		
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15		
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		
17	Total payments. Add lines 12 through 15, column C, and line 16	17		


Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19		
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22	Amount of line 21 you want refunded to you	22		
23	Amount of line 21 you want applied to your (enter year): estimated tax 23			

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
 For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines. Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.				
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24		
25	Your dependent children who lived with you	25		
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28		
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29		
30 List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here <input type="checkbox"/>				

Dependents (see instructions):

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents (amended 2018 or later returns only)
Quentin L	Bernskoetter	735-10-1710	Son	<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"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

Remember to keep a copy of this form for your records.

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

Sign Here

▶
 Your signature _____ Date _____ Your occupation _____
 ▶
 Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer Use Only

▶
 Preparer's signature _____ Date _____ Firm's name (or yours if self-employed) _____
 Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____