

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2020

2019

Enter the number of miles from your OLD home to your NEW workplace _____

Enter the number of miles from your OLD home to your OLD workplace _____

Enter the amount you paid for transportation and storage of household goods and personal effects _____

Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals) _____

Enter the amount of moving expenses reimbursed to you by your employer _____

Self-Employed Health Insurance

TSJ _____

2020

2019

Enter the qualified long term care amount _____

Enter your Medicare wages from an S corporation _____

Self-Employed Pensions

TSJ _____

2020

2019

Enter your plan contribution rate as a decimal _____

Enter your allowable elective deferrals made during 2020 _____

Enter your catch-up contributions _____

Enter the amount of designated ROTH contributions included above _____

Nondeductible IRAs

TS _____

2020

2019

Total traditional IRA contributions made for 2020 _____

Total basis in traditional IRAs as of 12/31/2020 _____

Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) _____

Amount of traditional IRAs converted to ROTH IRAs _____

IRA basis before conversion _____

Total ROTH IRA contributions made for 2020 _____

Health Savings Account

TSJ _____

2020

2019

HSA contributions made for 2020 _____

Total distributions from all HSAs during 2020 _____

Distributions included above that were rolled over into another account _____

Qualified medical expenses paid using HSA distributions _____