

Statistics of Income

Individual Income Tax Returns Line Item Estimates











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Department of the Treasury Internal Revenue Service

Charles P. Rettig Commissioner

Barry W. Johnson

Deputy Chief Data & Analytics Officer, Statistics Director Statistics of Income Division, RAAS

Individual Income Tax Returns Line Item Estimates, 2020

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This 2020 Statistics of Income (SOI) line item estimates publication provides estimates of frequencies and amounts of the entries on the lines of the forms and schedules filed with individual tax returns as shown on the 2020 Individual SOI Complete Report weighted file. The estimates presented here are based on returns filed in Processing Year 2021 that were sampled statistically and then weighted to estimate the entire 2020 Tax Year.

Variations of the Form 1040 include electronically filed returns. The form variations were categorized into the basic forms according to the data reported on the return. For example, if a return was filed electronically and its characteristics indicated that it would otherwise have been filed on paper as a 1040, then it was classified as such statistically.

2020 Complete Report estimates:

164,358,792 Total, all individual returns filed

Estimates of returns filed electronically:

151,569,468 Total, all individual returns filed

Suggested Citation

Statistics of Income—2020 Individual Income Tax Returns Line Item Estimates Internal Revenue Service Washington, D.C.

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AmountsForm 4684, Casualties and Thefts Returns	104	Form 8582, Passive Activity Loss Limitations Returns Amounts	
AmountsForm 4797, Sales of Business Property ReturnsAmounts	112	Form 8586, Low-Income Housing Credit ReturnsAmounts	
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Form 8910, Alternative Motor Vehicle Credit Returns	Returns 222 Amounts 223
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Form 8917, Tuition and Fees Deduction Returns	Form 8995, Qualified Business Income Deduction Simplified Computation Returns
Form 8936, Qualified Plug-in Electric Drive Motor Vehicle Credit Returns	Form 8997, Initial and Annual Statement of Qualified Opportunity Fund (QOF) Investments Returns
Form 8938, Statement of Specified Foreign Financial Assets Returns	

This publication was prepared by Adrian Dungan and Michael Parisi, economists with the Individual and Tax-Exempt Special Studies Section.

Totals for Forms and Schedules

Line Item Estimate Totals for Tax Year 2020

In total, the Statistics of Income (SOI) Division collected data from more than 60 IRS individual income tax forms and schedules to produce the estimates in this report. The table presented here breaks these forms and schedules out by number and name, and by total number filed and total number filed electronically.

Totals for Forms and Schedules from Line Item Estimates for Tax Year 2020

Type of Form	Total	Electronically Filed
All returns filed	164,358,792	151,569,468
Form 1040, U.S. Individual Income Tax Return	147,781,563	137,029,512
Form 1040-SR, U.S. Tax Return for Seniors	16,577,229	14,539,957
Schedule 1, Additional Income and Adjustments to Income	80,009,436	74,516,075
Schedule 2, Additional Taxes	31,373,834	29,045,298
Schedule 3, Additional Credits and Payments	36,919,462	35,029,186
Schedule A, Itemized Deductions	15,812,365	14,628,333
Schedule B, Interest and Ordinary Dividends	21,688,534	19,896,516
Schedule C, Profit or Loss From Business (Sole Proprietorship)	32,004,164	28,965,111
Schedule D, Capital Gains and Losses	25,991,494	24,325,648
Schedule E, Supplemental Income and Loss	19,669,489	18,313,364
Schedule EIC, Earned Income Credit	18,388,995	17,651,268
Schedule F, Profit or Loss From Farming	1,814,583	1,690,300
Schedule R, Credit for the Elderly or the Disabled	47,886	41,369
Schedule SE, Self-Employment Tax	21,612,957	19,469,942
Schedule 8812, Additional Child Tax Credit	19,305,957	18,373,351
Form 965-A, Individual Report of Net 965 Tax Liability	22,726	22,057
Form 982, Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment)	98,565	90,093
Form 2106, Employee Business Expenses	395,659	348,183
Form 2439, Notice to Shareholder of Undistributed Long-Term Capital Gains	3,301	3,090
Form 2441, Child and Dependent Care Expenses	5,964,945	5,756,021
Form 3468, Investment Credit	21,232	19,164
Form 3800, General Business Credit	676,768	643,402
Form 3903, Moving Expenses	84,811	79,715
Form 4136, Credit for Federal Tax Paid on Fuels	292,191	271,646
Form 4562, Depreciation and Amortization (Information on Listed Property)	9,962,916	9,422,646
Form 4684, Casualties and Thefts	127,890	118,042
Form 4797, Sales of Business Property	3,169,087	2,999,348
Form 4835, Farm Rental Income and Expenses	461,875	423,686
Form 4952, Investment Interest Expense Deduction	1,323,023	1,255,684
Form 5329, Additional Taxes on Qualified Plans (including IRAs) and Other Tax-Favored Accounts	2,590,504	2,448,391
Form 5405, Repayment of the First-Time Homebuyer Credit	124,793	116,513
Form 5695, Residential Energy Credits	2,416,669	2,263,791
Form 5884, Work Opportunity Credit	17,290	17,217
Form 6251, Alternative Minimum Tax—Individuals	5,597,802	5,288,788

Totals for Forms and Schedules from Line Item Estimates for Tax Year 2020—Continued

lotals for Forms and Schedules from Line Item Estimates for Tax Year 2020—Continued									
Type of Form	Total	Electronically Filed							
Form 6252, Installment Sale Income	465,993	439,197							
Form 6765, Credit for Increasing Research Activities	9,491	9,289							
Form 6781, Gains and Losses From Section 1256 Contracts and Straddles	552,813	521,676							
Form 8283, Noncash Charitable Contributions	3,080,803	2,857,559							
Form 8396, Mortgage Interest Credit	102,226	98,923							
Form 8582, Passive Activity Loss Limitations	7,804,876	7,392,760							
Form 8586, Low-Income Housing Credit	2,953	2,928							
Form 8606, Nondeductible IRAs	2,807,314	2,657,389							
Form 8615, Tax for Certain Children Who Have Unearned Income	466,224	433,742							
Form 8801, Credit for Prior Year Minimum Tax—Individuals, Estates, and Trusts	292,846	276,878							
Form 8814, Parents' Election To Report Child's Interest and Dividends	49,176	45,663							
Form 8824, Like-Kind Exchanges	53,238	49,569							
Form 8829, Expenses for Business Use of Your Home	3,178,402	2,979,356							
Form 8839, Qualified Adoption Expenses	102,188	98,566							
Form 8846, Credit for Employer Social Security and Medicare Taxes Paid on	22.252	00.407							
Certain Employee Tips	22,958	22,167							
Form 8853, Archer MSAs and Long-Term Care Insurance Contracts	150,529	139,613							
Form 8863, Education Credits (American Opportunity and Lifetime Learning Credits)	8,726,402	8,300,396							
Form 8880, Credit for Qualified Retirement Savings Contributions	9,496,452	9,106,390							
Form 8889, Health Savings Accounts (HSAs)	15,192,287	14,514,558							
Form 8903, Domestic Production Activities Deduction	11,708	8,634							
Form 8910, Alternative Motor Vehicle Credit	18,503	18,361							
Form 8911, Alternative Fuel Vehicle Refueling Property Credit	30,420	29,387							
Form 8917, Tuition and Fees Deduction	1,303,172	1,227,198							
Form 8936, Qualified Plug-in Electric Drive Motor Vehicle Credit	63,847	60,233							
Form 8938, Statement of Specified Foreign Financial Assets	521,878	462,565							
Form 8959, Additional Medicare Tax	6,077,015	5,832,141							
Form 8960, Net Investment Income Tax—Individuals, Estates, and Trusts	6,827,426	6,471,317							
Form 8962, Premium Tax Credit (PTC)	4,630,532	4,247,151							
Form 8990, Limitation on Business Interest Expense Under Section 163(j)	140,958	138,843							
Form 8992, U.S. Shareholder Calculation of Global Intangible Low-Taxed									
Income (GILTI)	14,920	13,383							
Form 8994, Employer Credit for Paid Family and Medical Leave	6,692	5,729							
Form 8995, Qualified Business Income Deduction Simplified Computation	35,951,550	34,011,044							
Form 8997, Initial and Annual Statement of Qualified Opportunity Fund (QOF) Investments	19,520	17,832							
<u> </u>									

Limitations and Guidelines for the 2020 Line Item Estimates

Since SOI obtained the line counts used in this package from the Tax Year 2020 Individual SOI Complete Report File, they are subject to the same data limitations as the data included in the Complete Report File. These limitations are derived from the fact that these data are statistically sampled, meaning that the line counts are estimates based on samples, and should not be mistaken for actual counts of the entire filing population. While most forms and items are present often enough to provide accurate estimates, some less popular items should be used with a high degree of caution. SOI removed all line items with a sample count of fewer than 10.

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The sample estimate and an estimate of its standard error permit the construction of interval estimates with prescribed confidence that the interval includes the population value. Shown below are 95-percent confidence intervals for selected Form 1040 items. (For example, the population value of number of returns for salaries and wages, with 95-percent confidence, is between 129,787,258 and 130,410,206.) These confidence intervals correspond to the estimates for all individual income tax returns filed for Tax Year 2020.

95-Percent Confidence Intervals for Number of Returns for Selected Items on All Forms 1040

Item	95% confidence interval
Salaries and wages	130,098,732 (129,787,258 , 130,410,206)
Taxable interest	48,346,274 (48,035,182 , 48,657,367)
Tax-exempt interest	6,479,806 (6,360,012 , 6,599,600)
Ordinary dividends	31,086,844 (30,832,402 , 31,341,285)
Qualified dividends	29,012,583 (28,766,458 , 29,258,707)
Taxable IRA distributions	13,101,306 (12,901,760 , 13,300,852)
Taxable pensions and annuities	30,412,365 (30,125,102 , 30,699,629)
Total social security benefits	31,691,628 (31,394,080 , 31,989,176)
Taxable social security benefits	23,057,234 (22,805,002 , 23,309,465)
Total income	160,981,093 (160,838,996 , 161,123,191)
Adjusted gross income (amount in thousands)	12,591,788,823 (12,571,590,040 , 12,611,987,607)
Basic standard deduction	143,550,780 (143,307,318 , 143,794,243)
Additional standard deduction	25,304,324 (25,030,278 , 25,578,370)
Total itemized deductions	15,535,429 (15,340,120 , 15,730,737)
Qualified business income deduction	22,827,118 (22,619,187, 23,035,049)
Taxable income	127,425,325 (127,125,206 , 127,725,443)
Income tax before credits	126,758,953 (126,456,652 , 127,061,253)
Total credits	69,357,133 (68,989,606 , 69,724,660)
Income tax after credits	102,943,986 (102,621,417 , 103,266,554)
Total tax liability	107,545,294 (107,221,394 , 107,869,193)
Tax due at time of filing	32,771,171 (32,488,570 , 33,053,772)
Overpayment	125,949,019 (125,632,978 , 126,265,059)

Forms whose line entries have weak estimates (implying a returns-sampled count less than 50) are listed below and not included in the publication.:

Form 4137

Form 4972

Form 5884-A

Form 8609-A

Form 8834

Form 8941

Form 8978

Description of the Sample for the Line Item Estimates

his section describes the domain of the study, the sample design and selection, data capture and cleaning, the method of estimation, and the sampling variability of the estimates.

Domain of Study

The statistics in this report are estimates from a probability sample of unaudited Individual Income Tax Returns (Form 1040 and 1040-SR (including electronic returns)) filed by U.S. citizens and residents during Calendar Year 2021.

All returns processed during 2021 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns, along with those that had no income information, frivolous income information, or fraudulent income information, when recognized, were excluded in calculating estimates.

The estimates in this report are intended to represent all returns filed for Tax Year 2020. While most of the returns processed during Calendar Year 2021 were filed for Tax Year 2020, the remaining returns were mostly for prior years, and a few for noncalendar years ending during 2018 and 2019.

Sample Design and Selection

The sample design is a stratified probability sample in which the population of tax returns is classified into subpopulations, called strata, and an independent sample is randomly selected from each stratum. Strata are defined by the following characteristics:

1. Nontaxable (including no alternative minimum tax) with adjusted gross income or expanded income of \$200,000 or more.

- 2. High business receipts of \$50,000,000 or more.
- 3. Presence or absence of special forms or schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).
- 4. Indexed positive or negative income. Sixty variables are used to derive positive and negative incomes. These positive and negative income classes are deflated using the Chain-Type Price Index for the Gross Domestic Product to represent a base year of 2016.

Tax data processed to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2021 were used to assign each taxpayer's record to the appropriate stratum and to determine whether the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of their Social Security number (SSN), or if their five ending digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000. (See reference 3 for details.)

Data Capture and Cleaning

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors. In addition, a small subsample of returns was selected and independently reviewed, analyzed, and processed for a quality evaluation.

The administrative data and controlling information for each record designated for this sample were loaded into an online submission processing database. Computer data for the selected administrative records were then used to identify inconsistencies, questionable values, and missing values, as well as any additional variables that an editor needed to extract for each record.

After the completion of the submission processing center review, data were further validated, tested, and balanced. Adjustments and imputations for selected fields based on prior-year data and other available information were used to make each record internally consistent. Finally, prior to publication, all statistics and tables were reviewed for accuracy and reasonableness considering the provisions of the tax law, taxpayer reporting variations and limitations, economic conditions, and comparability with other statistical series.

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 2020, about 0.7 percent of the sample returns were unavailable.

Due to the COVID-19 pandemic, delays in processing Tax Year 2020 returns occurred because of the temporary closing of submission processing centers. Approximately 4.5 million returns were ultimately

processed during the beginning of Tax Year 2021. These returns were moved into the Tax Year 2020 study.

Method of Estimation

Weights were obtained by dividing the population count of returns in a stratum by the number of sampled returns for that stratum. The weights were adjusted to correct for misclassified returns and were then applied to the sample data to produce all the estimates in this report.

Sampling Variability

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The standard error (SE) of an estimate is a measure of the variation among the estimates from the possible samples and, thus, is a measure of the precision with which an estimate from a particular sample approximates the average of the estimates calculated from all possible samples.

Line Item Estimates, by Individual Income Tax Form and Schedule for Tax Year 2020

The total estimated line counts for each individual tax form and schedule follow. The number of returns for the lines appears on the pages on the left, while the corresponding amount (in thousands of dollars) for the lines appears on the colored pages on the right.

Total of all r	eturns	filed = 164,358,792 El	ectronic	ally Filed R	eturns	= 151	,569,468				
1040		artment of the Treasury—Internal Revenue Se S. Individual Income Ta		(99) turn	20	20	OMB No. 1545	5-0074 IRS Use Only	y—Do not writ	e or staple in this space.	
Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the	name o	19,416 ried tiling s of your spo				nousehold (HOH) or QW box, enter the	_	ying widow(er) (QW) name if the qualifying	
Your first name		on is a child but not your depende ddle initial	Last r	name					Your soci	al security number	
If joint return, s	oouse's	s first name and middle initial	Last r	name					Spouse's	social security number	;
									. 1		
Home address	(numbe	er and street). If you have a P.O. box, se	ee instrud	ctions.				Apt. no.		tial Election Campaign ere if you, or your	l
City, town, or p	ost offi	ce. If you have a foreign address, also	complete	spaces be	low.	Sta	ate	ZIP code		560 Y = ** 4,923,07	8
Foreign country	name			Foreign p	rovince	/state/cour	ty	Foreign postal code	┪	w will not change or refund. You Spouse	
At any time du	ıring 2	020, did you receive, sell, send, ex	change	e, or other		cquire any	financial inter	est in any virtual c	urrency?	Yes No	
Standard Deduction		eone can claim: You as a c Spouse itemizes on a separate ret	urn or yo	ou were a	Your s	spouse as	า		•	08,231 no = 157,0)10,91
Age/Blindness	You:	29,341,119 Were born before January 2,	1956	273,0 Are bl	87 lind	Spouse	: 12,25 Was bo	8,861 rn before January	2, 1956	,823 Is blind	
Dependents If more	•	instructions): irst name Last name					nip (4) ✓ if o	qualifies for (see instructions): credit Credit for other dependents			
than four dependents,									8,516		
see instructions and check	3							7,714	· · · · · ·		
here ▶								2,102	_		•
	1	Wages, salaries, tips, etc. Attach	Form(s) W-2 .		1* txb	l schirshps	857,783	. 1	130,098,732	
Attach	2a	Tax-exempt interest	2a	6,479,	806	b ⁻	axable interes	it	. 2b	48,346,274	
Sch. B if required.	За	Qualified dividends	3a	29,012	,583	b (Ordinary divide	ends	. 3b	31,086,844	
required.	4a	IRA distributions	4a	14,205	,309	b ⁻	axable amour	nt	. 4b	13,101,306	
	5a	Pensions and annuities	5a	33,021	,101	b -	axable amour	nt	. 5b	30,412,365	
Standard	6a	Social security benefits	6a	31,691	,628	b ⁻	axable amour	nt	. 6b	23,057,234	
Deduction for—	7	Capital gain or (loss). Attach Sch	edule D	if require	d. If no	 ot required	I, check here	3,919,950▶	7	25,083,935	
Single or Married filing	8	Other income from Schedule 1, I	ine 9 .						. 8	66,435,792	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is yo	ur tot	al income			▶ 9	160,981,093	
Married filing	10	Adjustments to income:									
jointly or Qualifying	а	5 0 0 1 1 1 1 1 00									
widow(er),	b										
\$24,800 • Head of	С	Add lines 10a and 10b. These ar							▶ 10c	66,584,423	
household, \$18,650	11	Subtract line 10c from line 9. Thi	-	-					▶ 11	161,243,255	1
If you checked	12	Standard deduction or itemize	•	-	-				. 12	*** See Below	1
any box under Standard	13	Qualified business income deduc		•		•				22,827,118	
Deduction,	14	Add lines 12 and 13								157,516,957	1
see instructions.	15	Taxable income. Subtract line 1								127.425.325	1

*** Standard Deduction = 143,551,783

Cat. No. 11320B

Form **1040** (2020)

*** Itemized Deductions = 15,535,429

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Total of all returns filed = 164,358,792 Electronically Filed Returns = 157,874,579											
				()	1		ı		1		
£1040		rtment of the Treasury-Internal Revenue Serv		(99)	190)2 (0				
	U.	6. Individual Income Ta	x Re	turn			OMB No.	. 1545-00	74 IRS Use Only	—Do not writ	e or staple in this space.
Filing Status		single Married filing jointly	Marr	ried filing	separa	ately (N	FS) He	ad of hou	ısehold (HOH)	Qualif	ying widow(er) (QW)
Check only 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											
one box.	pers	on is a child but not your depender	nt 🕨								
Your first name	and mi	ddle initial	Last n	ame						Your soci	al security number
If joint return, sp	ouse's	first name and middle initial	Last n	ame						Spouse's	social security number
-											
Home address	numbe	r and street). If you have a P.O. box, see	e instruc	tions.					Apt. no.		ial Election Campaign
											re if you, or your filing jointly, want \$3
City, town, or p	ost offic	e. If you have a foreign address, also co	omplete	spaces be	elow.		State	ZII	P code		his fund. Checking a
											v will not change
Foreign country	name			Foreign p	province	/state/c	ounty	Fc	reign postal code	your tax o	
											You Spouse
At any time du	ring 20	020, did you receive, sell, send, exc	change.	, or other	wise ad	cquire	any financial	interest	in any virtual cu	urrency?	☐ Yes ☐ No
Standard	Som	eone can claim:	epende	nt 🗌	Yours	spouse	as a depend	dent			
Deduction		pouse itemizes on a separate retu	rn or yo	u were a	dual-s	tatus a	lien				
Age/Blindness	You	Were born before January 2,	1956	☐ Are b	olind	Spo	use. 🗆 Wa	as horn h	efore January 2	1956	Is blind
Dependents			1000	7	Social s			ationship	1		see instructions):
If more	•	rst name Last name		(2)	numbe		, ,	you	Child tax or		redit for other dependents
than four	,										
dependents,											
see instructions and check											
here ▶ □											
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .		1*	txbl schlrshp	s .4	,105,334	. 1	8,416,495,535
Attach	2a	Tax-exempt interest	2a	59,449	9,107		Taxable in	terest		. 2b	127,375,994
Sch. B if required.	3a	Qualified dividends	3a	260,24			Ordinary d	dividends		. 3b	327,876,787
	4a	IRA distributions	4a	353,03		_	o Taxable ar	mount .		. 4b	284,005,168
	5a	Pensions and annuities		1,407,94		_	Taxable ar			. 5b	827,597,726
Standard Deduction for—	6a	Social security benefits	6a	774,01			o Taxable ar			. 6b	374,166,924
• Single or	7	Capital gain or (loss). Attach Sche		if require	ed. If no	ot requi	red, check h	nere .	▶ ∟	_ 7	1,117,709,542
Married filing separately,	8	Other income from Schedule 1, lin								. 8	1,251,563,932
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is yo	our tot a	al inco	me			▶ 9	12,739,653,369
 Married filing jointly or 	10	Adjustments to income:						1.0	407 400 050		
Qualifying widow(er),	а	•						10a	137,166,853		
\$24,800	b	Charitable contributions if you take						10b	10,697,693		147 964 546
 Head of household, 	C	Add lines 10a and 10b. These are Subtract line 10c from line 9. This							!	10c	147,864,546
\$18,650 L • If you checked	11 12	Standard deduction or itemized	•	-	_				'	11 . 12	12,591,788,823 *** See Below
any box under	13	Qualified business income deduction		`			,			. 13	166,114,001
Standard Deduction,	14	Add lines 12 and 13					III 0555 A			. 14	3,247,282,972
see instructions.	15	Taxable income. Subtract line 14					nter -0			. 15	9,812,730,835
For Disclosure.		Act, and Paperwork Reduction Act N							at. No. 11320B	. ,	Form 1040 (2020)
		.,									, , , , , , , , , , , , , , , , , , , ,
		*		tandard				360,191	*		
		*	** Ite	emized	Deduc	ctions	= 607,5	14,569	,803		

Form 1040 (2020))							Page 2
	16	Tax (see instructions). Check if any from Form(s): 1	8814 2 4972	3 🗌			16	126,517,182
	17	Amount from Schedule 2, line 3					17	1,893,681
	18	Add lines 16 and 17					18	126,758,953
	19	Child tax credit or credit for other dependents					19	39,330,076
	20	Amount from Schedule 3, line 7					20	31,395,857
	21	Add lines 19 and 20					21	57,874,025
	22	Subtract line 21 from line 18. If zero or less, enter -0-					22	109,766,338
	23	Other taxes, including self-employment tax, from Sche	edule 2, line 10 .				23	30,236,385
	24	Add lines 22 and 23. This is your total tax				. ▶	24	119,398,433
	25	Federal income tax withheld from:						
	а	Form(s) W-2		25a	118,598	,959		
	b	Form(s) 1099		25b	44,773,	634		
	С	Other forms (see instructions)		25c	4,969,1	138		
	d	Add lines 25a through 25c					25d	140,126,721
If you have a	26	2020 estimated tax payments and amount applied fro	m 2019 return				26	9,783,673
qualifying child,	27	Earned income credit (EIC)		27	26,025,	709		
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812 .		28	19,119,	249		
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8 .		29	6,481,4	140		
see instructions.	30	Recovery rebate credit. See instructions		30	31,096,	185		
	31	Amount from Schedule 3, line 13		31	7,462,1	183		
	32	Add lines 27 through 31. These are your total other p	ayments and refunda	able cre	edits	. ▶	32	62,595,858
	33	Add lines 25d, 26, and 32. These are your total paym	ents			. ▶	33	155,293,744
Refund	34	If line 33 is more than line 24, subtract line 24 from line	e 33. This is the amou	nt you c	overpaid		34	125,949,019
	35a	Amount of line 34 you want $\boldsymbol{refunded\ to\ you.}$ If Form	8888 is attached, che	ck here		▶ □	35a	122,728,631
Direct deposit?	►b	Routing number	► c Type:	Check	ing 🗌 Sa	avings		
See instructions.	►d	Account number						
	36	Amount of line 34 you want applied to your 2021 esti	nated tax 🕨	36	4,334,4	131		
Amount	37	Subtract line 33 from line 24. This is the amount you	owe now			. ▶	37	32,771,171
You Owe		Note: Schedule H and Schedule SE filers, line 37 m	ay not represent all	of the t	axes you ov	we for		
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions fo						
instructions.	38	Estimated tax penalty (see instructions)		38	10,472,	580		
Third Party		you want to allow another person to discuss this			٦			
Designee		tructions		. ▶	Yes. Con	•		∐ No
			none o. ►			al identifi r (PIN) ▶		58,103,094
Cian		der penalties of perjury, I declare that I have examined this retur		edules a				
Sign		ef, they are true, correct, and complete. Declaration of preparer						
Here	Yo	r signature Date	Your occupation			If the	IRS ser	nt you an Identity
	k							N, enter it here
Joint return?						`	nst.) ►	
See instructions. Keep a copy for	Sp	buse's signature. If a joint return, both must sign.	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.							ışı i lote ıst.) ▶	otion i iiv, chici it norc
	Ph	one no. Email add	ress					
		parer's name Preparer's signature		Date	F	PTIN		Check if:
Paid								Self-employed
Preparer	———	n's name ▶		1		Phone	e no	
Use Only		n's address ▶					EIN ►	
Go to www.irs.aa		1040 for instructions and the latest information.				1		Form 1040 (2020)

Form 1040 (2020)						Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972	3 🔲 9,7	736		16	1,822,990,005
	17	Amount from Schedule 2, line 3				17	4,616,591
	18	Add lines 16 and 17				18	1,827,636,926
	19	Child tax credit or credit for other dependents				19	84,414,634
	20	Amount from Schedule 3, line 7				20	45,076,856
	21	Add lines 19 and 20				21	129,590,483
	22	Subtract line 21 from line 18. If zero or less, enter -0				22	1,698,046,442
	23	Other taxes, including self-employment tax, from Schedule 2, line 10 .				23	118,810,941
	24	Add lines 22 and 23. This is your total tax			. ▶	24	1,817,433,675
	25	Federal income tax withheld from:					
	а	Form(s) W-2	25a	1,124,95	1,133		
	b	Form(s) 1099	25b	159,906	5,062		
	С	Other forms (see instructions)	25c	12,309	,272		
	d	Add lines 25a through 25c				25d	1,331,767,098
• If you have a	26	2020 estimated tax payments and amount applied from 2019 return				26	417,829,370
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)	27	59,239			
 If you have 	28	Additional child tax credit. Attach Schedule 8812	28	33,664			
nontaxable combat pay,	29	American opportunity credit from Form 8863, line 8	29	5,654,	475		
see instructions.	30	Recovery rebate credit. See instructions	30	45,427	,981		
	31	Amount from Schedule 3, line 13	31	195,236	5,123		
	32	Add lines 27 through 31. These are your total other payments and refund	lable cred	its	. ▶	32	338,985,737
	33	Add lines 25d, 26, and 32. These are your total payments			. ▶	33	2,072,301,524
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amo	unt you ov e	erpaid		34	-472,019,865
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, ch			▶ □	35a	379,672,173
Direct deposit? See instructions.	►b	Routing number ▶ c Type:	Checking	g 🔲 Sa	avings		
dee manuchons.	► d	Account number	\bot				
	36	Amount of line 34 you want applied to your 2021 estimated tax	36	92,347	,692		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now			. ▶	37	218,487,802
You Owe For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all	of the tax	es you o	we for		
how to pay, see	00	2020. See Schedule 3, line 12e, and its instructions for details.	00	4 225	706		
instructions.	38	Estimated tax penalty (see instructions)	38	1,335,	700		
Third Party Designee		you want to allow another person to discuss this return with the IRS tructions		Yes. Cor	nnlete h	alow	No
Designee		signee's Phone	. , _		nal identifi		
		no. ▶			er (PIN)		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying so					
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is l	based on all	information			
	You	ur signature Date Your occupation					nt you an Identity IN, enter it here
Joint return?						nst.) ▶	iiv, enter it nere
See instructions.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupa	ition		If the	IRS ser	nt your spouse an
Keep a copy for your records.	•					,	ection PIN, enter it here
your rootido.					(see i	nst.) ►	
		one no. Email address eparer's name Preparer's signature	Date		PTIN		Chapte if
Paid	Pre	parer's name Preparer's signature	Date		T I IIN		Check if:
Preparer							Self-employed
Use Only		n's name			Phon		
		n's address ► 1040 for instructions and the latest information			Firm'	s EIN 🕨	Form 1040 (2020)

Electronically Filed Returns = 151,569,468

1040		urtment of the Treasury—Internal Revenue Servi		(99) G	20 20	OMB No. 1	545-007	4 IRS Use Only	—Do not wi	rite or staple in this space.	
Filing Status	76,657,	572 51,099,008 Single Married filing jointly	3,452 Marrie	2,657	parately (MFS	20,292,	, 121	sehold (HOH)	68,111	nying widow(er) (QW)	
Check only		u checked the MFS box, enter the n	_			· —		` ′	_		
one box.	•	on is a child but not your dependent		•	·			,		, , ,	
Your first name	and mi	ddle initial	Last nar	me					Your so	cial security number	
If joint return, sp	pouse's	first name and middle initial	Last name Spi							s social security number	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.				Apt. no.	Presidential Election Campaign		
									Check h	ere if you, or your	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete sp	paces below	. St	ate	ZIP	code Y	= * 2,46	4,296 Y = ** 3,853,247	
									box belo	w will not change	
Foreign country	y name		F	oreign provi	nce/state/cou	nty	For	eign postal code	your tax	or refund.	
										You Spouse	
At any time du	uring 20	020, did you receive, sell, send, exc	hange, c	or otherwis	e acquire an	y financial in	terest i	n any virtual cu	irrency?	Yes No	
Standard	Som	eone can claim: You as a de	pendent	Yo	ur spouse a	sade Vi	tuel C				
Deduction		Spouse itemizes on a separate return	•		•	VIII	tuai C	urrency y	es = 2,2	26,516 no = 147,17	
ge/Blindness		26,037,672 Were born before January 2, 19		249,837 Are blind	•		,876,7 born be	32 efore January 2	78 2, 1956	3,849 Is blind	
ependents	s (see	instructions):			ial security	(3) Relatio	nship	(4) 🗸 if q	ualifies for	(see instructions):	
more	(1) Fi	First name Last name number to you					u	Child tax c	redit	Credit for other dependents	
nan four ependents,								33,483	,346		
ee instructions	s ——			<u> </u>				20,504	•		
nd check								7,363			
ere ► 📙	-							1,978		404.007.000	
Attach	1	Wages, salaries, tips, etc. Attach F	1		- i .		• •		. 1	121,887,886 44,183,746	
Sch. B if	2a	' <u>-</u>		6,044,819 27,014,22	- T	Taxable inte			. 2b		
equired.	3a			12,845,17		•				28,737,283	
	4a 5a			29,956,57		Taxable amo Taxable amo			. 4b . 5b	11,832,133 27,497,894	
andard	6a			28,244,15		Taxable amo			. 6b	20,751,323	
duction for-	7	Capital gain or (loss). Attach Scheo							. <u>05</u>	23,474,648	
ingle or larried filing	8	Other income from Schedule 1, line		•	•				. 8	61,579,308	
eparately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, a							▶ 9	149,019,565	
12,400 larried filing	10	Adjustments to income:		,							
ointly or Qualifying	а	24 000 247									
ridow(er), 24,800	b										
ead of	С	Add lines 10a and 10b. These are	your tot	al adjustm	ents to inco	ome			▶ 10c	61,755,755	
ousehold, 18,650	11	Subtract line 10c from line 9. This	is your a	adjusted g	ross income				▶ 11	149,263,559	
you checked	12	Standard deduction or itemized	deducti	ons (from	Schedule A)				. 12	132,944,076	
ny box under [Standard	13	Qualified business income deducti	on. Atta	ch Form 89	995 or Form	8995-A .			. 13	21,563,504	
eduction, ee instructions.	14	Add lines 12 and 13							. 14	146,898,253	
										140,000,200	

^{*} One election box checked ** Both election boxes checked (counts each box separately)

		Elec	tronicall	y Filed R	eturns =	: 15	57,8	74,579					
£1040	-	urtment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) urn	20	20	0	OMB No.	1545-00	174 IRS Use Only-	–Do not w	rite or staple in this space.	
Filing Status		Single Married filing jointly	Marrie	ed filing s	separat	ely (M	IFS)	Hea	d of ho	usehold (HOH)	Qua	lifying widow(er) (QW)	
Check only one box.	-	u checked the MFS box, enter the n on is a child but not your dependen:		your spo	use. If y	ou ch	neck	ed the HO	OH or C)W box, enter the	e child's	name if the qualifying	
Your first name	•		Last na	me							Your so	cial security number	
rour mot marrio	and m		Laot na										
If joint return, sp	ouse's	first name and middle initial	Last na	me							Spouse's social security number		
Home address (numbe	r and street). If you have a P.O. box, see	instruction	ons.						Apt. no.		ntial Election Campaign nere if you, or your	
City town or pr	net offic	ce. If you have a foreign address, also co	mnlete si	naces hel	low		State	<u> </u>	7	P code		if filing jointly, want \$3	
Oity, town, or po	Jot Offic	oc. II you have a foreign address, also oc	inpicto s _i	paces bei	Ow.		Olak	o .	-	l code	_	this fund. Checking a ow will not change	
Foreign country	name		F	oreign pr	rovince/s	state/c	ounty	у	F	oreign postal code		or refund.	
												You Spouse	
At any time du	ring 2	020, did you receive, sell, send, exc	hange, d	or otherv	wise ac	quire a	any 1	financial i	nterest	in any virtual cu	rrency?	Yes No	
Standard	Som	eone can claim: You as a de	pendent	t 🔲	Your s	oouse	as a	a depend	ent				
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-st	atus a	alien						
Age/Blindness	You:	Were born before January 2, 1	956	Are bl	ind	Spo	use:	☐ Was	s born	oefore January 2	, 1956	☐ Is blind	
Dependents	(see	instructions):		(2) 9	Social se	curity		(3) Relat	ionship	(4) ✓ if qu	ualifies fo	r (see instructions):	
If more	(1) Fi	rst name Last name	number to you			Child tax cre	edit	Credit for other dependents					
than four dependents,													
see instructions													
and check here ►	-												
	1	Wages, salaries, tips, etc. Attach F	orm(s) \	N-2 .	<u>.</u>						. 1	7,948,394,594	
Attach	2a		1, ,	55,390,	,281		b Ta	axable int	erest		2b	440 444 000	
Sch. B if required.	3a	Qualified dividends		234,992		ı	b Or	rdinary di	vidend	s	3b	296,395,037	
	4a	_		317,933	-	-					4b	258,511,028	
	5a			,289,02		-					5b	1 10,200,002	
Standard Deduction for—	6a 7	Social security benefits Label Social Scheller Label Scheller Label Scheller Label Scheller		692,471	-	_					6b		
Single or Married filing	8	Other income from Schedule 1, lin				•				▶ ∟	8	1,040,484,869 1,198,951,549	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,									9	11,945,909,238	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22							10a	127,601,808			
widow(er), \$24,800	b	Charitable contributions if you take							10b	9,991,751			
Head of household,	C	Add lines 10a and 10b. These are	•	-				ne					
\$18,650	11	Subtract line 10c from line 9. This	•	-	_						11 12		
any box under										13	2,0:0,00:,000		
Standard Deduction,	14										14		
see instructions.	15	Taxable income. Subtract line 14						-0				0,02 1,220,000	
For Disclosure,	Privacy	/ Act, and Paperwork Reduction Act N	otice, se	e separa	te instru	ıction	s.		(Cat. No. 11320B		Form 1040 (2020)	

Form 1040 (2020))									Page 2
	16	Tax (see instructions).	Check if any from Form	n(s): 1 881	4 2 <u></u> 4972	3 🗌			16	118,014,779
	17	Amount from Schedu	ıle 2, line 3				·		17	1,748,209
	18	Add lines 16 and 17							18	118,225,819
	19	Child tax credit or cre	edit for other dependen	ts					19	37,344,397
	20	Amount from Schedu	ıle 3, line 7						20	29,966,222
	21	Add lines 19 and 20							21	54,871,334
	22	Subtract line 21 from	line 18. If zero or less,	enter -0					22	102,061,304
	23	Other taxes, including	g self-employment tax,	from Schedule	2, line 10 .				23	27,879,297
	24	Add lines 22 and 23.	This is your total tax					. ▶	24	110,579,653
	25	Federal income tax w	vithheld from:							
	а	Form(s) W-2				25a	112,96	4,279		
	b	Form(s) 1099				25b	42,215	,359		
	С	Other forms (see inst	ructions)			25c	4,426	840		
	d	Add lines 25a through	h 25c						25d	131,038,106
• If you have a	26	2020 estimated tax p	ayments and amount a	pplied from 20	119 return				26	8,938,184
qualifying child,	27	Earned income credit	t (EIC)			27	24,622	,648		, ,
attach Sch. EIC. If you have	28		redit. Attach Schedule			28	18,189	,198		
nontaxable	29	American opportunity	credit from Form 8863	3, line 8		29	6,158	,025		
combat pay, see instructions.	30	Recovery rebate cred	dit. See instructions .			30	28,089	,751		
	31	Amount from Schedu	ıle 3, line 13			31	6,870	,013		
	32	Add lines 27 through	31. These are your total	al other paym	ents and refund	dable cr	edits	. ▶	32	57,871,752
	33	Add lines 25d, 26, an	d 32. These are your to	tal payments				. ▶	33	144,214,713
Refund	34	If line 33 is more than	line 24, subtract line 2	4 from line 33.	This is the amo	unt you	overpaid		34	117,756,836
neiulu	35a	Amount of line 34 you	u want refunded to you	J. If Form 8888	is attached, ch	eck here		▶ □	35a	114,733,240
Direct deposit?	►b									
See instructions.	►d	Account number								
	36	Amount of line 34 you	u want applied to your	2021 estimate	ed tax 🕨	36	4,037	677		
Amount	37	Subtract line 33 from	line 24. This is the amo	ount you owe	now			. ▶	37	29,179,734
You Owe		Note: Schedule H a								
For details on how to pay, see			3, line 12e, and its instr	•	•					
instructions.	38	Estimated tax penalty	(see instructions) .		🕨	38	9,630	,166		
Third Party	Do		another person to disc				_			_
Designee	ins	tructions				. ▶	Yes. Co	•		∐ No
		signee's ne ▶		Phone no. ▶				nal identif er (PIN)		58,103,094
0:			declare that I have examine		l accompanying so	shodulos d		,		, ,
Sign			and complete. Declaration							
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity
		· ·			·			I		N, enter it here
Joint return?								,	nst.) ▶	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint	return, both must sign.	Date	Spouse's occupa	ation		I		nt your spouse an ection PIN, enter it here
your records.								I	nst.) ▶	oction i iiv, ontor it noro
	Pho	one no.		Email address						
D - ! -!	Pre	parer's name	Preparer's signat	ture		Date		PTIN		Check if:
Paid										Self-employed
Preparer	Fire	m's name ▶						Phon	e no.	
Use Only		n's address ▶							s EIN ▶	
Go to www.irs.aa	ov/Forn	11040 for instructions and	the latest information.							Form 1040 (2020)

Form 1040 (2020)							Page 2
•	16	Tax (see instructions). Check if any from Form(s): 1 8814	2 4972	3 🗌			16	1,716,870,651
	17	Amount from Schedule 2, line 3					17	4,283,672
	18	Add lines 16 and 17					18	1,721,154,323
	19	Child tax credit or credit for other dependents					19	80,840,397
	20	Amount from Schedule 3, line 7					20	40,636,903
	21	Add lines 19 and 20					21	121,477,301
	22	Subtract line 21 from line 18. If zero or less, enter -0					22	1,599,677,022
	23	Other taxes, including self-employment tax, from Schedule 2,	line 10				23	109,657,168
	24	Add lines 22 and 23. This is your total tax				. ▶	24	1,709,336,744
	25	Federal income tax withheld from:						
	а	Form(s) W-2		25a	1,077,28	8,287		
	b	Form(s) 1099		25b	149,531	,132		
	С	Other forms (see instructions)		25c	9,982,			
	d	Add lines 25a through 25c					25d	1,259,497,013
• If you have a	26	2020 estimated tax payments and amount applied from 2019 i					26	389,756,096
qualifying child,	27	Earned income credit (EIC)		27	56,733	,161		
attach Sch. EIC. If you have	28	Additional child tax credit. Attach Schedule 8812		28	32,068	,717		
nontaxable	29	American opportunity credit from Form 8863, line 8		29	5,362,	245		
combat pay, see instructions.	30	Recovery rebate credit. See instructions		30	41,345	,439		
	31	Amount from Schedule 3, line 13		31	180,591	,615		
	32	Add lines 27 through 31. These are your total other payments	s and refundal	ble cred	dits	. •	32	316,092,414
	33	Add lines 25d, 26, and 32. These are your total payments				. ▶	33	1,952,609,313
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. Thi	s is the amoun	t you o v	erpaid/		34	-443,400,856
neiulia	35a	Amount of line 34 you want refunded to you. If Form 8888 is a	attached, chec	k here		▶ □	35a	357,692,745
Direct deposit?	►b	Routing number	▶ c Type: ☐ Checking ☐ Sa					
See instructions.	►d	Account number						
	36	Amount of line 34 you want applied to your 2021 estimated to	ax ▶	36	85,708	,110		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	v			. ▶	37	201,344,149
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not i	edule SE filers, line 37 may not represent all of the taxes y					
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.	12e, and its instructions for details.					
instructions.	38	Estimated tax penalty (see instructions)	🕨	38	1,215,	863		
Third Party		you want to allow another person to discuss this return v			_			
Designee		tructions		▶ _	Yes. Co	•		∐ No
		signee's Phone no. ▶				nal identit er (PIN) 🕨		
<u> </u>		der penalties of perjury, I declare that I have examined this return and acc	companying sche	dulae an				t of my knowledge and
Sign		ef, they are true, correct, and complete. Declaration of preparer (other tha						
Here			ur occupation			1		nt you an Identity
			•					IN, enter it here
Joint return?	—						inst.) ▶	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, both must sign. Date Sp	ouse's occupation	on				nt your spouse an ection PIN, enter it here
your records.							inst.) ▶	octor i iiv, oritor it rioro
	Pho	one no. Email address						
D-1-I		parer's name Preparer's signature		Date		PTIN		Check if:
Paid								Self-employed
Preparer	Firr	n's name ▶	ie no.					
Use Only		n's address ▶					s EIN ▶	
Go to www irs ac	v/Form	1040 for instructions and the latest information.				,		Form 1040 (2020)

Total Forms Filed =

Department of the Treasury

Internal Revenue Service

80,009,436

SCHEDULE 1 (Form 1040)

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 Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	3,795,242
2 a	Alimony received	2 a	314,411
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	27,727,153
4	Other gains or (losses). Attach Form 4797	4	1,948,657
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	16,784,058
6	Farm income or (loss). Attach Schedule F	6	1,738,421
7	Unemployment compensation	7	29,901,078
8	Other income. List type and amount ▶		
		8	6,956,041
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
) o r	line 8	9	66,435,792
	Adjustments to Income		
)	Educator expenses	10	3,436,604
1	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	316,183
2	Health savings account deduction. Attach Form 8889	12	2,008,708
3	Moving expenses for members of the Armed Forces. Attach Form 3903	13	80,889
1	Deductible part of self-employment tax. Attach Schedule SE	14	20,352,607
5	Self-employed SEP, SIMPLE, and qualified plans	15	947,275
6	Self-employed health insurance deduction	16	3,640,345
7	Penalty on early withdrawal of savings	17	379,439
За	Alimony paid	18a	420,321
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions) ▶		
9	IRA deduction	19	2,465,286
)	Student loan interest deduction	20	10,103,544
1	Tuition and fees deduction. Attach Form 8917	21	1,294,534
2	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	36,917,699
 r Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 71479F		le 1 (Form 1040) 2

8. Net oper. loss= 1,323,044 8. Stock options= 889 8. Cancel. of debt= 510,844 8. For. earn. inc. ex= 455,352 8. Gambling inc.= 1,687,491 8. Taxable HSA = 531,695 8. Sec 965 = 2,413 8. 461 Loss Limit = 25 8. 8992 Low tx = 7,823

22. Dom. Prod. Ded = 11,133 22. Archer MSA Ded.= 4,365

22. Housing ded.= 4,573 22. Other adj.= 293,714 Total Forms Filed =

80,009,436

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Department of the Treasury Internal Revenue Service

8. Taxable HSA =

8. 461 Loss Limit =

8. 8992 Low tx =

8. Sec 965 =

635,596

15,258

184,932

2,869,447

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. 01

OMB No. 1545-0074

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number **Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 4,336,115 2a 9.659.488 b Date of original divorce or separation agreement (see instructions) ► 3 3 337,175,302 4 4 33,788,611 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 793.879.232 -21,864,139 6 6 7 7 405,283,667 Other income. List type and amount ▶ 8 8 ______ 37,253,562 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, 9 1,251,563,932 Part II Adjustments to Income 10 10 904,137 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 2,533,353 12 12 5.948.959 13 Moving expenses for members of the Armed Forces. Attach Form 3903 13 208.240 14 14 Deductible part of self-employment tax. Attach Schedule SE 33,293,453 15 15 26,091,044 16 16 30,148,510 17 17 208.505 18a 10,697,070 c Date of original divorce or separation agreement (see instructions) ▶ 19 19 13,574,992 20 20 7.752.615 21 21 3,176,138 Add lines 10 through 21. These are your adjustments to income. Enter here and 22 on Form 1040, 1040-SR, or 1040-NR, line 10a 137,166,853 For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71479F Schedule 1 (Form 1040) 2020 22. Dom. Prod. Ded = 67,614 8. Net oper. loss= 224,129,910 8. Stock options= 22. Archer MSA Ded.= 7,013 76,571 8. Cancel. of debt= 4,953,787 22. Housing ded.= 40,783 8. For. earn. inc. ex= 29,622,342 22. Other adj.= 2,514,426 8. Gambling inc.= 28,437,694

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Additional Taxes

► 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. 02

Your social security number

Total Forms Filed = 31,373,834 Part I Tax Alternative minimum tax. Attach Form 6251 1 1 156,549 Excess advance premium tax credit repayment. Attach Form 8962 2 1,748,217 3 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 1,893,681 Part II **Other Taxes** Self-employment tax. Attach Schedule SE. 4 4 20,352,607 5b 41,984 **b** □ 8919. 5 Unreported social security and Medicare tax from Form: **a** : 4137 5 Additional tax on IRAs, other qualified retirement plans, and other tax-favored 6 6 3,873,810 7a 179,705 **b** Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if 7b required 509.464 Taxes from: **a** ☐ Form 8959 **b** Form 8960 8a 5,169,751 8 8b 5,691,866 Other taxes = 899,519 **c** Instructions; enter code(s) 8 Section 965 net tax liability installment from Form 965-A . . . 9 5,497 Add lines 4 through 8. These are your total other taxes. Enter here and on Form 10

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

1040 or 1040-SR, line 23, or Form 1040-NR, line 23b

Cat. No. 71478U

Schedule 2 (Form 1040) 2020

30,236,385

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

► 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. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number Total Forms Filed = 31,373,834 Part I Tax 1 1 2,937,322 2 Excess advance premium tax credit repayment. Attach Form 8962 2 1,709,599 3 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 4,616,591 Part II **Other Taxes** 4 4 Self-employment tax. Attach Schedule SE . . 66,574,852 Unreported social security and Medicare tax from Form: 5a 8,507 4137 5 5 Additional tax on IRAs, other qualified retirement plans, and other tax-favored 6 6 3,642,009 7a 1,209,817 **b** Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required 7b 267,007 Taxes from: **a** ☐ Form 8959 **b** Form 8960 8a 11,362,876 **c** Instructions; enter code(s) Other taxes = 861,190 8 9 Section 965 net tax liability installment from Form 965-A . . . 253,452 Add lines 4 through 8. These are your total other taxes. Enter here and on Form 10 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b 10 118,810,941 For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71478U Schedule 2 (Form 1040) 2020

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

6c

6c

6c

F8936

F8396

F8839

Other Credits

61,793

94,293

64,773

7,854

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 Your social security number **Total Forms Filed = 36,919,462** Part I Nonrefundable Credits 1 Foreign tax credit. Attach Form 1116 if required 1 9,200,635 2 Credit for child and dependent care expenses. Attach Form 2441 2 5,049,685 3 3 7,418,821 4 Retirement savings contributions credit. Attach Form 8880 4 9,401,147 5 Residential energy credits. Attach Form 5695 5 2,290,640 **SEE BELOW** 6 6 Other credits from Form: **a** □ 3800 **b** 8801 31,395,857 7 Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 Part II Other Payments and Refundable Credits 8 8 2,223,362 9 9 Amount paid with request for extension to file (see instructions) 1,597,601 10 Excess social security and tier 1 RRTA tax withheld 10 1,587,700 11 11 292.191 12 Other payments or refundable credits: **a** Form 2439 12a 3,112 **b** Qualified sick and family leave credits from Schedule(s) H and 12b 998,868 **c** Health coverage tax credit from Form 8885 12c 47,083 d Other: 12d 32,415 Deferral for certain Schedule H or SE filers (see instructions) . 12e 863.595 12f 1,853,472 Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 13 7,462,183 For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71480G Schedule 3 (Form 1040) 2020 F3800 433,065 6b F8801 148,294 6c F8910 18,183 6c 45,677 Sch R 6c F8834 3,035 6c F8911 28,519

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 Your social security number **Total Forms Filed = 36,919,462** Part I **Nonrefundable Credits** 1 1 21,624,553 2 Credit for child and dependent care expenses. Attach Form 2441 2 2,826,870 3 3 7.880.608 4 Retirement savings contributions credit. Attach Form 8880 1,749,685 5 Residential energy credits. Attach Form 5695 5 3,901,324 Other credits from Form: **a** 3800 **b** 8801 c SEE BELOW 6 6 45,076,856 Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 7 Part II **Other Payments and Refundable Credits** 8 2,149,299 9 Amount paid with request for extension to file (see instructions) 169,512,965 Excess social security and tier 1 RRTA tax withheld 10 10 3,630,524 11 11 166,650 Other payments or refundable credits: 12 Form 2439 12a 77,187 b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 12b 1,911,053 c Health coverage tax credit from Form 8885 12c 45,008 12d 284,190 d Other: Deferral for certain Schedule H or SE filers (see instructions) . 12e 940,901 12f 3,066,897 Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 13 195,236,123 For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 71480G Schedule 3 (Form 1040) 2020 5

6a	F3800	4,932,175
6b	F8801	1,362,613
6c	F8910	48,221
6c	Sch R	4,265
6c	F8834	4,554
6c	F8911	9,801
6c	F8936	313,118
6c	F8396	153,078
6c	F8839	321,764
6c	Other Credits	43,220

SCHEDULE A (Form 1040)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information. ► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. **07**

Name(s) shown on	Form	1 1040 or 1040-SR Total schedules filed = 15,812,365			Your so	ocial security number
Medical and Dental Expenses	2 3	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 2 Multiply line 2 by 7.5% (0.075)	3	3,941,813 3,939,811	4	3,941,813
Taxes You Paid	6	State and local taxes. a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	6	865,460	S Tax :	11,256,735 3,732,744
Interest You Paid Caution: Your mortgage interest deduction may be limited (see instructions).	8	Add lines 5e and 6	8a	12,144,134	7	15,400,513
	9	Points not reported to you on Form 1098. See instructions for special rules	8b 8c 8d 8e 9	332,636 1,083,486 12,321,025 769,809	10	12,530,953
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 12 13	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11 12 13	11,685,162 7,047,033 257,261	14	
Casualty and Theft Losses		Casualty and theft loss(es) from a federally declared disaster (othe disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	r tha 8 of	an net qualifie f that form. Se	d	6,619
Other Itemized Deductions		Other—from list in instructions. List type and amount ► Gambling Loss Deduction = 363,420 Other than gambling deduction = 28,918	uctio	on = 338,903	16	723,153
Total Itemized Deductions		Add the amounts in the far right column for lines 4 through 16. Also, 6 Form 1040 or 1040-SR, line 12	stan		1 7	15,535,437

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information. ► Attach to Form 1040 or 1040-SR.

Department of the Treasury

Caution: If you are claiming a net gualified disaster loss on Form 4684, see the instructions for line 16.

Attachment

internal nevertue Sei	vice ((99) Carrotti ii you are claiming a not quaimou disaster loss on retirm 100 i, ees are		detiene for inte re	<u>" </u>	Sequence No. O1
Name(s) shown on	Form	n 1040 or 1040-SR Total schedules filed = 15,812,365			Your s	ocial security number
Medical and Dental Expenses	2 3	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 2 Multiply line 2 by 7.5% (0.075)	3	102,169,008 24,920,597	4	77,248,411
Taxes You Paid	k o	State and local taxes. a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5b 5c 5d	Income Taxe General Sales 215,917,358 103,011,379 4,529,995 322,620,491 121,385,415 2,002,116		207,853,088 = 8,064,270
Interest You Paid Caution: Your mortgage interest deduction may be limited (see instructions).	8 k	Add lines 5e and 6 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box Home mortgage interest and points reported to you on Form 1098. See instructions if limited Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address. Points not reported to you on Form 1098. See instructions for special rules Mortgage insurance premiums (see instructions) Add lines 8a through 8d Investment interest. Attach Form 4952 if required. See instructions.			7	
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11 12 13	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	12 13	137,008,455 85,720,231 16,414,521	10	
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (othe disaster losses). Attach Form 4684 and enter the amount from line 1 instructions	r tha	an net qualifie f that form. Se	d	
Other Itemized Deductions		Other—from list in instructions. List type and amount ► Gambling Loss Deduction = 17,093,02 Other than gambling deduction = 1,229,196	uctio	on = 4,085,42	16	22,407,640
Total Itemized Deductions		Add the amounts in the far right column for lines 4 through 16. Also, 6 Form 1040 or 1040-SR, line 12	stan	dard deduction	17	607,543,088
For Paperwork	Red			lo. 17145C	Sched	lule A (Form 1040) 2020

SCHEDULE B (Form 1040)

Interest and Ordinary Dividends ▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or 1040-SR. Sequence No. 08 Name(s) shown on return Your social security number Total schedules filed = 21,688,534 Part I **Amount** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address ▶ (See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.) Note: If you 1 received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. Add the amounts on line 1 18,922,924 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 6.573 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, 4 If line 4 is over \$1,500, you must complete Part III. Note: **Amount** List name of payer ▶ Part II **Ordinary Dividends** (See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.) 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the paver and enter the ordinary dividends shown Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, on that form. 16,577,761 Note: If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a No Yes foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign** At any time during 2020, did you have a financial interest in or signature authority over a financial **Accounts** account (such as a bank account, securities account, or brokerage account) located in a foreign and Trusts country? See instructions . . . If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Caution: If Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 required, failure and its instructions for filing requirements and exceptions to those requirements to file FinCEN Form 114 may If you are required to file FinCEN Form 114, enter the name of the foreign country where the result in financial account is located ▶ substantial During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a penalties. See instructions. foreign trust? If "Yes," you may have to file Form 3520. See instructions .

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

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

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2020 Attachment Sequence No. 08

	` /			Sequence		
Name(s) shown on r		Total schedules filed = 21,688,534	Your	social securi	ty num	ber
Part I Interest (See instructions	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶		Amo	ount	
and the instructions for Forms 1040 and 1040-SR, line 2b.))					
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that			1			
form.	•	Add the constant of the second		400.007	400	
	2 3	Add the amounts on line 1	3	120,997, 6,218		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	,		
		If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer ►				
Ordinary						
Dividends						
(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.))		5			
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter						
the ordinary dividends shown						
on that form.	6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR,	6	322,742,	AEG.	
	Note:	line 3b	6	322,142,	430	
Part III	You m	nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividen account; or (c) received a distribution from, or were a grantor of, or a transferor to, a			Yes	No
Foreign Accounts and Trusts	7a	At any time during 2020, did you have a financial interest in or signature authority account (such as a bank account, securities account, or brokerage account) locat country? See instructions				
Caution: If required, failure to file FinCEN		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank Accounts (FBAR), to report that financial interest or signature authority? See Find and its instructions for filing requirements and exceptions to those requirements.	CEN F	orm 114		
Form 114 may result in substantial	b	If you are required to file FinCEN Form 114, enter the name of the foreign cour financial account is located ▶	-	here the		
penalties. See instructions.	8	During 2020, did you receive a distribution from, or were you the grantor of, or to foreign trust? If "Yes," you may have to file Form 3520. See instructions				

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

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

OMB No. 1545-0074 Attachment Sequence No. 09

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name c	of proprietor Total schedules filed	= 31,4	172,868			Social	security number (SSN)
A	Principal business or profession	on, incl	uding product or service (s	see instr	uctions)	B Ente	r code from instructions
С	Business name. If no separate	busin	ess name, leave blank.			D Empl	oyer ID number (EIN) (see instr.)
E	Business address (including s	uite or	room no.) ►				
	City, town or post office, state	e, and 2					
F	Accounting method: (1)	Casl	n (2) Accrual	(3)	Other (specify) ►		
G H J	If you started or acquired this Did you make any payments in If "Yes," did you or will you file	busine n 2020	ess during 2020, check her that would require you to	e file Forn	2020? If "No," see instructions for I		▶ □ □ Yes □ No
Par							
1					this income was reported to you or		00 554 000
					d 46,394 .▶ □	1	26.554.096
2							592,681
3							26,545,102
4	•	,					4,142,466
5	-						26,579,379
6			•		refund (see instructions)		1,245,233
7 Part						7	26.977.656
8	Advertising	8	6,746,709	18	Office expense (see instructions)	18	8,604,915
	9	•	0,740,709	19	Pension and profit-sharing plans	19	93,971
9	Car and truck expenses (see instructions)	9	14,925,481	20	Rent or lease (see instructions):	19	30,371
10	Commissions and fees .	10	1,458,639	a 20	Vehicles, machinery, and equipment	20a	2,004,428
11	Contract labor (see instructions)	11	2,418,067	⊢ "	Other business property		3,422,348
12	Depletion	12	72,685	21	Repairs and maintenance		5,096,278
13	Depreciation and section 179		,	22	Supplies (not included in Part III)		12,866,894
	expense deduction (not included in Part III) (see			23	Taxes and licenses		6,298,012
	instructions)	13	5,288,857	24	Travel and meals:		
14	Employee benefit programs			а	Travel	24a	4,521,111
	(other than on line 19)	14	212,423	b	Deductible meals (see		
15	Insurance (other than health)	15	6,650,751		instructions)	24b	6.789.282
16	Interest (see instructions):			25	Utilities	25	15,474,552
а	Mortgage (paid to banks, etc.)	16a	445,801	26	Wages (less employment credits)	. 26	1,071,919
b	Other	16b	1,403,977	27a	Other expenses (from line 48) .	. 27a	14,205,417
17	Legal and professional services	17	9,387,017	b	Reserved for future use		
28	Total expenses before expen			dd lines	8 through 27a ▶	28	24,280,841
29	Tentative profit or (loss). Subtr					. 29	28,095,238
30	•	•	•	se expe	enses elsewhere. Attach Form 8829)	
	unless using the simplified me				ır home: 2,283,166		
	Simplified method filers only		'	(, ,		-	
	and (b) the part of your home			282,15			4,166,806
04	Method Worksheet in the instr		· ·	enter on	ine 30	. 30	4,100,000
31	Net profit or (loss). Subtract				a a= a		
	If a profit, enter on both Sochecked the box on line 1, see	e instru	, ,,		, , ,	31	27,727,153
	If a loss, you must go to lin				J		
32	If you have a loss, check the b	ox tha	t describes your investme	nt in this	,	4-1 D-	Obselved = - 7.007.44
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you mu 	box or	line 1, see the line 31 instr nondeductible loss (-	uctions). -)/susp	Estates and trusts, enter on ended loss carryover (-)	tal Box 32a 32b	_

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020

Attachment

	of proprietor Total schedules filed		<u> </u>	01 1041	, partnerships generally must he	_		curity number (SSN)
	Principal business or profession			noo inat-	untions)	P	Entor	ode from instructions
A	Principal business or profession	ori, iricii	uding product or service (see mstr	uctions)	ľ	Enter C	
С	Business name. If no separate	busine	ess name, leave blank.			D	Employ	er ID number (EIN) (see instr.)
E	Business address (including s	uite or	room no.) ►				· · · ·	
	City, town or post office, state	, and Z						
F		Cash			Other (specify)			
G					2020? If "No," see instructions for			
Н								
I			• •		n(s) 1099? See instructions			
J		e requir	red Form(s) 1099?		<u> </u>			Yes No
Par	Income							
1	•				f this income was reported to you d	- 1	1	1,571,832,315
2	Returns and allowances						2	7,354,921
3						. [3	1,564,477,394
4	Cost of goods sold (from line	42) .				. [4	437,822,156
5	Gross profit. Subtract line 4	from lir	ne 3			. [5	1,126,655,237
6	Other income, including federa	al and	state gasoline or fuel tax of	redit or	refund (see instructions)	. [6	25,806,269
7	Gross income. Add lines 5 a	nd 6 .			<u> </u>	▶	7	1,152,461,507
Part	Expenses. Enter expe	enses	for business use of yo	our hon	ne only on line 30.			
8	Advertising	8	18,076,972	18	Office expense (see instructions)	18	16,625,344
9	Car and truck expenses (see			19	Pension and profit-sharing plans	. [19	1,302,008
	instructions)	9	104,050,256	20	Rent or lease (see instructions):			
10	Commissions and fees .	10	19,123,054	а	Vehicles, machinery, and equipme	nt	20a	11,577,141
11	Contract labor (see instructions)	11	76,679,606	b	Other business property		20b	40,470,151
12	Depletion	12	464,444	21	Repairs and maintenance		21	23,693,615
13	Depreciation and section 179			22	Supplies (not included in Part III)		22	54,664,366
	expense deduction (not included in Part III) (see			23	Taxes and licenses	. [23	20,251,241
	instructions)	13	55,001,932	24	Travel and meals:			
14	Employee benefit programs			а	Travel		24a	12,609,176
	(other than on line 19).	14	3,214,638	b	Deductible meals (see			
15	Insurance (other than health)	15	23,674,961		instructions)		24b	10,212,073
16	Interest (see instructions):			25	Utilities	. [25	36,333,493
а	Mortgage (paid to banks, etc.)	16a	3,533,673	26	Wages (less employment credits	i) . [26	99,649,963
b	Other	16b	6,909,072	27a	Other expenses (from line 48) .	. [27a	151,157,093
17	Legal and professional services	17	15,621,265	b	Reserved for future use		27b	
28	Total expenses before expen	ses for	business use of home. A	dd lines	8 through 27a	▶	28	804,961,557
29	Tentative profit or (loss). Subtr	act line	e 28 from line 7			.	29	347,499,949
30	Expenses for business use of	f your	home. Do not report the	se expe	enses elsewhere. Attach Form 88	29		
	unless using the simplified me							
	Simplified method filers only	r: Enter				_		
	and (b) the part of your home		Dubiness	69.907				
	Method Worksheet in the instr	ructions	s to figure the amount to e	enter on	line 30	. [30	11,166,328
31	Net profit or (loss). Subtract	line 30	from line 29.		1			
	 If a profit, enter on both So checked the box on line 1, see 		• • • • • • • • • • • • • • • • • • • •		' ' '		31	337,175,302
	• If a loss, you must go to lin	ne 32.				_		
32	If you have a loss, check the b		t describes your investme	nt in this	activity. See instructions.			
	 If you checked 32a, enter t 	the los	s on both Schedule 1 (F d	orm 104	0), line 3, and on Schedule	otal	Boxes	s Checked = 7,945
	SE, line 2. (If you checked the		line 1, see the line 31 instr	uctions).	Estates and trusts, enter on		32a 🗌	All investment is at risk.
	Form 1041, line 3.		nondeductible loss (+)/susp	ended loss carryover (-)		32b 🗌	
	• If you checked 32b, you mu	ı st atta	ch Form 6198. Your loss	may be	limited. 841,680			at risk.

Schedule C (Form 1040) 2020 Page 2 Part III Cost of Goods Sold (see instructions) 33 Method(s) used to value closing inventory: a Cost **b** Lower of cost or market **c** Other (attach explanation) 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No If "Yes," attach explanation . . Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . 1,100,345 35 36 36 Purchases less cost of items withdrawn for personal use . . . 2,215,827 37 Cost of labor. Do not include any amounts paid to yourself . . . 37 486,925 1,890,443 38 38 Materials and supplies 938,367 39 39 Add lines 35 through 39 40 1,136,531 41 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. . . Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. When did you place your vehicle in service for business purposes? (month/day/year) Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for: **b** Commuting (see instructions) 45 Was your vehicle available for personal use during off-duty hours? No No 46 ☐ No If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30. Part V

Total other expenses. Enter here and on line 27a .

48

	e C (Form 1040) 2020			Page 2
Part	Cost of Goods Sold (see instructions)			
33 34	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att Was there any change in determining quantities, costs, or valuations between opening and closing inventor of the cost of the co	ry?	xplanation)	□ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	41,729,54	3
36	Purchases less cost of items withdrawn for personal use	36	246,298,76	66
37	Cost of labor. Do not include any amounts paid to yourself	37	40,779,79	4
38	Materials and supplies	38	72,434,53	0
39	Other costs	39	77,600,96	0
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	41,021,43	7
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4			
Part				
43 44 a	When did you place your vehicle in service for business purposes? (month/day/year) / Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your Business b Commuting (see instructions) c G	vehicle	e for:	
а	b Commuting (see instructions) c) (i i i i		
45	Was your vehicle available for personal use during off-duty hours?		Tyes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tyes	☐ No
47a	Do you have evidence to support your deduction?		Tes	☐ No
b	If "Yes," is the evidence written?		Tes	☐ No
Part	Other Expenses. List below business expenses not included on lines 8–26 or ii	ne 30) <u>.</u>	
48	Total other expenses. Enter here and on line 27a	48		

SCHEDULE D (Form 1040)

Capital Gains and Losses

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

2020

OMB No. 1545-0074

Attachment Sequence No. **12**

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/ScheduleD for instructions and the latest information.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

Total schedules filed = 25,991,494 Total Sales Reported with Form 1099 = 22,073,835

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Your social security number 3,835

Your social security number 4,835

No yes = 33,605 no = 19,476

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?

Yes No yes = 33,605 no = 19,476,826 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on the (g) (h) Gain or (loss) Adjustments lines below. Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2. column (a) with column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 4,905,045 4,999,020 4,995,115 1b Totals for all transactions reported on Form(s) 8949 with 11,797,945 11,800,742 4,776,282 11,482,659 Totals for all transactions reported on Form(s) 8949 with 2,552,144 2,960,270 2,640,135 310,314 Totals for all transactions reported on Form(s) 8949 with Box C checked 1,271,332 1,304,306 102.067 1,192,120 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 582,131 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 1,033,798 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 2,036,339 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-17,508,003 term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, I line 2, colum	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	4,378,380	4,361,769			4,257,388
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	9,726,405	9,740,297	2,675,6	37	9,415,059
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	5,689,107	5,390,111	317,5	53	5,326,659
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	2,533,452	2,349,169	1,016,5	85	1,878,458
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	2,298,891
12	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Sched	dule(s) K-1	12	1,752,783
13	Capital gain distributions. See the instructions				13	10,942,851
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	, from line 13 of y	our Capital Loss	Carryover	14	(3,815,710)
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	20,584,296

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

	tment of the Treasury al Revenue Service (99)	► Attach to Form ► Go to www.irs.gov/ScheduleD ► Use Form 8949 to list your tra		d the latest informa		,	2020 Attachment Sequence No. 12
Name	e(s) shown on return Total	schedules filed = 25,991,494 Total S	ales Reported wi	ith Form 1099 = 1	Your so 2,832,636,2	ocial se	ecurity number
_		ny investment(s) in a qualified opportunity 8949 and see its instructions for additiona	_	-			
Pa	rt I Short-T	erm Capital Gains and Losses – Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
lines This	below.	ow to figure the amounts to enter on the ier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, line 2, columi	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	1099-B for which which you have However, if you	ort-term transactions reported on Form th basis was reported to the IRS and for reno adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 1b.	1,430,641,685	1,430,905,942			-264,257
1b	Totals for all tran	nsactions reported on Form(s) 8949 with	7,546,420,896	7,911,213,302	357,168,9	67	-7,623,413
2		nsactions reported on Form(s) 8949 with	503,354,019	516,223,881	12,391,11		-478,742
3	Totals for all tran	nsactions reported on Form(s) 8949 with	196,017,462	199.097.511	907,020)	-2,173,030
4		from Form 6252 and short-term gain or (I	, ,			4	1,892,300
5	•	gain or (loss) from partnerships,	•			5	27,698,815
6	Short-term capit Worksheet in the	tal loss carryover. Enter the amount, if and instructions	ny, from line 8 of y	our Capital Loss	Carryover	6	(174,812,747)
7		capital gain or (loss). Combine lines 1ans or losses, go to Part II below. Otherwis			e any long- · · · ·	7	-155,761,075
Pa	rt II Long-To	erm Capital Gains and Losses—Ge	nerally Assets H	leld More Than	One Year	(see	instructions)
lines This	below.	ow to figure the amounts to enter on the ier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, F line 2, column	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	1099-B for which which you have However, if you	ng-term transactions reported on Form th basis was reported to the IRS and for re no adjustments (see instructions). choose to report all these transactions eave this line blank and go to line 8b.	519,267,416	479,080,559			40,186,857
8b	Totals for all tran	nsactions reported on Form(s) 8949 with	1,387,798,600	1,317,277,609	29,060,0	038	99,581,030
9	Totals for all tran	nsactions reported on Form(s) 8949 with	487,014,082	330,594,530	-7,441,6	606	148,977,947
10	Totals for all tran	nsactions reported on Form(s) 8949 with	762,122,065	545,323,366	-114,705	,563	102,093,136
	from Forms 468	4797, Part I; long-term gain from Forms 4, 6781, and 8824				11	280,894,684
		ain or (loss) from partnerships, S corporat				12	271,964,047
	· -	ributions. See the instructions				13	55,908,061
14	Long-term capit Worksheet in th	al loss carryover. Enter the amount, if any ne instructions	y, trom line 13 of y	our Capital Loss	Carryover	14	(277,977,296)

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

721,628,841

15

Schedule D (Form 1040) 2020 Page **2**

Part	<u> </u>		
16	Combine lines 7 and 15 and enter the result	16	25,083,935
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.		
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.		
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	45,485
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	1,416,831
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	• The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21	()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	☐ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Schedule D (Form 1040) 2020

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Schedule D (Form 1040) 2020 Page 2 Part III Summary 16 | 565,867,772 16 Combine lines 7 and 15 and enter the result • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. ■ No. Skip lines 18 through 21, and go to line 22. If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 amount, if any, from line 7 of that worksheet 18 5,165,657 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see 19 instructions), enter the amount, if any, from line 18 of that worksheet 38,134,319 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. 21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. 22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.

□ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2020

Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total schedules filed = 19.669.489

Your social security number

	10tal 30lledules liled - 13,003,403									
Part	Income or Loss From Rental Real Estate and Roy	yaltie	s Note	: If you	are in th	e business of	renting pe	rsonal p	roperty	, use
	Schedule C. See instructions. If you are an individual, repo	ort farr	m rental	income (or loss f	om Form 483	5 on page	2, line	40.	
	you make any payments in 2020 that would require you to								Yes [No
B If "	es," did you or will you file required Form(s) 1099?							. 🔲	Yes	No
1a	Physical address of each property (street, city, state, ZIP)							
Α	Number of Returns with Rental Properties = 9,672,3	389	T			of Rental Pro	-	: 1	6,743,	589
В	Number of Returns with Royalties = 1,842,	010		Tota	l Numl	per of Royal	ties =		2,639,0)65
С										
1b	Type of Property 2 For each rental real estate prop	erty li	isted				Personal		C	IJV
	(from list below) above, report the number of fai personal use days. Check the	QJV b	ox only		L	Days	Days			
<u>A</u>	if you meet the requirements to qualified joint venture. See inst	ile a	s a	Α						ᆗ
В	quainied joint venture. See inst	ructio	115.	В						ᆗ
C				С						
	f Property:									
_	le Family Residence 3 Vacation/Short-Term Rental				7 Self-					
		6 Ro	yalties			r (describe)	1			
Incom			REN		K	OYALTY B			С	
	Rents received	3	9,165	,830		4 750 440				
	Royalties received	4				1,758,113				
Expen		_								
	Advertising	5 6								
	Auto and travel (see instructions)	7								
7	Cleaning and maintenance	8								
8 9		9								
10	Insurance	10								
11	Management fees	11								
12	Mortgage interest paid to banks, etc. (see instructions)	12	4,760	832						
13	Other interest	13	4,700	,032				549.	329	
14	Repairs	14						0-10,		
15	Supplies	15								
16	Taxes	16	8,236	5,499						
	Utilities	17								
18	Depreciation expense or depletion	18	7.529	9.928		724,161				
19	Other (list)	19				,				
20	Total expenses. Add lines 5 through 19	20	9,312	2,485		1,160,894				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must									
	file Form 6198	21	9,51	8,065		1.750.198				
22	Deductible rental real estate loss after limitation, if any,				r	ondeductib	le rental	loss =	1,782	2,183
	on Form 8582 (see instructions)	22	(4,437	7,457	,	suspended l	oss carry	over :		,116)
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a	9,165,830				
b	Total of all amounts reported on line 4 for all royalty prope	erties			23b	1,758,113				
С	Total of all amounts reported on line 12 for all properties				23c	4,760,832				
d	Total of all amounts reported on line 18 for all properties				23d	8,140,676				
е	Total of all amounts reported on line 20 for all properties				23e	10,233,945				
24	Income. Add positive amounts shown on line 21. Do not	t inclu	ıde any	losses			. 24	6,94	1,400	
25	Losses. Add royalty losses from line 21 and rental real estate	losse	s from lii	ne 22. E	nter tota	al losses here	. 25	(4,92 ′	1,242)
26	Total rental real estate and royalty income or (loss).	Comb	ine line	s 24 an	d 25. E	inter the resu	ult			
	here. If Parts II, III, IV, and line 40 on page 2 do not a		-				on			
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	<u>no</u> unt	in the t	otal on	line 41	on page 2	. 26	9,63	5,291	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041. ▶ Go to www.irs.gov/ScheduleE for instructions and the latest information. OMB No. 1545-0074 2020 Attachment Sequence No. **13**

Department of the Treasury Internal Revenue Service (99)

Name(s)	shown on return Total	schedules filed = 19,66	69,489						Your so	cial secu	rity num	ber
Part	Schedule C. See i	From Rental Real Estate an individual structions. If you are an individual structions.	dual, repo	ort farr	m rental i	income	or loss	from Form 48	35 on pag	je 2, line	40.	
		nts in 2020 that would require									Yes	☐ No
B If "	Yes," did you or will yo	ou file required Form(s) 1099	?							. 🗆	Yes	☐ No
1a	Physical address of e	each property (street, city, st	ate, ZIP	code	e)							
A												
В												
C							1					
1b	Type of Property (from list below)	2 For each rental real esta above, report the numb personal use days. Che	ate prop per of fai	erty li r rent	isted al and			r Rental Days	Person Da			QJV
Α		if you meet the requirer	nents to	i file a	sa l	Α						
В		qualified joint venture.	See inst	ructio	ns.	В						
С						С						
Туре	of Property:											
1 Sing	le Family Residence	3 Vacation/Short-Term F	Rental	5 La	nd		7 Self	-Rental				
2 Mult	i-Family Residence	4 Commercial		6 Ro	yalties		8 Oth	er (describe)				
Incom	e:	Prope	erties:		REN	ATA		ROYALTYB			С	
3				3	365,41	6,313						
4	Royalties received .			4				27,520,89	7			
Expen												
5				5								
6	,	nstructions)		6								
7	•	ance		7								
8				8								
9				9								
10		ssional fees		10								
11	=			11								
12		d to banks, etc. (see instruct		12	54,260	0,395						
13				13						6,86	2,542	
14	•			14								
15				15		0.040						
16				16	55,99	8,946						
17				17								
18	•	or depletion		18	96.03	0,217		3,005,13	9			
19	Other (list)	·		19	044.51	20.6==		0.500.40				
20	· ·	ines 5 through 19		20	344,30	J3,677		8,598,48	<u> </u>			
21		line 3 (rents) and/or 4 (royalt nstructions to find out if you		21	21 11	2,637		18,922,41	7			
22		estate loss after limitation,	•	22	(53,61			nondeductil suspended	ble renta			
23a	•	eported on line 3 for all renta			1	<u>.</u> .	23a	365,416,31		. ,	10,2	.55,570
b		eported on line 4 for all royal					23b					
C		eported on line 12 for all prop					230					
d		eported on line 18 for all prop						99,035,356				
e		eported on line 20 for all prop						352,902,15				
24		e amounts shown on line 21.							. 24	120.2	40,81	1
25	•	sses from line 21 and rental rea			-			tal losses here			13,433	
26	Total rental real esta	ate and royalty income or (V, and line 40 on page 2 o	(loss). (Comb	ine lines	s 24 ar	nd 25.	Enter the res	sult			
		10), line 5. Otherwise, include							. 26	50.4	27,378	2
For Par	•	Notice, see the separate instru					No. 113			chedule		

Schedule	e E (Form 1040) 2020							Attachment Sequ	uence No	o. 13		Page 2
Name(s)	shown on return. Do not en	ter name and social se	curity num	ber if sho	own on	other side.		•			cial securit	y number
Cautio	on: The IRS compares	amounts reports	nd on voi	ur tav r	aturn	with amoun	te sho	wn on Schedul	o(s) K-	1		
Part		ss From Partne									a distribut	ion dispose of
		a loan repayment fro	-			-						•
		ou report a loss from										•
	line 28 and attach	Form 6198. See in	structions	3.								
27	Are you reporting a	nv loss not allowe	ed in a p	rior vea	ar due	to the at-ri	sk or b	asis limitations	. a pric	or veal	r unallow	ed loss from a
	passive activity (if t											
	see instructions bef		•			* '		· · · · · ·	•			
28	(a) N	ame		(b) Enter		(c) Check foreign	if	(d) Employer identification			heck if mputation	(f) Check if any amount is
	(ω) 1.			or S corp)	number		is re	quired	not at risk
Α	Number	of PARTNERSHI	PS	6,708,	581	34.6	27					10,534,013
В												
С	Numb	er of S-CORPS		5,540,	974	\vdash					ᆗ	335,624
D	Dogoive In	come and Loss			1			lannaaaiya laa		المصر		
								lonpassive Inc				
	(g) Passive loss allowe (attach Form 8582 if requi		issive incor S chedule K			onpassive loss see Schedule		(j) Section 1 deduction from				chedule K-1
Α	PARTNERSHIPS	PARTN	ERSHIP	PS .	PA	RTNERSHI	PS	PARTNERS	SHIPS		PART	NERSHIPS
В	1,127,765	1,649,				1,842,993		205,32				18,400
С	S-CORPS	S-COF				S-CORPS		S-CORF				ORPS
D	173,547	468.6	91			1,753,806		482,49	6			7,597
29a	Totals	2,021.	169								5,19	1,195
b	Totals 1.243.817				;	3,400,243		676,178	3			
30	Add columns (h) and	(k) of line 29a								30	6,53	37,788
	Add columns (g), (i), a									31		06,457
	Total partnership ar					ombine lines	s 30 ar	nd 31		32	9,00	1,513
Part I	Income or Lo	ss From Estate	es and	Trusts	i							
33			(a)	Name							(b) Em	
_												
В												
	Pa	ssive Income an	d Loss			1		Nonpass	sive Inc	come	and Los	 S
-	(c) Passive deduction (or loss allowed		(d) Pass	ive inco	ome	(6	e) Deduction or loss			(f) Other in	
	(attach Form 8582			from Scl	hedule	K-1		from Schedule K-1			Schedu	
Α												
В												
34a	Totals			281,2	258						390,86	2
	Totals 37,7							47,645				
	Add columns (d) and	* *							•	35	611.	
	Add columns (c) and	` '							•	36	(81,8	
37 Part I	Total estate and true	st income or (los					· · ·	duite (DEMIC		37 Side		, <u>555</u>
	income or Lo					s inclusion from		•		esiut		
38	(a) Name	(b) Employer ide numbe			Sched	ules Q, line 2c instructions)	110	I) Taxable income (from Schedules Q,	net loss) line 1b		(e) Incor Schedules	ne from : Q, line 3b
					(566	54		8,711				
39	Combine columns (d)	and (e) only. Ento	er the res	sult her	e and	l include in t	the tota	<u> </u>	low	39	10,0	 688
Part \		()										
40	Net farm rental incom	ne or (loss) from F	orm 483	35. Also	, com	nplete line 4	2 belo	w		40	429,	226
41	Total income or (loss). Co	mbine lines 26, 32, 37	, 39, and 4	0. Enter t	he resu	It here and on	Schedule	e 1 (Form 1040), line	95▶	41	16,78	4,058
42	Reconciliation of fa	rming and fishin	g incon	ne. Ent	er yo	ur gross						
	farming and fishing inc											
	(Form 1065), box 14, c						40					
	AD; and Schedule K-1	(Form 1041), box 1	4, code l	⊦. See i	nstruc	tions	42	659,733				
	Reconciliation for real es	•	•									
	(see instructions), enter th	•			•							
	1040, Form 1040-SR, or F				activitie	es in which	43	469.460				

Schedu	ule E (Form 1040) 2020						Attachment Sequence I	No. 13		Page 2
Name(s	s) shown on return. Do not enter	name and social secu	ırity number if	shown on	other side.			Your so	cial securi	ty number
Caution Part	on: The IRS compares a									
Part							: If you report a loss, x in column (e) on line			
							not at risk, you must			
	line 28 and attach Fe	•		,			, ,			(7)
27	Are you reporting any	loss not allowed	l in a prior v	vear due	to the at-ri	sk or ba	sis limitations, a pr	ior vea	r unallow	ed loss from a
	passive activity (if tha						· ·	-		
	see instructions befor	e completing this								es 🗌 No
28	(a) Nam	ne		nter P for ership; S	(c) Check foreign	if	(d) Employer identification		Check if mputation	(f) Check if any amount is
			for S c	corporation	partnershi	р	number		quired	not at risk
A										
B C										
D										
	Passive Inco	me and Loss				No	onpassive Income	and Lo	□ DSS	
	(g) Passive loss allowed (attach Form 8582 if required		sive income		onpassive los	allowed	(j) Section 179 exp	ense	(k) Non	passive income
Α	PARTNERSHIPS	PARTNE			RTNERSH		PARTNERSHIPS			NERSHIPS
В	39,744,218	74,137,9			164,938,53		4,967,562	•		766,852
С	S-CORPS	S-CORP			S-CORPS		S-CORPS			ORPS
D	5,023,689	38,488,5	15	1	108,894,19	6	20,033,276			639,908
29a	Totals	112,626,4	190						938,4	106,761
b	Totals 44.767.907			2	73,832,726		25,000,838			
30	Add columns (h) and (k)							30		,033,251
31	Add columns (g), (i), and	•,						31		301,472 <u>)</u> 331,778
32 Part	Total partnership and III Income or Loss				ombine iine	s 30 and	131	32	707,5	131,770
	income or 2000	Trom Lotates							(b) Em	nployer
33			(a) Name	•					identificati	
Α										
В	Door	ive Income and	Less				Namagoiya b		and I aa	
	(c) Passive deduction or l	ive Income and		laasius inse		(-)	Nonpassive II Deduction or loss		(f) Other in	
	(attach Form 8582 if r			assive inco			om Schedule K-1		Sched	
Α										
В										_
34a	Totals		15,9	85,602					21,506,8	313
b	Totals 1,248,8					4	,760,575			
35	Add columns (d) and (f)							35		2,415
36	Add columns (c) and (e)							36		9,395)
37 Part	Total estate and trust					t Cond	uits (REMICs)—	37 Residu		3,020
		(b) Employer ident			s inclusion fro		Taxable income (net loss			me from
38	(a) Name	number	moadon		ules Q, line 2c instructions)	fro	om Schedules Q , line 1b	?'	Schedules	
				,	1		-40,885			
39	Combine columns (d) a	nd (e) only. Enter	the result l	here and	l include in	the tota	l on line 41 below	39	-56,	126
Part								1		
40	Net farm rental income	• •			•			40		3,181
41	Total income or (loss). Comb					Scriedule	1 (FORM 1040), line 5	41	793,8	79,232
42	Reconciliation of farm farming and fishing incor									
	(Form 1065), box 14, cod	•								
	AD; and Schedule K-1 (Fe					42 1	34,989,276			
43	Reconciliation for real esta	te professionals. If v	ou were a rea	al estate r	orofessional					
	(see instructions), enter the									
	1040, Form 1040-SR, or Forr			te activitie	es in which					
	you materially participated un	ider the passive activ	ity loss rules			43	39 744 121			

SCHEDULE EIC (Form 1040)

Earned Income Credit

Qualifying Child Information

OMB No. 1545-0074 1040-SF Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ 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.

Sequence No. 43 Your social security number

Total schedules filed = 18,388,995

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.

Q	ualifying Child Information	Child 1	Child 2	Child 3
1	Child's name	First name Last name	First name Last name	First name Last name
	If you have more than three qualifying children, you have to list only three to get the maximum credit.			
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.	18,387,987	9,191,229	3,196,245
3	Child's year of birth	Year 18.388.995 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.	Year 9.191.229 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.	Year 3.196.245 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.
4 :	Was the child under age 24 at the end of	Yes. No.	Yes. No.	Yes. No.
	2020, a student, and younger than you (or your spouse, if filing jointly)?	1,011,803 line 4b.	278,527 <i>ie 4b.</i> line 5.	(79,355 the 5.
I	Was the child permanently and totally disabled during any part of 2020?	463 <u>.5</u> 32 No.	88 <u>.1</u> 66 No.	24,033 No.
		Go to The child is not a qualifying child.		Go to The child is not a qualifying child.
5	Child's relationship to you			
	(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	18,388,995	9,191,229	3,196,245
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	18,387,993 months	9,191,229	3,195,245
_	your home was the child's home for more than half the time he or she was alive during 2020, enter "12."	Do not enter more than 12 months.	Do not enter more than 12 months.	Do not enter more than 12 months.
Fo	r Paperwork Reduction Act Notice, see you	ır tax	Cat. No. 13339M	Schedule EIC (Form 1040) 2020

SCHEDULE EIC (Form 1040)

Earned Income Credit

Qualifying Child Information

OMB No. 1545-0074 1040-SR

Department of the Treasury

► 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.

Attachment Sequence No. 43

Internal Revenue Service (99)

Name(s) shown on return

Total schedules filed = 18,388,995

Your social security number

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.

Q	ualifying Child Information	С	hild 1	С	hild 2	С	hild 3
1	Child's name	First name	Last name	First name	Last name	First name	Last name
	If you have more than three qualifying children, you have to list only three to get the maximum credit.						
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.						
3	Child's year of birth	.,		.,		.,	
		Year If born after 20 younger than younger than younger than you filing jointly), s go to line 5.	01 and the child is ou (or your spouse, if kip lines 4a and 4b;	vounger than y	001 and the child is ou (or your spouse, if skip lines 4a and 4b;	younger than y	001 and the child is ou (or your spouse, if skip lines 4a and 4b;
4 8	Was the child under age 24 at the end of	Yes.	No.	Yes.	No.	Yes.	No.
	2020, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
ı	Was the child permanently and totally disabled during any part of 2020?	Yes.	No.	Yes.	No.	Yes.	No.
		Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.
5	Child's relationship to you						
	(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)						
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."	Do not enter months.	months more than 12	Do not enter months.	months r more than 12	Do not enter months.	months r more than 12
<u></u>	r Panerwork Reduction Act Notice see you	ır tav		O-+ N- 10000	.,	0-1	FIC (Form 1040) 0000

SCHEDULE F (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Farming

OMB No. 1545-0074

2020

Attachment
Sequence No. 14

Name	of proprietor Total schedules filed = '	I,769,	447							Social se	curity r	number (SSN)
A Pr	incipal crop or activity	В	Enter code	from P	art IV	\neg	C Accou	ntina m	ethod:	D Employ	er ID n	number (EIN) (see instr.)
	no par or do my	1	▶						Accrual			
E Die	d you "materially participate" in the operati	on of t	his business	durina	2020? If	"No.	" see instr	ructions	for limit o	n passive	losses	Yes No
	d you make any payments in 2020 that wo											☐ Yes ☐ No
	'Yes," did you or will you file required Form				` '							☐ Yes ☐ No
Par												
1a	Sales of livestock and other resale items	s (see ii	nstructions)					1a	361	,853		,
b	Cost or other basis of livestock or other	•	•					1b	208,	277		
С	Subtract line 1b from line 1a		·								1c	378,077
2	Sales of livestock, produce, grains, and	other p	oroducts you	u raised							2	953,675
3a	Cooperative distributions (Form(s) 1099-	PATR)	. 3a	** 43	37,490		3b Ta	xable a	mount .		3b	** 429,650
4a	Agricultural program payments (see inst	ruction	ıs) . 4a	** 67	76,466		4b Ta	xable a	mount .		4b	** 669,007
5a	Commodity Credit Corporation (CCC) lo	ans re	ported unde	r electio	n						5a	** 2,221
b	CCC loans forfeited		. 5b	** 3	3,116		5c Ta	xable a	mount .		5с	** 3,107
6	Crop insurance proceeds and federal cr	op disa	aster payme	nts (see	instruct	ions)	:					
а	Amount received in 2020		. 6a	1:	37,761		6b Ta	xable a	mount .		6b	** 131,870
С	If election to defer to 2021 is attached, of	heck h	nere		🕨		6d An	nount d	leferred fro	m 2019	6d	13,210
7	Custom hire (machine work) income .										7	** 151,898
8	Other income, including federal and state	e gasc	line or fuel t	tax cred	it or refu	nd (s	ee instruct	tions)			8	** 554,296
9	Gross income. Add amounts in the rig											
	accrual method, enter the amount from										9	1,514,832
Par	Farm Expenses—Cash and A	Accru	al Method	. Do no	ot includ	de pe	ersonal o	r living	expense	s. See in	struct	
10	Car and truck expenses (see				23	Pe	nsion and	profit-s	sharing pla	ns	23	1,388
	instructions). Also attach Form 4562	10	496,1		24			•	nstructions	•		
11	Chemicals	11	510,2		а				, equipme		24a	
12	Conservation expenses (see instructions)	12	27,55		b		•		s, etc.)		24b	4 400 440
13	Custom hire (machine work)	13	423,9	67	25		•		nance		25	1,192,116
14	Depreciation and section 179 expense		1,288,9	0.42	26		•				26	571,713
	(see instructions)	14	1,200,	943	27		•		ousing .		27	4 000 005
15	Employee benefit programs other than	4.5	21,35	7	28		• •				28	1,088,825
46	on line 23	15	933,6		29						29	996,772
16 17	Feed	16 17			30 31						30 31	
18	Freight and trucking	18	628,2	<u> </u>	32		her expens		g, and med	icilie .	31	
19	Gasoline, fuel, and oil	19	1,067,	354	a		•	` '	3,		32a	
20	Insurance (other than health)	20	897,5		b						32b	
21	Interest (see instructions):		031,3	50	C						32c	
 а	Mortgage (paid to banks, etc.)	21a	346,7	82	d						32d	
b	Other	21b	402,1		e						32e	
22	Labor hired (less employment credits)	22	262,8		f						32f	
33	Total expenses. Add lines 10 through 3				ee instru	ıction	ns			. ▶	33	1,719,765
34	Net farm profit or (loss). Subtract line 3								1,508,66		34	1,738,421
	If a profit, stop here and see instructions								Nondedu	ctible Lo	ss (+)	Suspended Carryover
35	Reserved for future use.		•							17,735	5	
36	Check the box that describes your inves	tment	in this activi	ity and s	see instru	uction	ns for whe	re to re	port your l	oss:		
а			Some inve									

SCHEDULE	F
(Form 1040)	

Profit or Loss From Farming

► Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1041, or Form 1065.

OMB No. 1545-0074 2020

	nent of the Treasury		•	instructions and the latest information.	1	Attachment Sequence No. 14
	f proprietor Total schedules filed = '	1,769,44	7	Social		number (SSN)
A Prir	ncipal crop or activity	ВЕ	nter code from I	art IV C Accounting method: D Em	oloyer ID n	umber (EIN) (see instr.)
Did	you "materially participate" in the operati	on of this	business during	2020? If "No," see instructions for limit on pass	ve losses	Yes No
Did	you make any payments in 2020 that wo	uld requir	re you to file Forr	n(s) 1099? See instructions		☐ Yes ☐ No
If "`	Yes," did you or will you file required Forn	n(s) 1099	?			☐ Yes ☐ No
Part		I. Comp	olete Parts I and	II. (Accrual method. Complete Parts II and	III, and	Part I, line 9.)
1a	Sales of livestock and other resale items	s (see ins	tructions)	1a 35,787,133		
b	Cost or other basis of livestock or other	items rep	oorted on line 1a	1b 21,182,785		
С	Subtract line 1b from line 1a				1c	14,604,348
2	Sales of livestock, produce, grains, and	other pro	ducts you raised		2	88,464,886
3a	Cooperative distributions (Form(s) 1099-	-PATR)	. 3a ** 25,	058,623 3b Taxable amount	3b	** 20,648,713
4a	Agricultural program payments (see inst	ructions)	. 4a **20.	131,517 4b Taxable amount	4b	**19,938,730
5a	Commodity Credit Corporation (CCC) lo	ans repo	rted under election	n _.	5a	** 632,343
b	CCC loans forfeited		. 5b **1	21,366 5c Taxable amount	5с	** 119,391
6	Crop insurance proceeds and federal cr	op disast	er payments (see	instructions):		
а	Amount received in 2020		. 6a 6.	190.764 6b Taxable amount	6b	** 5,556,427
С	If election to defer to 2021 is attached, of	check her	е	• Gd Amount deferred from 2019	6d	1,093,084
7	Custom hire (machine work) income .				7	** 5,479,450
8	Other income, including federal and stat	e gasolin	e or fuel tax cred	it or refund (see instructions)	8	**12,121,953
9				b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use th	э	
				etions	9	165,766,753
Part	Farm Expenses—Cash and A	Accrual	Method. Do n	ot include personal or living expenses. See	instruct	ions.
10	Car and truck expenses (see			23 Pension and profit-sharing plans	23	11,418
	instructions). Also attach Form 4562	10	1,930,098	24 Rent or lease (see instructions):		
11	Chemicals	11	8,403,747	a Vehicles, machinery, equipment	24a	
12	Conservation expenses (see instructions)	12	79,762	b Other (land, animals, etc.)	24b	
13	Custom hire (machine work)	13	5,660,844	25 Repairs and maintenance	25	11,863,795
14	Depreciation and section 179 expense			26 Seeds and plants	26	11,280,751
	(see instructions)	14	37,189,774	27 Storage and warehousing	27	
15	Employee benefit programs other than			28 Supplies	28	6,088,094
	on line 23	15	301,098	29 Taxes	29	4,221,974
16	Feed	16	18,887,418	30 Utilities	30	
17	Fertilizers and lime	17	14,050,851	31 Veterinary, breeding, and medicine.	31	
18	Freight and trucking	18		32 Other expenses (specify):		
19	Gasoline, fuel, and oil	19	5,656,447	a	32a	
20	Insurance (other than health)	20	6,395,630	b	32b	
21	Interest (see instructions):			С	32c	
а	Mortgage (paid to banks, etc.)	21a	5,086,216	d	32d	
		041-	4,189,548	е	32e	
b	Other	21b		1		
	Labor hired (less employment credits)	22	7,187,041	f	32f	
22	Labor hired (less employment credits) Total expenses. Add lines 10 through 3	22 2f. If line	7,187,041 32f is negative, s	f ee instructions	32f 33	189,554,674
22 33	Labor hired (less employment credits) Total expenses. Add lines 10 through 3 Net farm profit or (loss). Subtract line 3	22 2f. If line 33 from li	7,187,041 32f is negative, some 9	f ee instructions	32f 33 34	-21,864,139
22 33	Labor hired (less employment credits) Total expenses. Add lines 10 through 3 Net farm profit or (loss). Subtract line 3 If a profit, stop here and see instructions	22 2f. If line 33 from li	7,187,041 32f is negative, some 9	ee instructions	32f 33 34 -oss (+)	
b 22 33 34 35	Labor hired (less employment credits) Total expenses. Add lines 10 through 3 Net farm profit or (loss). Subtract line 3 If a profit, stop here and see instructions Reserved for future use.	22 2f. If line 33 from li s for whe	7,187,041 32f is negative, some 9 Total of a reto report. If a least	ee instructions	32f 33 34 -oss (+)	-21,864,139
22 33 34	Labor hired (less employment credits) Total expenses. Add lines 10 through 3 Net farm profit or (loss). Subtract line 3 If a profit, stop here and see instructions Reserved for future use.	22 2f. If line 33 from list for when street in	7,187,041 32f is negative, some 9 Total of a reto report. If a least	tee instructions	32f 33 34 -oss (+)	-21,864,139

**Denotes that the line item is the addition of both cash and accrual methods of accounting

Schedule F (Form 1040) 2020 Page 2

art	Farm Income—Accrual Method (see instructions).		Paç
7	Sales of livestock, produce, grains, and other products (see instructions)	37	953,675
а	Cooperative distributions (Form(s) 1099-PATR) . 38a ** 437,490 38b Taxable amount	38b	** 429,650
а	Agricultural program payments	39b	** 669,007
а	Commodity Credit Corporation (CCC) loans: CCC loans reported under election	40a	** 2,221
b	CCC loans forfeited	40c	** 3,107
	Crop insurance proceeds	41	** 131,870
	Custom hire (machine work) income	42	** 151,898
	Other income (see instructions)	43	** 554,296
	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44	7,129
	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797		
	Cost of livestock, produce, grains, and other products purchased during the year 46	_	
	Add lines 45 and 46		
	Inventory of livestock, produce, grains, and other products at end of year		
	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49	
)	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9 ▶	50	9,515

^{*} If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

Part IV Principal Agricultural Activity Codes



Do not file Schedule F (Form 1040) to report the following.

• Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or

management for a fee or on a contract basis. Instead, file Schedule C (Form 1040).

- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead, file Schedule C (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead, file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300 Fruit and tree nut farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

Schedule F (Form 1040) 2020

Scriedi	ile F (FOITH 1040) 2020		Page Z
Part	Farm Income – Accrual Method (see instructions).		,
37	Sales of livestock, produce, grains, and other products (see instructions)	37	88,464,886
38a	Cooperative distributions (Form(s) 1099-PATR) . 28a ** 25,058,623 38b Taxable amount	38b	** 20,648,713
39a	Agricultural program payments	39b	** 19,938,730
40 a	Commodity Credit Corporation (CCC) loans: CCC loans reported under election	40a	** 632,343
b	CCC loans forfeited	40c	** 119,391
41	Crop insurance proceeds	41	** 5,556,427
42	Custom hire (machine work) income	42	** 5,479,450
43	Other income (see instructions)	43	** 12,121,953
44	Add amounts in the right column for lines 37 through 43 (lines 37, 38b, 39b, 40a, 40c, 41, 42, and 43)	44	2,809,033
45	Inventory of livestock, produce, grains, and other products at beginning of the year. Do not include sales reported on Form 4797		
46	Cost of livestock, produce, grains, and other products purchased during the year 46	_	
47	Add lines 45 and 46		
48	Inventory of livestock, produce, grains, and other products at end of year		
49	Cost of livestock, produce, grains, and other products sold. Subtract line 48 from line 47*	49	
50	Gross income. Subtract line 49 from line 44. Enter the result here and on Part I, line 9 ▶	50	1,723,868

Part IV Principal Agricultural Activity Codes



Do not file Schedule F (Form 1040) to report the following.

• Income from providing agricultural services such as soil preparation, veterinary, farm labor, horticultural, or

management for a fee or on a contract basis. Instead, file Schedule C (Form 1040).

- Income from breeding, raising, or caring for dogs, cats, or other pet animals. Instead, file Schedule C (Form 1040).
- Sales of livestock held for draft, breeding, sport, or dairy purposes. Instead, file Form 4797.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six-digit number on line B.

Crop Production

111100 Oilseed and grain farming111210 Vegetable and melon farming

111300 Fruit and tree nut farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

Schedule F (Form 1040) 2020

^{*} If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 48 is larger than the amount on line 47, subtract line 47 from line 48. Enter the result on line 49. Add lines 44 and 49. Enter the total on line 50 and on Part I, line 9.

you received taxable disability income.

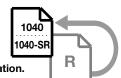
Schedule R (Form 1040)

orm 1040)

Credit for the Elderly or the Disabled

► Attach to Form 1040 or 1040-SR.

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



• You were under age 65, you retired on permanent and total disability, and

OMB No. 1545-0074

Attachment Sequence No. **16**

Internal Revenue Service (99)

Name(s) shown on return

• You were age 65 or older

Department of the Treasury

Total schedules filed = 47,886

You may be able to take this credit and reduce your tax if by the end of 2020:

or

But you must also meet other tests. See instructions.

Your social security number

Part I Check the Bo	ox for Your Filing Status and Age		
If your filing status is:	And by the end of 2020: Chec	k only	one box:
Single, Head of household, or	1 You were 65 or older	. 1	
Qualifying widow(er)	2 You were under 65 and you retired on permanent and total disability .	. 2	
	3 Both spouses were 65 or older	. 3	
	4 Both spouses were under 65, but only one spouse retired on permanent a total disability		
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and to disability		
	6 One spouse was 65 or older, and the other spouse was under 65 and reti on permanent and total disability		
	7 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability		
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2020 .	. 8	
separately	9 You were under 65, you retired on permanent and total disability, and y lived apart from your spouse for all of 2020		
Did you check	Yes — Skip Part II and complete Part III on the back.		
box 1, 3, 7, or 8?	No Complete Parts II and III.		
Part II Statement of	Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9 a	bove.)	
If: 1 You filed a physic	cian's statement for this disability for 1983 or an earlier year, or you filed overs after 1983 and your physician signed line B on the statement, and		a
	nued disabled condition, you were unable to engage in any substantial gainful box		
 If you checked t 	his box, you don't have to get another statement for 2020.		
•	eck this box, have your physician complete the statement in the instructions. Your records.	ou mus	st .

you received taxable disability income.

Schedule R (Form 1040)

Credit for the Elderly or the Disabled

► Attach to Form 1040 or 1040-SR.

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



• You were under age 65, you retired on permanent and total disability, and

Cat. No. 11359K

OMB No. 1545-0074

2020

Attachment Sequence No. **16**

Schedule R (Form 1040) 2020

Internal Revenue Service (99)

Name(s) shown on return

• You were age 65 or older

Department of the Treasury

Total schedules filed = 47,886

You may be able to take this credit and reduce your tax if by the end of 2020:

or

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

Your social security number

But you must also meet of	other tests. See instructions.		
In most cases, the	RS can figure the credit for you. See instructions.		
Part I Check the Bo	ox for Your Filing Status and Age		
If your filing status is:	And by the end of 2020: Check on	ly o	ne box:
Single, Head of household, or	1 You were 65 or older	1	
Qualifying widow(er)	2 You were under 65 and you retired on permanent and total disability	2	
	3 Both spouses were 65 or older	3	
	4 Both spouses were under 65, but only one spouse retired on permanent and total disability	4	
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and total disability	5	
	6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability	6	
	7 One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and total disability	7	
Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2020	8	
separately	9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2020	9	
Did you check	Yes — Skip Part II and complete Part III on the back.		
box 1, 3, 7, or 8?	No Complete Parts II and III.		
Part II Statement of	Permanent and Total Disability (Complete only if you checked box 2, 4, 5, 6, or 9 above		
	cian's statement for this disability for 1983 or an earlier year, or you filed or go ears after 1983 and your physician signed line B on the statement, and	ot a	
	nued disabled condition, you were unable to engage in any substantial gainful actions box		
If you checked t	his box, you don't have to get another statement for 2020.		
	ck this box, have your physician complete the statement in the instructions. You m ent for your records.	ıust	

	e K (Form 1040) 2020		Page 2
Part	III Figure Your Credit		
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7	10	
11	Did you check box 2, 4, 5, 6, or 9 in Part I? No Enter the amount from line 10 on line 12 and go to line 13. If you checked (in Part I): Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. Box 2, 4, or 9, enter your taxable disability income. Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.	11	1,100
12	For more details on what to include on line 11, see Figure Your Credit in the instructions. If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the amount from line 10	12	47,886
	Enter the following pensions, annuities, or disability income that you (and your spouse if filing jointly) received in 2020. Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions) 2,365		
	Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions)		
14	Enter the amount from Form 1040 or 1040-SR, line 11	-	
15	Hf you checked (in Part I): Box 1 or 2		
16	Subtract line 15 from line 14. If zero or less, enter -0		
17 18	Enter one-half of line 16	18	46,254
19 20	Subtract line 18 from line 12. If zero or less, stop ; you can't take the credit. Otherwise, go to line 20	19 20	46,679
21	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	21	
22	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. Also enter		
	this amount on Schedule 3 (Form 1040), line 6 (check box c and enter "Sch R" on the line next to that box)	22	45.677

Schedule R (Form 1040) 2020

^{*} Data not shown because of the small number of sample returns on which it is based.

Figure Your Credit Figure	Schedu	e R (Form 1040) 2020		Page 2
Box 1, 2, 4, or 7 Box 3, 5, or 6 Box 8 or 9 S3,750 Did you check box 2, 4, 5, 6 or 9 in Part I? No Enter the amount from line 10 on line 12 and go to line 13. **Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. **Box 2, 4, or 9, enter your taxable disability income. **Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. **Box 6, add 5,000 to the taxable disability income. **Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. **Box 6, add so what to include on line 11, see Figure Your Credit in the instructions. 12 If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the amount from line 10 Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions) b Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions) c Add lines 13a and 13b. (Even though these income items aren't taxable, they must be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or 13b, effect on line 13c 13a 13,137 14 Enter the amount from 1040 or 1040-SR, line 11. 15 If you checked (in Part I): Enter: Box 1 or 2 Subtract line 18 from line 14. If zero or less, enter -0. 16 Subtract line 18 from line 14. If zero or less, stop; you can't take the credit. Otherwise, go to line 20. Multiply limit. Enter the amount from the Credit Limit Worksheet in the instructions. 18 224,459 19 50,530 20 Multiply limit. Enter the amount from the Credit Limit Worksheet in the instructions. 19 50,530 21 Tax liability limit. Enter the amou	Part	III Figure Your Credit		
box 2, 4, 5, 6,	10	Box 1, 2, 4, or 7	10	
taxable disability income. Enter the total. For more details on what to include on line 11, see Figure Your Credit in the instructions. If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the amount from line 10 Enter the following pensions, annuities, or disability income that you (and your spouse if filling jointly) received in 2020. Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions) Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions). C Add lines 13a and 13b. (Even though these income items aren't taxable, they must be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c Enter the amount from Form 1040 or 1040-SR, line 11. If you checked (in Part I): Enter: Box 1 or 2	11	box 2, 4, 5, 6, or 9 in Part I? No Enter the amount from line 10 on line 12 and go to line 13. If you checked (in Part I): Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. Box 2, 4, or 9, enter your taxable disability income.	11	10,258
13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing jointly) received in 2020. a Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions) b Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions). c Add lines 13a and 13b. (Even though these income items aren't taxable, they must be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c 14 Enter the amount from Form 1040 or 1040-SR, line 11. 15 If you checked (in Part I): Box 1 or 2 Box 3, 4, 5, 6, or 7 Sloubtract line 15 from line 14. If zero or less, enter -0- 16 Subtract line 15 from line 16 Add lines 13c and 17 Subtract line 18 from line 12. If zero or less, stop; you can't take the credit. Otherwise, go to line 20. Multiply line 19 by 15% (0.15) 17 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions 18 224,459 19 50,530 20 Time 21. Also enter this amount on Schedule 3 (Form 1040), line 6 (check box c and enter "Sch R" on the line		taxable disability income. Enter the total. For more details on what to include on line 11, see Figure Your Credit in the instructions. If you completed line 11, enter the smaller of line 10 or line 11. All others, enter the amount		
(and your spouse if filing jointly) received in 2020. a Nontaxable part of social security benefits and nontaxable part of railroad retirement benefits treated as social security (see instructions) b Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions). c Add lines 13a and 13b. (Even though these income items aren't taxable, they must be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c 14 Enter the amount from Form 1040 or 1040-SR, line 11. 15 If you checked (in Part I): Box 1 or 2 Box 3, 4, 5, 6, or 7 Store 10 Subtract line 15 from line 14. If zero or less, enter -0- 16 Subtract line 15 from line 16 Add lines 13c and 17 17 211,322 18 Add lines 13c and 17 19 Subtract line 18 from line 12. If zero or less, stop; you can't take the credit. Otherwise, go to line 20. 20 Multiply line 19 by 15% (0.15) 11 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. Also enter this amount on Schedule 3 (Form 1040), line 6 (check box c and enter "Sch R" on the line			12	240,433
railroad retirement benefits treated as social security (see instructions) b Nontaxable veterans' pensions and any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see instructions). c Add lines 13a and 13b. (Even though these income items aren't taxable, they must be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c	13	(and your spouse if filing jointly) received in 2020.		
disability benefit that is excluded from income under any other provision of law (see instructions)	а	railroad retirement benefits treated as social security (see instructions) 13a 13,136		
taxable, they must be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c	b	disability benefit that is excluded from income under any other		
Iine 11	С	taxable, they must be included here to figure your credit.) If you didn't receive any of the types of nontaxable income listed on line 13a or		
Box 1 or 2	14			
-0	15	Box 1 or 2		
17 Enter one-half of line 16	16	· • • · • •		
Subtract line 18 from line 12. If zero or less, stop; you can't take the credit. Otherwise, go to line 20	17			
go to line 20	18		18	224,459
 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. Also enter this amount on Schedule 3 (Form 1040), line 6 (check box c and enter "Sch R" on the line 	19			50,530
22 Credit for the elderly or the disabled. Enter the smaller of line 20 or line 21. Also enter this amount on Schedule 3 (Form 1040), line 6 (check box c and enter "Sch R" on the line	20			
this amount on Schedule 3 (Form 1040), line 6 (check box c and enter "Sch R" on the line		·	21	
	22	this amount on Schedule 3 (Form 1040), line 6 (check box c and enter "Sch R" on the line	22	4,265

Schedule R (Form 1040) 2020

^{*} Data not shown because of the small number of sample returns on which it is based.

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

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

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

OMB No. 1545-0074

2020

Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Total schedules filed = 20,414,127

Social security number of person with **self-employment** income ▶

Part	Self-Employment Tax		
	If your only income subject to self-employment tax is church employee income , see instructions for how definition of church employee income.	w to re	port your income
A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form \$400 or more of other net earnings from self-employment, check here and continue with Part I		•
Skip li	nes 1a and 1b if you use the farm optional method in Part II. See instructions.		
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	559,436
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b (22,103
Skip li	ne 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	20,044,714
3	Combine lines 1a, 1b, and 2	3	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	20,371,376
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception : If less than \$400 and you had church employee income , enter -0- and continue	4c	20,338,979
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b	
6	Add lines 4c and 5b	6	20,352,607
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11		
b	Unreported tips subject to social security tax from Form 4137, line 10 8b 7,344		
С	Wages subject to social security tax from Form 8919, line 10		
d	Add lines 8a, 8b, and 8c	8d	8,007,149
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	10 700 000
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	19,700,289
11	Multiply line 6 by 2.9% (0.029)	11	20,352,607 20,352,607
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	20,352,607
13	Deduction for one-half of self-employment tax.		
Dow	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 14		
Part			
\$8,460	Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than 0, or (b) your net farm profits² were less than \$6,107.		F 640
14	Maximum income for optional methods	14	5,640
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,640. Also, include this amount on line 4b above	15	11,737
Nonfa	rm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$6,107		,
and al	so less than 72.189% of your gross nonfarm income, and (b) you had net earnings from self-employment east \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	12,579
¹ From	Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.		
	Sch E line 34: and Sch K-1 (Form 1065) box 14 code A minus the amount 4 From Sch C line 7: and Sch K-1 (Form 106)		

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

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

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

OMB No. 1545-0074

2020
Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Total schedules filed = 20,414,127

Social security number of person with **self-employment** income ▶

Part	Self-Employment Tax		
	If your only income subject to self-employment tax is church employee income , see instructions for how e definition of church employee income.	w to re	eport your income
4	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form \$400 or more of other net earnings from self-employment, check here and continue with Part I		
Skip li	nes 1a and 1b if you use the farm optional method in Part II. See instructions.	_	
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	12,348,139
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	(227,785)
Skip li	ne 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	674,798,642
3	Combine lines 1a, 1b, and 2	3	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	634,160,186
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
С	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If		637,003,619
F -	less than \$400 and you had church employee income , enter -0- and continue	4c	637,003,619
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	-1	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b	007 700 047
6	Add lines 4c and 5b	6	637,700,617
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020	7	137,700
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11		
b	Unreported tips subject to social security tax from Form 4137, line 10 8b 151,176		
С	Wages subject to social security tax from Form 8919, line 10 8c 78,857		
d	Add lines 8a, 8b, and 8c	8d	358,014,706
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	48,081,498
11	Multiply line 6 by 2.9% (0.029)	11	18,493,275
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4	12	66,574,852
13	Deduction for one-half of self-employment tax.		
	Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040),		
Dani	line 14		
Part	· · · · · · · · · · · · · · · · · · ·		
	Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than 0, or (b) your net farm profits² were less than \$6,107.		
14	Mandaguage to a growth and a continued to the	14	5,640
15	Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,640. Also, include	14	5,040
	this amount on line 4b above	15	64,952
	rm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$6,107		
	so less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment east \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
		16	
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	52,438
	Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B. 3 From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A. rejous the apparent 4 Form Sch. C, line 7; and Sch. K-1 (Form 1065).		
rom you w	Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount ⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065) rould have entered on line 1b had you not used the optional method.	o), pox	14, code C.

Sched	ule SE (Form 1040) 2020 Attachment Sequ	uence No. 17	Page 2
Part	Maximum Deferral of Self-Employment Tax Payments		
If line	4c is zero, skip lines 18 through 20, and enter -0- on line 21.		
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 20	020 18	3,019,055
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from	om line 18 19	3,019,055
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through Dece	ember 31,	
	2020	20	6,249
21	Combine lines 19 and 20	21	3,024,077
If line	5b is zero, skip line 22 and enter -0- on line 23.		
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2	2020 . 22	3,159
23	Multiply line 22 by 92.35% (0.9235)	23	3,159
24	Add lines 21 and 23	24	3,027,096
25	Enter the smaller of line 9 or line 24	25	2,901,376
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedul	e 3 (Form	
	1040)	26	2,899,053

Schedule SE (Form 1040) 2020

Schedu	le SE (Form 1040) 2020 Attachment Sequence No. 17	7	Page 2
Part	III Maximum Deferral of Self-Employment Tax Payments		
If line	4c is zero, skip lines 18 through 20, and enter -0- on line 21.		_
18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020	18	101,051,628
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18	19	93,321,195
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31,		
	2020	20	18,434
21	Combine lines 19 and 20	21	93,339,629
If line	5b is zero, skip line 22 and enter -0- on line 23.		
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020.	22	17,468
23	Multiply line 22 by 92.35% (0.9235)	23	16,132
24	Add lines 21 and 23	24	93,355,761
25	Enter the smaller of line 9 or line 24	25	60,269,657
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form		_
	1040)	26	3,736,677
		chedul	e SE (Form 1040) 2020

SCHEDULE 8812 (Form 1040)

Additional Child Tax Credit

1040-SR 1040-NR 8812

1040

OMB No. 1545-0074

2020

Attachment Sequence No. **47**

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on return Total schedules filed = 19,305,957

Your social security number

Part			
Cautio	on: If you file Form 2555, stop here; you cannot claim the additional child tax credit.		1
1 2 3 4	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.) Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit Number of qualifying children under 17 with the required social security number: x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	1 2 3	19,304,130 12,814,856 19,254,289 19,238,437
5	Enter the smaller of line 3 or line 4	5	19,192,936
6a	Earned income (see instructions)		10,100,000
b	Nontaxable combat pay (see instructions)	1	
7	Is the amount on line 6a more than \$2,500?		
	No. Leave line 7 blank and enter -0- on line 8.		
	Yes. Subtract \$2,500 from the amount on line 6a. Enter the result		
8	Multiply the amount on line 7 by 15% (0.15) and enter the result	8	19,130,888
	Next. On line 4, is the amount \$4,200 or more?		
	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.		
	☐ 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.		
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. Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2		
10	(Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8		
11	Add lines 9 and 10		
12	1040 and Enter the total of the amounts from Form 1040 or 1040-SR, line 27,)		
14	1040-SR filers: and Schedule 3 (Form 1040), line 10.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13	277,569
14	Enter the larger of line 8 or line 13	14	1,829,312
	Next, enter the smaller of line 5 or line 14 on line 15.		1,000,000
Part			
15	This is your additional child tax credit	15	19,096,529
			r this amount on
	1040 1040-SR 1040-NR	Form Form Form	n 1040, line 28; n 1040-SR, line 28; or n 1040-NR, line 28.

SCHEDULE 8812 (Form 1040)

Additional Child Tax Credit

1040 1040-SR 1040-NR OMB No. 1545-0074

2020

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

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

Attachment Sequence No. **47**

Name(s) shown on return Your social security number Total schedules filed = 19,305,957 Part I **All Filers** Caution: If you file Form 2555, stop here; you cannot claim the additional child tax credit. 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 1040-71,981,146 1 20,215,612 Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR 2 3 3 51,766,896 Number of qualifying children under 17 with the required social security number: _____ x \$1,400. 49,187,508 TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet. 5 41,146,379 6a 6b 1,344,839 h Nontaxable combat pay (see instructions) Is the amount on line 6a more than \$2,500? 7 No. Leave line 7 blank and enter -0- on line 8. Yes. Subtract \$2,500 from the amount on line 6a. Enter the result 75,919,757 **Next.** On line 4, is the amount \$4,200 or more? 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. 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. Certain Filers Who Have Three or More Qualifying Children Part II 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 1,914,260 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 599.482 10 11 11 2,513,742 1040 and Enter the total of the amounts from Form 1040 or 1040-SR, line 27, 12 **1040-SR filers:** and Schedule 3 (Form 1040), line 10. 12 8.158.614 **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 10. 13 13 448,705 14 4,905,186 **Next,** enter the **smaller** of line 5 or line 14 on line 15. **Additional Child Tax Credit** Part III 15 33,630,972 Enter this amount on Form 1040, line 28; 1040 Form 1040-SR, line 28; or 1040-SR Form 1040-NR, line 28. 1040-NR

Form 965-A
Rev. January 2020)
Department of the Treasury

Individual Report of Net 965 Tax Liability

OMB No. 1545-0074

► Go to www.irs.gov/Form965A for instructions and the latest information.

ne	of taxpayer with a net 965 tax liab	oility		T-4:1	F F"						Identifying num	ber	Taxable year of reporting	
				lotal	Forms Fil	ed = 21,541								
ľ	Report of Net 9	65 Tax	(Liabi	ility an	d Electio	n To Pay in Inst	allme	nts						
	(a) Year of Section 965(a) Inclusion, Liability Assumed, or Liability Triggering Event (see instructions)	-	9	(b) r's Net Ta with all 65 amour e instructi		9	(c) Taxpayer's Net Tax Liability without 965 amounts (see instructions)		(d) Net 965 Tax Liability (subtract column (c) from column (b))		Deferre (line tota	(e) pration Shareholder Total and Net 965 Tax Liability I from Part III, column (g), see instructions)		
														٠.
														:
														;
														•
'														
	Net 965 Tax Liability eligible for installment payment (subtract column (e) from colur see instructions)	Net 965 Tax Liability Installment Ne for installment payment election act column (e) from column (d), Made (if column		(h) et 965 Tax Liability paid in full for Year 1 (g) is "No," enter amou from column (f))	5 Tax Liability I in full for Year 1 s "No," enter amount (if column (g) is "Yes," enter amount			Transf	(j) Net 965 Tax Liabi ferred (Out), Trans sequent Adjustme (see instructions	ferred In, ents, if any	(k) Tax Identification Number of buyer/transferee or seller/transferor			
_														+
							_							1
							_							;
														- 1
_							+							H
_														
	TII Record of Amou	unt of	Net 9	_ 65 Tax	Liability	Paid by the Tax	nave	r (see instructi	ons)					
	(a) Year of Section 965(a) Inclusion, Liability Assumed, or Triggering Event		(b) r Year 1		(c) Paid for Year 2		(6	d) r Year 3		(e) Paid for Year 4		(f) Paid for Year 5	
														:
														;
;														Т

Internal Revenue Service	
	• 🗆
Name of taxpayer with a net 965 tax liability Identifying number Tax	Taxable year of reporting
Total Forms Filed = 21,541	
Part I Report of Net 965 Tax Liability and Election To Pay in Installments	
Year of Section 965(a) Taxpayer's Net Tax Liability Taxpayer's Net Tax Liability Net 965 Tax Liability S Corporation St Inclusion, Liability Assumed, with all without (subtract column (c) from column (b)) Deferred Net 90 or Liability Triggering Event 965 amounts 965 amounts (line total from PC)	(e) n Shareholder Total et 965 Tax Liability n Part III, column (g), nstructions)
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
eligible for installment payment election Election to be paid in full for Year 1 to be paid in installments Transferred (Out), Transferred In, of be	(k) x Identification Number of buyer/transferee or seller/transferor
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
Part II Record of Amount of Net 965 Tax Liability Paid by the Taxpayer (see instructions)	
(a) Year of Section 965(a) Inclusion, Liability Assumed, or Triggering Event (b) (c) (d) (e) Paid for Year 3 Paid for Year 4 Pai	(f) Paid for Year 5
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8 For Privacy Act and Panerwork Reduction Act Notice see the senarate instructions Cat No 71277H	8 Form 965-∆ (Rev. 1-2020)

orm 965-A (Rev. 1-2020)	Page 2
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Part	Record of Amount of	Net 965 Tax Liability Paid b	y the Taxpayer (continued)			
	(g) Paid for Year 6	(h) Paid for Year 7	(i) Paid for Year 8	(j) Net 965 Tax Liability Remaining Unpaid (see instructions)	(k) Net 965 Tax Liability Paid for the Reporting Year	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
Total	s		6,708	4,226		
Part		holder: Report of Calculation	on of Net 965 Tax Liability	Related to 965 Amounts Allo	cated From an S Corporation	n and
-						

	Year of 965(a) Inclusion	of S Corporation Name S 5(a) Tax		(c) Taxpayer's Net Tax Liability with only 965 amounts from this S Corporation (see instructions)	(d) Taxpayer's Net Tax Liability without 965 amounts (see instructions)	(e) Net 965 Tax Liability related to 965 amounts from this S Corporation (subtract column (d) from column (c))	ct Made		(g) Deferred Net 965 Tax Liabili (if column (f) is "Yes," ente amount from column (e))
_				(see instructions)		column (a) from column (c))	Yes	No	. "
.	0047								
1	2017								
1									
ota	١							•	1,024
2	2018								
ota	1								65
Ota					<u> </u>	<u> </u>			
ł									
3	2019								
ı									
ota	ı							•	*

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 9	65-A (Rev. 1-	2020) cord of Amount of	Not 065 Tax Lia	hility Boid by	the Texperer /c	ontinuod							Page 2
rai		(g) Paid for Year 6	(h) Paid for Ye		(i) Paid for Yea		(j) Net 965 Tax Liability (see instru	Remaining Unpaid			965 T	k) ax Liability Reporting Year	
1													1
2													2
3													3
4													4
5													5
6 7													7
8													8
Tota	.lo			ļ			2	,757,020				329,014	
Part	∭ s (Corporation Share		of Calculation	n of Net 965 Ta	ax Liability		•	cated	Fror	n an	,	n and
	Ele	ection To Defer Suc	ch Net 965 Tax L	iability									
	Year of 965(a) Inclusion	of S Corporation Name (5(a)			S Corporation Tax Identification Tax Identification Tax Identification		(d) spayer's Net Tax Liability without 965 amounts (see instructions)	Net 965 Tax Lia related to 965 amounthis S Corporation column (d) from co	unts from (subtract	Made		(g) Deferred Net 965 Tax Liabil (if column (f) is "Yes," ente amount from column (e))	
1	2017												
Tota	l										•	814,563	
_													
2	2018												
Tota	l										•	6,944	
3	2019												
	Ι												

Form 965-A (Rev. 1-2020) Page **3**

	(a) Election or Transfer Year	(b) S Corporation N	lame	(c) S Corporation Tax Identification Number	(d) Beginning Deferred Net 965 Tax Liability (see instructions)	
1						
2						
3						
4						
5						
3						
7						
В						
9						-
	(e) Reserved for Future Use	(f) Net 965 Tax Liability Triggered (see instructions)	(g) Deferred 965 Net Tax Liability Transferred (Out) or Transferred In by Agreement, if any (see instructions)	(h) Tax Identification Number of Transferee or Transferor	(i) Deferred Net Tax Liability at the end of this Reporting Year (add columns (d), (e), (f), and (g)) (see instructions)	
		()			
2		(
:		()			
		()			
5		(
3		()			
		()			
		()			
1		()			_
ווס		[()[

If more lines are needed for any Part on this form, attach additional sheets.

Form **965-A** (Rev. 1-2020)

	65-A (Rev. 1-2020)						Page 3
Part	V Annual Report (required ever	ort of Deferre ery year until th	d Net 965 Tax Liability Relate ne liability is fully paid)	d to 965 Amounts Allocated Fr	om S Corporations		
	(a) Election or Transfer Year		(b) S Corporation Nam	іе	(c) S Corporation Tax Identification Number	(d) Beginning Deferred Net 965 Tax Liability (see instructions)	
1							1
2							2
3							3
4							4
_ 5							5
_ 6							6
7						7	
_ 8						8	
9						9	
10				T			10
	(e) Reserved for Future Use		(f) Net 965 Tax Liability Triggered (see instructions)	(g) Deferred 965 Net Tax Liability Transferred (Out) or Transferred In by Agreement, if any (see instructions)	(h) Tax Identification Number of Transferee or Transferor	(i) Deferred Net Tax Liability at the end of this Reporting Year (add columns (d), (e), (f), and (g)) (see instructions)	
1		()				1
2		()				2
3		()				3
4		()				4
5		()				5
6		()				6
_7		()				7
8		()				8
_9		()				9
10		()				10
Tota	ıl					847,550	
If mor	e lines are needed fo	r any Part on th	is form, attach additional sheets.	·	·	·	
						Form 965-A (Re	v. 1-2020)

Form **982**

(Rev. March 2018)
Department of the Treasury
Internal Revenue Service
Name shown on return

Total Forms Filed =

Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment)

► Attach this form to your income tax return.

98,565

► Go to www.irs.gov/Form982 for instructions and the latest information.

OMB No. 1545-0046

Attachment Sequence No. **94**

Form **982** (Rev. 3-2018)

Identifying number

Part	General Information (see instructions)		
1 a b c d e	Amount excluded is due to (check applicable box(es)): Discharge of indebtedness in a title 11 case Discharge of indebtedness to the extent insolvent (not in a title 11 case) Discharge of qualified farm indebtedness Discharge of qualified real property business indebtedness Discharge of qualified principal residence indebtedness (Caution: See instructions before check was discharged after 2017.)	 ing this	
2 3	Total amount of discharged indebtedness excluded from gross income	2 or sale t	98,565
Part	Reduction of Tax Attributes. You must attach a description of any transactions rebasis under section 1017. See Regulations section 1.1017-1 for basis reduction orderi required partnership consent statements. (For additional information, see the instruction	ng rule:	s, and, if applicable,
4	amount excluded from gross income: For a discharge of qualified real property business indebtedness applied to reduce the basis of depreciable real property	4	1,806
5	That you elect under section 108(b)(5) to apply first to reduce the basis (under section 1017) of depreciable property	5	*
6	Applied to reduce any net operating loss that occurred in the tax year of the discharge or carried over to the tax year of the discharge	6	256
7 8	Applied to reduce any general business credit carryover to or from the tax year of the discharge. Applied to reduce any minimum tax credit as of the beginning of the tax year immediately after the tax year of the discharge.	8	*
9	Applied to reduce any net capital loss for the tax year of the discharge, including any capital loss carryovers to the tax year of the discharge	9	98
10a	Applied to reduce the basis of nondepreciable and depreciable property if not reduced on line 5. DO NOT use in the case of discharge of qualified farm indebtedness	10a	20,267
b	Applied to reduce the basis of your principal residence. Enter amount here ONLY if line 1e is checked	10b	*
11 a	For a discharge of qualified farm indebtedness applied to reduce the basis of: Depreciable property used or held for use in a trade or business or for the production of income if not reduced on line 5	11a	*
b	Land used or held for use in a trade or business of farming	11b	*
С	Other property used or held for use in a trade or business or for the production of income	11c	*
12	Applied to reduce any passive activity loss and credit carryovers from the tax year of the discharge	12	*
13	Applied to reduce any foreign tax credit carryover to or from the tax year of the discharge	13	0
Part	Consent of Corporation to Adjustment of Basis of Its Property Under Section 1	082(a)(2)
for the Under	section 1081(b), the corporation named above has excluded \$ tax year beginning and ending that section, the corporation consents to have the basis of its property adjusted in accordance wi	th the re	egulations prescribed
under of	section 1082(a)(2) in effect at the time of filing its income tax return for that year. The corporation is	organiz	ed under the laws
	(State of incorporation)		
Note:	You must attach a description of the transactions resulting in the poprecognition of gain to	ınder s	ection 1081

Form **982**

(Rev. March 2018)
Department of the Treasury
Internal Revenue Service
Name shown on return

Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment)

▶ Attach this form to your income tax return.

► Go to www.irs.gov/Form982 for instructions and the latest information.

OMB No. 1545-0046

Attachment Sequence No. **94**

Form **982** (Rev. 3-2018)

Identifying number

Total Forms Filed = 98.565 Part I **General Information** (see instructions) Amount excluded is due to (check applicable box(es)): Discharge of qualified principal residence indebtedness (Caution: See instructions before checking this box if debt 2 Do you elect to treat all real property described in section 1221(a)(1), relating to property held for sale to Reduction of Tax Attributes. You must attach a description of any transactions resulting in the reduction in Part II basis under section 1017. See Regulations section 1.1017-1 for basis reduction ordering rules, and, if applicable, required partnership consent statements. (For additional information, see the instructions for Part II.) Enter amount excluded from gross income: For a discharge of qualified real property business indebtedness applied to reduce the basis of 281.681 5 That you elect under section 108(b)(5) to apply first to reduce the basis (under section 1017) of 6 Applied to reduce any net operating loss that occurred in the tax year of the discharge or carried 6 174,765 7 Applied to reduce any general business credit carryover to or from the tax year of the discharge . Applied to reduce any minimum tax credit as of the beginning of the tax year immediately after the Applied to reduce any net capital loss for the tax year of the discharge, including any capital loss 9 53,427 10a Applied to reduce the basis of nondepreciable and depreciable property if not reduced on line 5. DO NOT use in the case of discharge of qualified farm indebtedness 10a 201,939 Applied to reduce the basis of your principal residence. Enter amount here ONLY if line 1e is 348,423 10b For a discharge of qualified farm indebtedness applied to reduce the basis of: Depreciable property used or held for use in a trade or business or for the production of income if 11a 11b Other property used or held for use in a trade or business or for the production of income . . . 11c 12 Applied to reduce any passive activity loss and credit carryovers from the tax year of the discharge 12 13 Applied to reduce any foreign tax credit carryover to or from the tax year of the discharge Part III Consent of Corporation to Adjustment of Basis of Its Property Under Section 1082(a)(2) Under section 1081(b), the corporation named above has excluded \$ from its gross income for the tax year beginning and ending Under that section, the corporation consents to have the basis of its property adjusted in accordance with the regulations prescribed under section 1082(a)(2) in effect at the time of filing its income tax return for that year. The corporation is organized under the laws _____. (State of incorporation) Note: You must attach a description of the transactions resulting in the nonrecognition of gain under section 1081.

Cat. No. 17066E

For Paperwork Reduction Act Notice, see separate instructions.

* Data not shown because of the small number of sample returns on which they are based.

Form **2106**

Employee Business Expenses

(for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form2106 for instructions and the latest information. Attachment Sequence No. **129**

OMB No. 1545-0074

Your name Occupation in which you incurred expenses Social security number Total Forms Filed = 384,704

Pa	rt I Employee Business Expenses and Reimbursements				
Ste	p 1 Enter Your Expenses		Column Other Tha Meals		Column B Meals
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	205,493		
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	104,763		
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals	3	81,195		
4	Business expenses not included on lines 1 through 3. Don't include meals	4	247,533		
5	Meals expenses (see instructions)	5			144,831
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	378,394		
	Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the am	ount	from line 6 o	n line	8.
Ste	p 2 Enter Reimbursements Received From Your Employer for Expenses List	ted i	n Step 1		
7	Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7	6,104		2,420
Ste	p 3 Figure Expenses To Deduct				
8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040 or 1040-SR, line 1 (or on Form 1040-NR, line 1a)	8	376,765	j	144,531
	Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50)	9			144,531
10	Add the amounts on line 9 of both columns and enter the total here. Also, enter the total (Form 1040), line 11. Employees with impairment-related work expenses, see the instruon where to enter the total on your return	uction	ns for rules	10	383,075
	Paramorals Deduction Act Notice and variety actives instructions			10	7106 (2020)

Cat. No. 11700N

Form **2106**

Employee Business Expenses

(for use only by Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and employees with impairment-related work expenses)

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form2106 for instructions and the latest information. Attachment Sequence No. **129**

Form **2106** (2020)

Cat. No. 11700N

OMB No. 1545-0074

Occupation in which you incurred expenses Your name Social security number Total Forms Filed = 384,704 Part I **Employee Business Expenses and Reimbursements**

Ste	o 1 Enter Your Expenses		Column Other The Meals	an	Column B Meals
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	1,596,19	18	
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	211,473	3	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals	3	171,875	5	
4	Business expenses not included on lines 1 through 3. Don't include meals	4	1,102,49	1	
	Meals expenses (see instructions)	5			368,379
6	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,082,03	57	
	Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the an	nount	from line 6 c	n line	8.
	Enter Reimbursements Received From Your Employer for Expenses List Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7	21,642		1,220
Ste	o 3 Figure Expenses To Deduct				
8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040 or 1040-SR, line 1 (or on Form 1040-NR, line 1a)	8	3,065,77	' 1	367,165
	Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50)	9			191,459
	Add the amounts on line 9 of both columns and enter the total here. Also, enter the total (Form 1040), line 11. Employees with impairment-related work expenses, see the instr	uction	ns for rules		0.057.000
	on where to enter the total on your return		🟲	10	3,257,229

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

Form 2106 (2020) Page **2**

Part	II Vehicle Expenses								
	on A—General Information (You must complete thing vehicle expenses.)	is sec	ction if you are		(a) \	/ehicle 1	(b) Vehi	cle 2
11	Enter the date the vehicle was placed in service .			11	/	/		/	
12	Total miles the vehicle was driven during 2020			12		miles			miles
13				13		miles			miles
14	Percent of business use. Divide line 13 by line 12.			14		%			%
15	Average daily roundtrip commuting distance			15		miles			miles
16				16		miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total	from line 12	17		miles			miles
18	Was your vehicle available for personal use during	off-d	luty hours?				. [Yes	☐ No
19	Do you (or your spouse) have another vehicle avail		-					Yes	_ □ No
20	Do you have evidence to support your deduction?							Yes	☐ No
21	If "Yes," is the evidence written?							Yes	No
Section	on B-Standard Mileage Rate (See the instruct	ions	for Part II to find ou	it whet	her to co	mplete this	section	on or S	ection C.)
22	Multiply line 13 by 57.5¢ (0.575). Enter the result h						22		.102
Secti	on C-Actual Expenses								, -
			(a) Vehic	cle 1		(i) Vel	nicle 2	
23	Gasoline, oil, repairs, vehicle insurance, etc	23							
24a	Vehicle rentals	24a							
b	Inclusion amount (see instructions)	24b					_		
С	Subtract line 24b from line 24a	24c							
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on								
	Form W-2—see instructions)	25							
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14 .	27							
28	Depreciation (see instructions)	28							
29	Add lines 27 and 28. Enter total here and on line 1	29		13,7					
Section	on D-Depreciation of Vehicles (Use this section	only			nd are co				e vehicle.)
			(a) Vehi	cle 1		(i) Veh	nicle 2	
30	Enter cost or other basis (see instructions)	30							
31	Enter section 179 deduction and special allowance (see instructions)	31							
32	Multiply line 30 by line 14 (see instructions if you								
	claimed the section 179 deduction or special								
	allowance)	32							
33	Enter depreciation method and percentage (see instructions)	33							
34	Multiply line 32 by the percentage on line 33 (see								
	instructions)	34							
35	Add lines 31 and 34	35							
36	Enter the applicable limit explained in the line 36 instructions	36							
37	Multiply line 36 by the percentage on line 14	37							
	, , , , , ,	-							
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38							

Form 2106 (2020) Page **2**

Part	Vehicle Expenses							
Section A—General Information (You must complete this section if you are					(a) Vehicle 1 (b) Vehicle 2		cle 2	
claimi	ng vehicle expenses.)				(α) (CITIOIC 1	(b) Verlicie 2	
11	Enter the date the vehicle was placed in service .			11	/	/	/	/
12	Total miles the vehicle was driven during 2020 .			12		miles		miles
13	Business miles included on line 12			13		miles		miles
14	Percent of business use. Divide line 13 by line 12.			14		%		%
15	Average daily roundtrip commuting distance			15		miles		miles
16	Commuting miles included on line 12			16		miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total ·	from line 12	17		miles		miles
18	Was your vehicle available for personal use during	off-d	uty hours?				. 🗌 Yes	☐ No
19	Do you (or your spouse) have another vehicle avail	able t	for personal use? .				. 🗌 Yes	□ No
20	Do you have evidence to support your deduction?						. 🗌 Yes	□ No
21	If "Yes," is the evidence written?						. 🗌 Yes	☐ No
Secti							section or Se	ection C.)
22	Multiply line 13 by 57.5¢ (0.575). Enter the result h	ere ar	nd on line 1				22 1,483	3,045
Secti	on C—Actual Expenses							
			(a) Vehi	cle 1		(k) Vehicle 2	
23	Gasoline, oil, repairs, vehicle insurance, etc	23						
24a	Vehicle rentals	24a						
b	Inclusion amount (see instructions)	24b						
С	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies only							
	if 100% of annual lease value was included on							
	Form W-2—see instructions)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14 .	27						
28	Depreciation (see instructions)	28						
29	Add lines 27 and 28. Enter total here and on line 1	29		110,				
Section D—Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.								e vehicle.)
			(a) Vehi	icle 1		(k	o) Vehicle 2	
30	Enter cost or other basis (see instructions)	30						
31	Enter section 179 deduction and special allowance							
	(see instructions)	31						
32	Multiply line 30 by line 14 (see instructions if you							
	claimed the section 179 deduction or special							
	allowance)	32						
33	Enter depreciation method and percentage (see							
	instructions)	33						
34	Multiply line 32 by the percentage on line 33 (see							
	instructions)	34						
35	Add lines 31 and 34	35						
36	Enter the applicable limit explained in the line 36							
	instructions	36						
37	Multiply line 36 by the percentage on line 14 .	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						
							Form 2	106 (2020)

	DRRECTED			
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0123	Notice to Shareholder of Undistributed Long-Term Capital Gains For calendar year 2020, or other tax year of the regulated investment company (RIC) or the real estate investment trust (REIT)		
Total Forms Filed = 3,301	2020			
		beginning,	, 2020, and	
	Form 2439	ending	20	
Identification number of RIC or REIT	1a Total undistributed long-te	erm capital gains		
	3,075		Copy A	
Shareholder's identifying number	1b Unrecaptured section 125	50 gain	Attach to Form 1120-RIC	
	0		or Form 1120-REIT.	
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectibles (28%) gain		
	0	0	For Instructions	
	2 Tax paid by the RIC or RE	paid by the RIC or REIT on the box 1a gains		
	3,065		Copies A and D.	

Form **2439**

Cat. No. 11858E

www.irs.gov/Form2439

Department of the Treasury - Internal Revenue Service

	□ V	OID 🗆 CO	DRRECTED				
Name, address, and 2	ZIP code of RIC or REIT		OMB No. 1545-0123	Notice to Shareholder of Undistribut Long-Term Capital Gains			
Total	Forms Filed =	3,301	2020	For calendar year 2020, or other tax year of the regulated investment company (RIC) or real estate investment trust (REIT)			
				beginning	, 2020, and		
			Form 2439	ending			
Identification number	of RIC or REIT		1a Total undistributed long-	term capital gains	_		
			9,325		Copy A		
Shareholder's identify	ying number		1b Unrecaptured section 12	250 gain	Attach to		
			0		Form 1120-RIC or Form 1120-REIT.		
Shareholder's name,	address, and ZIP code		1c Section 1202 gain	1d Collectibles (28%) gain			
			0	0	For Instructions		
			2 Tax paid by the RIC or R	EIT on the box 1a gains	and Paperwork Reduction Act Notice, see back of		
			1,998		Copies A and D.		
Form 2439	Cat. No. 11858E		www.irs.gov/Form2439	Department of the Treasu	ury - Internal Revenue Service		

Child and Dependent Care Expenses

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

► Go to www.irs.gov/Form2441 for instructions and the latest information.

1040 1040-SR 1040-NR Your social security number

OMB No. 1545-0074

Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 5,964,945

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

			child and dependent ca tructions under "Married						
Par			ganizations Who Propre than two care prov				ete this par	t.	
1	(a) Care provide name	r's	(number, street, ap	(b) Address t. no., city, state, and ZIP	code)	(c)	Identifying num (SSN or EIN)	nber	(d) Amount paid (see instructions)
									5,779,675
		done	Did you receive	No			te only Part		
	ion: If the care n 1040), line 7a	was prov	vided in your home, you				te Part III on s, see the ins		
Par			d and Dependent Car						
2		bout you	ır qualifying person(s).	f you have more tha	n two q	ualifying pe	rsons, see th		
	5,964,945 First	(a)	Qualifying person's name	Last	(b)	Qualifying per- security nui		incur	Qualified expenses you red and paid in 2020 for the erson listed in column (a)
									5,273,333
								_	1,946,085
3			olumn (c) of line 2. Don't nore persons. If you com					3	5,143,630
4	Enter your ea	arned ind	come. See instructions					4	5,919,513
5			, enter your spouse's ea the instructions); all othe					5	3,732,708
6	Enter the sm	allest of	line 3, 4, or 5					6	5,096,206
7			n Form 1040, 1040-SR, c						
8	Enter on line	8 the de	cimal amount shown belo	ow that applies to th	e amou	unt on line 7.			
	If line 7			If line 7 is:					
	Over	But not over	Decimal amount is	_	ıt not er	Decimal amount is			
			.35	\$29,000 – 31		.27	_		
		—13,000 —17,000	.34	31,000-33	,	.26		8	5,964,94 5 x .
	,	-19,000	.33	33,000-35		.25			
	•	_21,000	.32	35,000—37	,000	.24			
	21,000	-23,000	.31	37,000-39	,000	.23			
	23,000	-25,000	.30	39,000-41	,000	.22			
	25,000	-27,000	.29	41,000-43		.21			
_		-29,000	.28	43,000—No		.20			
9	instructions						20, see the	9	5,094,277
10	-		er the amount from the C		et 10	o			
11			dependent care expens 1040), line 2					11	5,049,685

Cat. No. 11862M

Form **2441**

Child and Dependent Care Expenses

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

► Go to www.irs.gov/Form2441 for instructions and the latest information.

1040 1040-SR 1040-NR Your social security number

OMB No. 1545-0074

Form **2441** (2020)

Cat. No. 11862M

Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

	.,	Total Forms Filed =	5,964,945				•
You d	cannot claim a credit for	child and dependent car	e expenses if your filin	na statu	ıs is married filing se	⊥ parately	unless you meet the
	rements listed in the instr						
Par		ganizations Who Prov					
	(If you have mor	e than two care provi	ders, see the instruc	ctions.)		
1	(a) Care provider's		b) Address		(c) Identifying no		(d) Amount paid
	name	(number, street, apt	. no., city, state, and ZIP co	de)	(SSN or EIN)	(see instructions)
							30,507,920
		Did you receive	No		Complete only Par	t II bolov	w
		ndent care benefits?			Complete Part III o		
Cauti	ion: If the care was provi				•		
	n 1040), line 7a.	, , ,	,				
Par	t II Credit for Child	and Dependent Care	Expenses				
2		qualifying person(s). If		wo qua	alifying persons, see	the instr	uctions.
	5.064.045	Qualifying person's name			ualifying person's social	(c)	Qualified expenses you red and paid in 2020 for the
	First	, , ,	Last		security number		rson listed in column (a)
							19,732,314
							7 225 522
	A statistics are suited to a se			00 f			7,325,532
3		lumn (c) of line 2. Don't ore persons. If you comp				3	14,273,963
4	Enter your earned inco					4	523,048,264
5	-	enter your spouse's ear					323,046,204
Ū		ne instructions); all other				5	274,117,035
6	Enter the smallest of li	•	·			6	13,916,620
7		Form 1040, 1040-SR, or		7			10,010,000
8		imal amount shown belo		amount	on line 7.		
	If line 7 is:		If line 7 is:				
	But not	Decimal	But r	ot	Decimal		
	Over over	amount is	Over over		amount is		
	\$0-15,000	.35	\$29,000—31,00		.27		.,
	15,000—17,000	.34	31,000 — 33,00		.26	8	Χ
	17,000—19,000	.33	33,000 — 35,00		.25		
	19,000—21,000	.32	35,000 — 37,00		.24		
	21,000—23,000 23,000—25,000	.31 .30	37,000—39,00 39,000—41,00		.23 .22		
	25,000—25,000 25,000—27,000	.29	41,000—43,00		.21		
	27,000—29,000	.28	43,000 40,00 43,000 No lir		.20		
9		decimal amount on line	,			е	
	instructions					9	2,932,846
10	•	the amount from the Ci					
				10			
11		ependent care expens					
	on Schedule 3 (Form 1	040), line 2				11	2,826,870

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

Form 2441 (2020) Page **2**

Par	t III Dependent Care Benefits		
12	Enter the total amount of dependent care benefits you received in 2020. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	1,543,406
13	Enter the amount, if any, you carried over from 2019 and used in 2020 during the grace period. See instructions	1.0	
4.4		13	11,573 (169,141)
	Enter the amount, if any, you forfeited or carried forward to 2021. See instructions	14 15	(109,141)
	Enter the total amount of qualified expenses incurred in 2020 for the	13	
	care of the qualifying person(s)		
17	Enter the smaller of line 15 or 16	-	
18	Enter your earned income. See instructions		
19	Enter the amount shown below that applies to you.		
	• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). 19 3,732,708		
	If married filing separately, see instructions.		
	• All others, enter the amount from line 18.		
20 21	Enter the smallest of line 17, 18, or 19	-	
22	Is any amount on line 12 from your sole proprietorship or partnership?	-	
	No. Enter -0	00	
22	☐ Yes. Enter the amount here	22	2,567
	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the	-	
	appropriate line(s) of your return. See instructions	24	2,420
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise,		2,420
	subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0	25	1,172,564
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0 Also, include this amount		
	on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB"		
		26	500,223
	To claim the child and dependent care credit, complete lines 27 through 31 below.		
27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	1,174,968
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2019 expenses in 2020, see the instructions for line 9	29	
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line		
	28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and		
	complete lines 4 through 11	31	5,143,630
			Form 2441 (2020)

Form **2441** (2020)

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 2441 (2020) Page 2 Part III Dependent Care Benefits 12 Enter the total amount of dependent care benefits you received in 2020. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership. 12 4,681,809 13 Enter the amount, if any, you carried over from 2019 and used in 2020 during the grace period. 14,203 13 189,254 14 Enter the amount, if any, you forfeited or carried forward to 2021. See instructions 14 15 16 Enter the total amount of qualified expenses incurred in 2020 for the 16 9.813.379 **17** Enter the **smaller** of line 15 or 16. 17 **18** Enter your **earned income.** See instructions 18 523,048,264 19 Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). 19 274,117,035 • If married filing separately, see instructions. • All others, enter the amount from line 18. **20** Enter the **smallest** of line 17, 18, or 19 20 21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) . . . 21 22 Is any amount on line 12 from your sole proprietorship or partnership? ■ No. Enter -0-. 22 7,582 23 **23** Subtract line 22 from line 15 24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the 24 7,242 25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0- 25 3,680,142 26 Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 26 819,036 To claim the child and dependent care credit, complete lines 27 through 31 below. 27 28 3,687,383 29 Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 29 30 Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here 30 31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and 31 14,273,963

Form **3468**

Investment Credit

OMB No. 1545-0155

20**20**

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

► Go to www.irs.gov/Form3468 for instructions and the latest information.

Attachment Sequence No. **174**

Name(s) shown on return

Total Forms Filed = 21,232

Identifying number

Part	Information Regarding the Election To Treat the Lessee as the Purchaser of Investm	ent C	redit Property
	are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 19	,	
followi	ng information. If you acquired more than one property as a lessee, attach a statement showing the info	rmatio	n below.
1	Name of lessor		
2	Address of lessor		
3	Description of property		
4	Amount for which you were treated as having acquired the property		
Part	Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit, an Advanced Energy Project Credit	d Qua	alifying
5	Qualifying advanced coal project credit (see instructions):		
а	Qualified investment in integrated gasification combined cycle property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(i)		
b	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(ii)	_	
С	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(iii)	+	
	Total. Add lines 5a, 5b, and 5c	5d	49
6	Qualifying gasification project credit (see instructions):		
а	Qualified investment in qualified gasification property placed in service during		
	the tax year for which credits were allocated or reallocated after October 3,		
	2008, and that includes equipment that separates and sequesters at least 75% of the project's carbon dioxide emissions \$ × 30% (0.30) 6a		
L	· · · · · · · · · · · · · · · · · · ·	-	
b	Qualified investment in property other than in a above placed in service during the tax year		
С	the tax year	6c	*
7	Qualifying advanced energy project credit (see instructions):	OC.	
'	Qualified investment in advanced energy project property placed in service		
	during the tax year	7	1,214
	× 30 // (0.30)		1,214
8	Reserved for future use	8	
9	Enter the applicable unused investment credit from cooperatives (see instructions)	9	68
10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a	10	2,449
		1	_, -, •

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12276E

Form **3468** (2020)

^{*} Data not shown because of the small number of sample returns on which they are based.

Investment Credit

► Attach to your tax return. ► Go to www.irs.gov/Form3468 for instructions and the latest information. OMB No. 1545-0155 Attachment Sequence No. **174**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 21,232 Identifying number

Part	Information Regarding the Election To Treat the Lessee as the Purchaser of Investment	ent C	redit Property
	are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 199		
follow	ing information. If you acquired more than one property as a lessee, attach a statement showing the infor	matio	n below.
1	Name of lessor		
2	Address of lessor		
3	Description of property		
4	Amount for which you were treated as having acquired the property	▶ \$	
Part		d Qua	lifying
	Advanced Energy Project Credit		
5	Qualifying advanced coal project credit (see instructions):		
а	Qualified investment in integrated gasification combined cycle property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(i)		
b	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(ii)		
С	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in section		
	48A(d)(3)(B)(iii)		
d	Total. Add lines 5a, 5b, and 5c	5d	6
6	Qualifying gasification project credit (see instructions):		
а	Qualified investment in qualified gasification property placed in service during		
	the tax year for which credits were allocated or reallocated after October 3,		
	2008, and that includes equipment that separates and sequesters at least 75%		
	of the project's carbon dioxide emissions \$ × 30% (0.30)		
b	Qualified investment in property other than in a above placed in service during		
	the tax year		
С	Total. Add lines 6a and 6b	6с	*
7	Qualifying advanced energy project credit (see instructions):		
	Qualified investment in advanced energy project property placed in service		
	during the tax year	7	19,004
8	Reserved for future use	8	
9	Enter the applicable unused investment credit from cooperatives (see instructions)	9	680
10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a	10	21,080
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 12276E		Form 3468 (2020)

* Data not shown because of the small number of sample returns on which they are based.

Form 3468 (2020) Page **2**

Part	Rehabilitation Credit and Energy Credit		
11	Rehabilitation credit (see instructions for requirements that must be met):		
а	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation		
	expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when		
	capitalized). See instructions. Note: This election applies to the current tax year and to all later tax		
	years. You may not revoke this election without IRS consent		
b	Enter the dates on which the 24- or 60-month measuring period begins		
	and ends		
С	Enter the adjusted basis of the building as of the beginning date above (or the		
	first day of your holding period, if later)		
d	Enter the amount of the qualified rehabilitation expenditures incurred, or treated		
	as incurred, during the period on line 11b above		
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:	44.	F.F.4
e	Pre-1936 buildings under the transition rule (see instructions) \$ × 10% (0.10)	11e	551
f q	Certified historic structures under the transition rule (see instructions) \$ × 20% (0.20) Certified historic structures with expenditures paid or incurred after	11f	5,309
9	2017 and not under the transition rule (see instructions) \$ × 4% (0.04)	11g	427
	Note: This credit is allowed for a 5-year period beginning in the tax year that the qualified rehabilitated	119	721
	building is placed in service.		
	For properties identified on line 11f or 11g, complete lines 11h and 11i.		
h	Enter the assigned NPS project number or the pass-through entity's employer identification number		
	(see instructions)		
i	Enter the date that the NPS approved the Request for Certification of Completed Work (see		
	instructions)		
12	Energy credit:		
а	Basis of property using geothermal energy placed in service during the tax year		
	(see instructions)	12a	1,361
b	Basis of property using solar illumination or solar energy placed in service during the tax year that		
	is attributable to periods after December 31, 2005, and the construction of which began before		4.450
_	2020 (see instructions)	12b	4,456
С	Basis of property using solar illumination or solar energy placed in service during the tax year and the construction of which began in 2020 (see instructions) $$$ $$$ $$$ 26% (0.26)	10-	7.000
d	Basis of property using solar illumination or solar energy placed in service during the tax year and the	12c	7,663
u	construction of which began in 2021 (see instructions) \$ × 22% (0.22)	12d	
	Qualified fuel cell property (see instructions):		
е	Basis of property placed in service during the tax year that was acquired after December 31, 2005,		
	and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by		
	the taxpayer after December 31, 2005, and before October 4, 2008 $\$ \times 30% (0.30)	12e	
f	Applicable kilowatt capacity of property on line 12e (see instructions) . ▶ × \$1,000	12f	
g	Enter the lesser of line 12e or line 12f	12g	
h	Basis of property placed in service during the tax year that is attributable to periods after		
_	October 3, 2008, and the construction of which began before 2020 \$ × 30% (0.30)	12h	
i	Applicable kilowatt capacity of property on line 12h (see instructions) . × \$3,000	12i	
j	Enter the lesser of line 12h or line 12i	12j	1
k		12k	
1	in 2020	12K	
ı m	Enter the lesser of line 12k or line 12l	12n	15
n	Basis of property placed in service during the tax year and the construction of which began		
••	in 2021	12n	
0	Applicable kilowatt capacity of property on line 12n (see instructions) · ► ×\$3,000	120	
р	Enter the lesser of line 12n or line 12o	12p	
•	Qualified microturbine property (see instructions):		
q	Basis of property placed in service during the tax year that was acquired after December 31, 2005,		
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after		
	December 31, 2005	12q	
r	Kilowatt capacity of property on line 12q	12r	
s	Enter the lesser of line 12q or line 12r	12s	

Form 3468 (2020) Page **2**

art	Rehabilitation Credit and Energy Credit		
11	Rehabilitation credit (see instructions for requirements that must be met):		
а	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation		
	expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when		
	capitalized). See instructions. Note: This election applies to the current tax year and to all later tax		
	years. You may not revoke this election without IRS consent		
b	Enter the dates on which the 24- or 60-month measuring period begins		
	and ends		
С	Enter the adjusted basis of the building as of the beginning date above (or the		
	first day of your holding period, if later)		
d	Enter the amount of the qualified rehabilitation expenditures incurred, or treated		
_	as incurred, during the period on line 11b above		
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:		
е	Pre-1936 buildings under the transition rule (see instructions) \$ × 10% (0.10)	11e	5,406
f	Certified historic structures under the transition rule (see instructions) \$ × 20% (0.20)	11f	
g	Certified historic structures with expenditures paid or incurred after	111	203,083
9	2017 and not under the transition rule (see instructions) \$ × 4% (0.04)	110	16,405
	Note: This credit is allowed for a 5-year period beginning in the tax year that the qualified rehabilitated	11g	10,403
	building is placed in service.		
	For properties identified on line 11f or 11g, complete lines 11h and 11i.		
h	Enter the assigned NPS project number or the pass-through entity's employer identification number		
••	(see instructions)		
i	Enter the date that the NPS approved the Request for Certification of Completed Work (see		
•	instructions)		
12	Energy credit:		
a	Basis of property using geothermal energy placed in service during the tax year		
_	(see instructions)	12a	5,536
b	Basis of property using solar illumination or solar energy placed in service during the tax year that		· · · · · · · · · · · · · · · · · · ·
_	is attributable to periods after December 31, 2005, and the construction of which began before		
	2020 (see instructions)	12b	467,055
С	Basis of property using solar illumination or solar energy placed in service during the tax year and the		<u> </u>
	construction of which began in 2020 (see instructions) \$ × 26% (0.26)	12c	189,070
d	Basis of property using solar illumination or solar energy placed in service during the tax year and the		·
	construction of which began in 2021 (see instructions) \$ × 22% (0.22)	12d	
	Qualified fuel cell property (see instructions):		
е	Basis of property placed in service during the tax year that was acquired after December 31, 2005,		
	and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by		
	the taxpayer after December 31, 2005, and before October 4, 2008 $\$$ \times 30% (0.30)	12e	
f	Applicable kilowatt capacity of property on line 12e (see instructions) . ▶ × \$1,000	12f	
g	Enter the lesser of line 12e or line 12f	12g	
h	Basis of property placed in service during the tax year that is attributable to periods after		
	October 3, 2008, and the construction of which began before 2020 \$ × 30% (0.30)	12h	
i	Applicable kilowatt capacity of property on line 12h (see instructions) . ► × \$3,000	12i	
j	Enter the lesser of line 12h or line 12i	12j	44
k	Basis of property placed in service during the tax year and the construction of which began		
	in 2020	12k	
ı	Applicable kilowatt capacity of property on line 12k (see instructions)	121	2.070
m	Enter the lesser of line 12k or line 12l	12m	3,979
n	Basis of property placed in service during the tax year and the construction of which began in 2021	10	
_	in 2021	12n	
0	Applicable kilowatt capacity of property on line 12n (see instructions) · ► × \$3,000	120	
р	Enter the lesser of line 12n or line 12o	12p	
	Qualified microturbine property (see instructions):		
q	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after		
		10~	
_	December 31, 2005	12q 12r	
r s	Kilowatt capacity of property on line 12q	12r 12s	
3	Entor the 100001 of line 124 of line 121	143	Form 3468 (2020)
			(4040)

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Part	Rehabilitation Credit and Energy Credit (continued)		
	Combined heat and power system property (see instructions):		
	Caution: You can't claim this credit if the electrical capacity of the property is more than 50		
	megawatts or has a mechanical energy capacity of more than 67,000 horsepower or an equivalent		
	combination of electrical and mechanical energy capabilities.		
t	Basis of property placed in service during the tax year that was acquired after October 3, 2008,		
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after		
	October 3, 2008	12t	
u	If the electrical capacity of the property is measured in:		
	• Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less.		
	• Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or		
	less	12u	
v	Multiply line 12t by line 12u	12v	24
	Qualified small wind energy property (see instructions):		
w	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and		
	before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection by		
	the taxpayer after October 3, 2008, and before January 1, 2009 . $$$ \times 30% (0.30)	12w	
x	Enter the smaller of line 12w or \$4,000	12x	
У	Basis of property placed in service during the tax year that is attributable to periods		
	after December 31, 2008, and the construction of which began before		
	2020 · · · · · · · · · · · · · · · · · ·	12y	1
Z	Basis of property placed in service during the tax year and the construction of which began		
	in 2020	12z	16
aa	Basis of property placed in service during the tax year and the construction of which began		
	in 2021	12aa	
	Geothermal heat pump systems (see instructions):		
bb	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and		
	the basis attributable to construction, reconstruction, or erection by the taxpayer after		
	October 3, 2008	12bb	8
	Qualified investment credit facility property (see instructions):		
cc	Basis of property the construction of which began before 2021 (other than wind facility		
	property and the construction of which began after 2016) placed in service during the		
	tax year	12cc	532
dd	Basis of wind facility property placed in service during the tax year and the construction of which		
	began during 2017	12dd	1
ee	Basis of wind facility property placed in service during the tax year and the construction of which		_
	began during 2018	12ee	5
Ħ	Basis of wind facility property placed in service during the tax year and the construction of which		
	began during 2019	12ff	4
gg	Basis of wind facility property placed in service during the tax year and the construction of which		
46	began during 2020	12gg	147
13	Enter the applicable unused investment credit from cooperatives (see instructions)	13	17
14	Add lines 11e, 11f, 11g, 12a, 12b, 12c, 12d, 12g, 12j, 12m, 12p, 12s, 12v, 12x, 12y, 12z, 12aa, 12bb, 12ca, 12dd, 12ca, 12ff, 12ca, 2nd 12. Report this amount on Form 2000. Both III, line 4a.		19,789
	12cc, 12dd, 12ee, 12ff, 12gg, and 13. Report this amount on Form 3800, Part III, line 4a	14	19,789

Form **3468** (2020)

Form 3468 (2020) Page 3 Rehabilitation Credit and Energy Credit (continued) Part III Combined heat and power system property (see instructions): Caution: You can't claim this credit if the electrical capacity of the property is more than 50 megawatts or has a mechanical energy capacity of more than 67,000 horsepower or an equivalent combination of electrical and mechanical energy capabilities. Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after 12t **u** If the electrical capacity of the property is measured in: Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less. Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or 12u 12v Qualified small wind energy property (see instructions): w Basis of property placed in service during the tax year that was acquired after October 3, 2008, and before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection by the taxpayer after October 3, 2008, and before January 1, 2009 . \$ × 30% (0.30) 12w 12x Basis of property placed in service during the tax year that is attributable to periods after December 31, 2008, and the construction of which began 2,940 $\times 30\% (0.30)$ 12y z Basis of property placed in service during the tax year and the construction of which began 1,820 aa Basis of property placed in service during the tax year and the construction of which began 12aa Geothermal heat pump systems (see instructions): bb Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after 12bb 117 Qualified investment credit facility property (see instructions): cc Basis of property the construction of which began before 2021 (other than wind facility property and the construction of which began after 2016) placed in service during the 12cc 38,245 dd Basis of wind facility property placed in service during the tax year and the construction of which 12dd 19 ee Basis of wind facility property placed in service during the tax year and the construction of which 40 12ee ff Basis of wind facility property placed in service during the tax year and the construction of which 12ff 194 gg Basis of wind facility property placed in service during the tax year and the construction of which 13,032 12gg Enter the applicable unused investment credit from cooperatives (see instructions) 194 13 13 Add lines 11e, 11f, 11g, 12a, 12b, 12c, 12d, 12g, 12j, 12m, 12p, 12s, 12v, 12x, 12y, 12z, 12aa, 12bb, 947,223 14 12cc, 12dd, 12ee, 12ff, 12gg, and 13. Report this amount on Form 3800, Part III, line 4a 14 947,223 Form **3468** (2020)

Department of the Treasury Internal Revenue Service (99)

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information. ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. OMB No. 1545-0895 Sequence No. **22**

Name(s) shown on return

Total Forms Filed = 676,768 Identifying number

Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	93,641
2	Passive activity credits from line 2 of all Parts III with box B checked 2 48,592		
3	Enter the applicable passive activity credits allowed for 2020. See instructions	3	37,208
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C		·
	checked. See instructions for statement to attach	4	73,586
	Check this box if the carryforward was changed or revised from the original reported amount		🕨 🗌
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D		
	checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	190,194
Part			
7	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line		
	16, and Schedule 2 (Form 1040), line 2		
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the		
	applicable line of your return	7	598.842
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b; or the amount from the applicable line of your return		
8	Alternative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 11		
	• Corporations. Enter -0	8	24,029
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
9	Add lines 7 and 8	9	600.066
10a	Foreign tax credit		
b	Certain allowable credits (see instructions)		
С	Add lines 10a and 10b	10c	382,631
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	573.517
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
	instructions		
14	Tentative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041),		
	line 52		
15	Enter the greater of line 13 or line 14	15	432,390
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	544,411
17	Enter the smaller of line 6 or line 16	17	154,884
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or		
	reorganization.		
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 12392F		Form 3800 (2020)

Form **3800**

Department of the Treasury Internal Revenue Service (99)

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2020
Attachment
Sequence No. 22

Name(s) shown on return

Total Forms Filed = 676,768

Identifying number

	10000 1 00000 1 0000		
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	1,839,007
2	Passive activity credits from line 2 of all Parts III with box B checked 2 159.351		
3	Enter the applicable passive activity credits allowed for 2020. See instructions	3	196,220
4	Carryforward of general business credit to 2020. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	2,836,626
	Check this box if the carryforward was changed or revised from the original reported amount		• □
5	Carryback of general business credit from 2021. Enter the amount from line 2 of Part III with box D		
	checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	4,871,853
Part			, , , , , , , , , , , , , , , , , , , ,
7	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2		
	• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the		
	applicable line of your return	7	202,282,604
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b; or the amount from the applicable line of your return		
8	Alternative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 11		
	• Corporations. Enter -0	8	654,608
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
9	Add lines 7 and 8	9	202.937.213
10a	Foreign tax credit		
b	Certain allowable credits (see instructions)		
C	Add lines 10a and 10b	10c	5,693,657
C	Add lines to a and tob	100	3,093,037
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	197,243,541
			_
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 12 196,590,702		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
	instructions		
14	Tentative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041),		
	line 52		
15	Enter the greater of line 13 or line 14	15	167.795.558
16	Subtract line 15 from line 11. If zero or less, enter -0	16	29.491.742
17	Enter the smaller of line 6 or line 16	17	1,177,677
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or		
	reorganization.		
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 12392F		Form 3800 (2020)

Form 3800 (2020) Page **2**

18 19 20	f you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter - Multiply line 14 by 75% (0.75). See instructions	0- on 18 19 20 21 22	22,522 24,886 65,667 64,331
19 20	Enter the greater of line 13 or line 18	19 20 21	24,886 65,667
20	Subtract line 19 from line 11. If zero or less, enter -0	20	65,667
	Subtract line 17 from line 20. If zero or less, enter -0	21	· · · · · · · · · · · · · · · · · · ·
21	Combine the amounts from line 3 of all Parts III with box A, C, or D checked		64,331
		22	
22	Passive activity credit from line 3 of all Parts III with box B checked 23 7 203		10.217
23	r assive activity decalt from line of or all 1 arts in with box B checked		
24	Enter the applicable passive activity credit allowed for 2020. See instructions	24	4,986
25	Add lines 22 and 24	25	15,126
	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	12,401
27	Subtract line 13 from line 11. If zero or less, enter -0	27	573,517
28	Add lines 17 and 26	28	161,611
29	Subtract line 28 from line 27. If zero or less, enter -0	29	559,976
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	266,838
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked		
33	Enter the applicable passive activity credits allowed for 2020. See instructions	33	78.791
	Carryforward of business credit to 2020. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	84,650
	Carryback of business credit from 2021. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	380,100
37	Enter the smaller of line 29 or line 36	37	310.034
	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Schedule 3 (Form 1040), line 6	38	433,065

Form 3800 (2020) Page **2**

Part	II Allowable Credit (continued)		- 1 age -
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on	line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	11,860,989
19	Enter the greater of line 13 or line 18	19	11,879,358
20	Subtract line 19 from line 11. If zero or less, enter -0	20	6,846,667
21	Subtract line 17 from line 20. If zero or less, enter -0	21	6,763,621
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	62,492
23	Passive activity credit from line 3 of all Parts III with box B checked 23 5,054		
24	Enter the applicable passive activity credit allowed for 2020. See instructions	24	9.581
25	Add lines 22 and 24	25	72,074
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	37,738
27	Subtract line 13 from line 11. If zero or less, enter -0	27	150,700,860
28	Add lines 17 and 26	28	1,215,414
29	Subtract line 28 from line 27. If zero or less, enter -0	29	149,485,446
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	3.728.309
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 525,101		
33	Enter the applicable passive activity credits allowed for 2020. See instructions	33	437,076
34	Carryforward of business credit to 2020. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	3,537,539
35	Carryback of business credit from 2021. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	7.702.934
37	Enter the smaller of line 29 or line 36	37	3,716,761
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040), line 6		
	• Estates and trusts. Form 1041, Schedule G, line 2b	38	4,932,175
			Form 3800 (2020)

Form 3800 (2020) Page 3 Name(s) shown on return Identifying number General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. **A** General Business Credit From a Non-Passive Activity **E** Reserved ☐ General Business Credit From a Passive Activity **F** Reserved С ☐ General Business Credit Carryforwards **G** Eligible Small Business Credit Carryforwards H Reserved **D** General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit (b) Enter EIN if (c) Enter the claiming the credit appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount. pass-through entity. entity. Investment (Form 3468, Part II only) (attach Form 3468) . . . 1a 1a 2,513 b 1b С Increasing research activities (Form 6765) 1c 61,657 d Low-income housing (Form 8586, Part I only) 1d 2,718 е 1e 5,415 f Renewable electricity, refined coal, and Indian coal production (Form 8835) . 1f 2,834 g 1g 5,769 h 1h 695 i 1i 355 j 1j Small employer pension plan startup costs and auto-enrollment (Form 8881) . 9,164 1k 17,147 k Employer-provided child care facilities and services (Form 8882)* 5,029 ı Biodiesel and renewable diesel fuels (attach Form 8864) 11 182 1m m Distilled spirits (Form 8906) 1n 154 n Nonconventional source fuel (carryforward only) 10 0 11,862 р Energy efficient home (Form 8908) 1p 0 Energy efficient appliance (carryforward only) 1q q 4,889 1r r 4,696 s Alternative fuel vehicle refueling property (Form 8911) 1s 86 1t t Enhanced oil recovery credit (carryforward only) u Mine rescue team training (Form 8923) 1u 68 0 Agricultural chemicals security (carryforward only) 1v ν 3.043 1w w Carbon oxide sequestration (Form 8933) 1x X 3.373 Qualified plug-in electric drive motor vehicle (Form 8936) 1y У Qualified plug-in electric vehicle (carryforward only) 1z z 1aa 6.490 aa General credits from an electing large partnership (carryforward only) . . . 1bb * bb Other. Oil and gas production from marginal wells (Form 8904) and certain other ZZ 122 4,776 2 2 139,164 Add lines 1a through 1zz and enter here and on the applicable line of Part I . . . 3 3 Enter the amount from Form 8844 here and on the applicable line of Part II 15,920 4a Investment (Form 3468, Part III) (attach Form 3468) 4a 19,822 b 4b 93,629 Biofuel producer (Form 6478) 4c С 1.786 d Low-income housing (Form 8586, Part II) 4d 9,580 е Renewable electricity, refined coal, and Indian coal production (Form 8835) . 1,040 f 4f 213,502 Employer social security and Medicare taxes paid on certain employee tips (Form 8846) g 4g 422 Small employer health insurance premiums (Form 8941) h 4h 1,580 4i i 114,938 j Employer credit for paid family and medical leave (Form 8994). 4j 16,306 4z 143 Z 5 Add lines 4a through 4z and enter here and on the applicable line of Part II 5

6

Form **3800** (2020)

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

^{*} See instructions for limitation on this credit.

Form 380	00 (2020)			Page 3
Name(s)	shown on return		Identifying nun	nber
Part I	General Business Credits or Eligible Small Business Credits (see inst	ruction	s)	
	ete a separate Part III for each box checked below. See instructions.		,	
	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved			
c \Box	General Business Credit Carryforwards G Eligible Small Busin	ess Cre	dit Carryforward	S
	General Business Credit Carrybacks H Reserved		, , , , , , , ,	
	ou are filing more than one Part III with box A or B checked, complete and attach first an	additiona	l Part III combinir	ng amounts from
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b) Enter EIN if	(c) Enter the
	n any line where the credit is from more than one source, a separate Part III is needed for each rough entity.		laiming the credit om a pass-through entity.	appropriate amount.
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Oricity.	22,429
b	Reserved	1b		22,120
c	Increasing research activities (Form 6765)	1c		612,311
d	Low-income housing (Form 8586, Part I only)	1d		901,377
e	Disabled access (Form 8826)*	1e		8,871
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		18,239
g	Indian employment (Form 8845)	1g		51,944
9 h	Orphan drug (Form 8820)	1h		· · · · · · · · · · · · · · · · · · ·
;	New markets (Form 8874)	1i		<u>2,816</u> 354
	Small employer pension plan startup costs and auto-enrollment (Form 8881)	-		
J Ir	Employer-provided child care facilities and services (Form 8882)*	1j 1k		3,932 6,892
k	Biodiesel and renewable diesel fuels (attach Form 8864)	11		7,420
ı m	Low sulfur diesel fuel production (Form 8896)	1m		69
m	Distilled spirits (Form 8906)	1n		9,244
n				*
0	Nonconventional source fuel (carryforward only)	10		214,661
p		1p		0
q	Energy efficient appliance (carryforward only)	1q 1r		12,718
r	Alternative motor vehicle (Form 8910)	1s		12,715
S	Alternative fuel vehicle refueling property (Form 8911)			19
t 	Enhanced oil recovery credit (carryforward only)	1t 1u		11
u	Mine rescue team training (Form 8923)	1v		0
V	Employer differential wage payments (Form 8932)	1w		418
w	Carbon oxide sequestration (Form 8933)	1x		5,112
X				*
У _	Qualified plug-in electric drive motor vehicle (Form 8936)	1y 1z		*
z	Qualified plug-in electric vehicle (carryforward only)			20,421
aa	General credits from an electing large partnership (carryforward only)	1aa 1bb		<u> </u>
bb 		100		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	4		70 540
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz		78,549 2,005,831
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		38,433
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		952,599
b	Work opportunity (Form 5884)	4b		521,344
C	Biofuel producer (Form 6478)	4c		2,751
d	Low-income housing (Form 8586, Part II)	4d		104,359
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		58,246
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	46 4f		1,039,618
	Qualified railroad track maintenance (Form 8900)	4g		40,809
g h	Small employer health insurance premiums (Form 8941)	49 4h		40,809 36,845
:	Increasing research activities (Form 6765)	4ii		1,493,760
:	Employer credit for paid family and medical leave (Form 8994)	4i 4j		33,796
J Z	Other	4z		2,630
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2,000
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		
	Add miles 2, 6, and 6 and enter here and on the applicable line of fact if			

^{*} See instructions for limitation on this credit.

Department of the Treasury Internal Revenue Service (99)

Moving Expenses

▶ Go to www.irs.gov/Form3903 for instructions and the latest information. ► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Sequence No. 170 Your social security number Name(s) shown on return Total Forms Filed = 84,811 You can deduct moving expenses only if you are a Member of the Armed Forces on active duty and, due to a Before you begin: military order, you, your spouse, or your dependents move because of a permanent change of station. Check here to certify that you meet these requirements. See the instructions 1 Transportation and storage of household goods and personal effects (see instructions) 1 55,320 2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the 73.824 2 3 83,522 Enter the total amount the government paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form 4 27,318 Is line 3 more than line 4? 5 You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a.

☐ **Yes.** Subtract line 4 from line 3. Enter the result here and on Schedule 1 (Form 1040), line 13.

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

Cat. No. 12490K

Form **3903** (2020)

73,419

5

Form **3903**Department of the Treasury Internal Revenue Service (99)

Moving Expenses

► Go to www.irs.gov/Form3903 for instructions and the latest information.

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

OMB No. 1545-0074

2020

Attachment Sequence No. 170

Name(s) shown on return

Total Forms Filed = 84,811

Your social security number

Befo	re you begin	You can deduct moving expenses only if you are a Member of the Armed Forces on a military order, you, your spouse, or your dependents move because of a permanent cha Check here to certify that you meet these requirements. See the instructions	nge o	f station.
1	Transportatio	n and storage of household goods and personal effects (see instructions)	1	117,064
2	Travel (includ	ing lodging) from your old home to your new home (see instructions). Do not include the	2	117,788
3	Add lines 1 a	nd 2	3	234,852
4		al amount the government paid you for the expenses listed on lines 1 and 2 that is not ox 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form to P	4	51,128
5	Is line 3 more	e than line 4?		
		ou cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from e 4 and include the result on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a.		
		btract line 4 from line 3. Enter the result here and on Schedule 1 (Form 1040), line 13. is is your moving expense deduction	5	192,118
For P	aperwork Reduc	tion Act Notice, see your tax return instructions. Cat No 12490K		Form 3903 (2020)

Form **4136**

Credit for Federal Tax Paid on Fuels

OMB No. 1545-0162

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form4136 for instructions and the latest information.

Attachment Sequence No. 23

Name (as shown on your income tax return)

Total Forms Filed = 292.191

Taxpayer identification number

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer. See instructions for kerosene used in commercial aviation from March 28, 2020, through December 31, 2020.

1 Nontaxable Use of Gasoline

Note: CRN is credit reference number.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Off-highway business use		\$.183	<u>_</u>]		
b	Use on a farm for farming purposes		.183	}		362
С	Other nontaxable use (see Caution above line 1)		.183	J	\$ 263,394	
d	Exported		.184		*	411

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	edit	(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$.15		\$ 336		354
b	Other nontaxable use (see Caution above line 1)		.193		1,363		324
С	Exported		.194		0		412
d	LUST tax on aviation fuels used in foreign trade		.001		0		433

3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here . . . •

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	t (e) CRN
а	Nontaxable use		\$.243]		
b	Use on a farm for farming purposes		.243		\$ 46,380	360
С	Use in trains		.243		*	353
d	Use in certain intercity and local buses (see Caution above line 1)		.17		*	350
е	Exported		.244		*	413

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use taxed at \$.244		\$.243)		
b	Use on a farm for farming purposes		.243	}	\$ 9,189	346
С	Use in certain intercity and local buses (see Caution above line 1)		.17		0	347
d	Exported		.244		*	414
е	Nontaxable use taxed at \$.044		.043		*	377
f	Nontaxable use taxed at \$.219		.218		*	369

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

Form **4136**

Credit for Federal Tax Paid on Fuels

OMB No. 1545-0162

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form4136 for instructions and the latest information.

Attachment Sequence No. 23

Name (as shown on your income tax return)

Total Forms Filed = 292.191

Taxpayer identification number

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer. See instructions for kerosene used in commercial aviation from March 28, 2020, through December 31, 2020.

1 Nontaxable Use of Gasoline

Note: CRN is credit reference number.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Off-highway business use		\$.183	<u> </u>		
b	Use on a farm for farming purposes		.183	}		362
С	Other nontaxable use (see Caution above line 1)		.183	J	\$ 135,034	
d	Exported		.184		*	411

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cre	edit	(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$.15		\$ 74		354
b	Other nontaxable use (see Caution above line 1)		.193		816		324
С	Exported		.194		0		412
d	LUST tax on aviation fuels used in foreign trade		.001		0		433

3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here . . . ▶

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use		\$.243]		
b	Use on a farm for farming purposes		.243		\$ 16,074	360
С	Use in trains		.243		*	353
d	Use in certain intercity and local buses (see Caution above line 1)		.17		*	350
е	Exported		.244		*	413

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use taxed at \$.244		\$.243	1		
b	Use on a farm for farming purposes		.243	}	\$ 4,361	346
С	Use in certain intercity and local buses (see Caution above line 1)		.17		0	347
d	Exported		.244		*	414
е	Nontaxable use taxed at \$.044		.043		*	377
f	Nontaxable use taxed at \$.219		.218		*	369

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

Form 4136 (2020) Page **2**

5 Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$.200		\$ 19		417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175		18		355
С	Nontaxable use (other than use by state or local government) taxed at \$.244		.243		9,189		346
d	Nontaxable use (other than use by state or local government) taxed at \$.219		.218		*		369
е	LUST tax on aviation fuels used in foreign trade		.001		0		433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government	\$.243		\$ 46,380		360
b	Use in certain intercity and local buses	.17		*		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here . . .

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government	\$.243]			
b	Sales from a blocked pump	.243	}	\$ 9,189		346
С	Use in certain intercity and local buses	.17		0		347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation (see Caution above line 1)

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$.175		\$ 18		355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		19		417
С	Nonexempt use in noncommercial aviation		.025		*		418
d	Other nontaxable uses taxed at \$.244		.243		9,189		346
е	Other nontaxable uses taxed at \$.219		.218		*		369
f	LUST tax on aviation fuels used in foreign trade		.001		0		433

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 4136 (2020) Page **2**

5 Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$.200		\$ 172		417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175		119		355
С	Nontaxable use (other than use by state or local government) taxed at \$.244		.243		4,361		346
d	Nontaxable use (other than use by state or local government) taxed at \$.219		.218		*		369
е	LUST tax on aviation fuels used in foreign trade		.001		0		433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government	\$.243		\$ 16,074		360
b	Use in certain intercity and local buses	.17		*		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here . . . •

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government	\$.243)			
b	Sales from a blocked pump	.243	}	\$ 4,361		346
С	Use in certain intercity and local buses	.17		0		347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation (see Caution above line 1)

Registration No. ►

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$.175		\$ 119		355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		172		417
С	Nonexempt use in noncommercial aviation		.025		*		418
d	Other nontaxable uses taxed at \$.244		.243		4,361		346
е	Other nontaxable uses taxed at \$.219		.218		*		369
f	LUST tax on aviation fuels used in foreign trade		.001		0		433

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 4136 (2020) Page **3**

9	Reserved for future use	Registration No. ▶						
		(b) Rate	(c) Gallons of alcohol	(d) Amount of cr	edit	(e) CRN		
а	Reserved for future use			\$				
b	Reserved for future use							

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, both of which have been edited as discussed in the instructions for line 10. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit		(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$ 0		388
b	Agri-biodiesel mixtures	1.00		0		390
С	Renewable diesel mixtures	1.00		0		307

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See instructions.

		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)		\$.183		\$ 1,529	419
b	"P Series" fuels		.183		*	420
С	Compressed natural gas (CNG) (see instructions)		.183		*	421
d	Liquefied hydrogen		.183		0	422
е	Fischer-Tropsch process liquid fuel from coal (including peat)		.243		0	423
f	Liquid fuel derived from biomass		.243		0	424
g	Liquefied natural gas (LNG) (see instructions)		.243		*	425
h	Liquefied gas derived from biomass		.183		*	435

12 Alternative Fuel Credit

Registration No. ▶

		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit		(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)	\$.50		\$ 765		426
b	"P Series" fuels	.50		19		427
С	Compressed natural gas (CNG) (see instructions)	.50		*		428
d	Liquefied hydrogen	.50		*		429
е	Fischer-Tropsch process liquid fuel from coal (including peat)	.50		*		430
f	Liquid fuel derived from biomass	.50		0		431
g	Liquefied natural gas (LNG) (see instructions)	.50		78		432
h	Liquefied gas derived from biomass	.50		*		436
i	Compressed gas derived from biomass	.50		*		437

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 4136 (2020) Page **3**

9 Reserved for future use (b) Rate (c) Gallons of alcohol Reserved for future use Reserved for future use Reserved for future use

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, both of which have been edited as discussed in the instructions for line 10. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cre	edit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$ 0		388
b	Agri-biodiesel mixtures	1.00		0		390
С	Renewable diesel mixtures	1.00		0		307

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See instructions.

		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
Liquefied petroleum gas (LPG) (see ii	nstructions)		\$.183		\$ 691	419
"P Series" fuels			.183		*	420
Compressed natural gas (CNG) (see	instructions)		.183		*	421
Liquefied hydrogen			.183		0	422
Fischer-Tropsch process liquid fuel f (including peat)	rom coal		.243		0	423
Liquid fuel derived from biomass			.243		0	424
Liquefied natural gas (LNG) (see instr	ructions)		.243		*	425
Liquefied gas derived from biomass			.183		*	435

12 Alternative Fuel Credit

Registration No. ▶

		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)	\$.50		\$ 2,156	426
b	"P Series" fuels	.50		19	427
С	Compressed natural gas (CNG) (see instructions)	.50		*	428
d	Liquefied hydrogen	.50		*	429
е	Fischer-Tropsch process liquid fuel from coal (including peat)	.50		*	430
f	Liquid fuel derived from biomass	.50		0	431
g	Liquefied natural gas (LNG) (see instructions)	.50		1,193	432
h	Liquefied gas derived from biomass	.50		*	436
i_	Compressed gas derived from biomass	.50		*	437

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 4136 (2020) Page **4**

(d) Amount of credit \$ 46,380 9,189 *	(e) CRN 360 346 369
9,189	346
9,189	
*	369
). See instructions.	
(d) Amount of credit	(e) CRN
\$ 0	309
0	306
>	T
(d) Amount of credit	(e) CRN
\$ 0	310
(d) Amount of credit	(e) CRN
(d) Amount of credit	(e) CRN
((d) Amount of credit \$ 0 0 (d) Amount of credit

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 4	136 (2020)					Page 4			
13	Registered Credit Card Issuers			Registration No	o. ▶				
			(b) Rate	(c) Gallons	(d) Amount of credi	(e) CRN			
a b	Diesel fuel sold for the exclusive use of a state or local Kerosene sold for the exclusive use of a state or local	<u> </u>	\$.243 .243		\$ 16,074 4,361	360 346			
С	Kerosene for use in aviation sold for the exclusive use government taxed at \$.219	of a state or local	.218		*	369			
14									
	Caution: There is a reduced credit rate for use in	n certain intercity a	and local bu	ises (type of use	5). See instructions.				
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credi	(e) CRN			
а			\$.197		\$ 0	309			
b	Exported	.198		0	306				
15	Diesel-Water Fuel Emulsion Blending	Registration No.	.▶						
			(b) Rate	(c) Gallons	(d) Amount of credi	(e) CRN			
	Blender credit		\$.046		\$ 0	310			
16	Exported Dyed Fuels and Exported Gasoline I	Blendstocks							
			(b) Rate	(c) Gallons	(d) Amount of credi	(e) CRN			
а	Exported dyed diesel fuel and exported gasoline blend at \$.001	Istocks taxed	\$.001		\$ 0	415			
b	Exported dyed kerosene		.001			416			
17	7 Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Schedule 3 (Form 1040), line 11; Form 1120, Schedule J, line 20b; Form 1120-S, line 23c; Form 1041, Schedule G, line 16b; or the proper line of other returns ▶ 17 \$ 166,650								

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Attachment

	(a) chavin on return			Business or activity to w	high this form rol	otoo		Idont	ifying number			
INAITIE	(s) shown on return	Total F	Forms Filed =	9,962,916	mich this form rei	ales		ident	nying number			
Pai				Under Section Omplete Part V b		mplet	te Part I.					
1	Maximum amount (s				<u> </u>			1				
	Total cost of section							2	1,485,230			
	Threshold cost of se		•	,	•			3	1,400,200			
ى م	Reduction in limitati		•		•			4				
4 5	Dollar limitation for							-4				
3	separately, see instr	-					_	_	0.544.500			
	· · · · · · · · · · · · · · · · · · ·			(1) 0 + (1				5	2,511,530			
6	(a) De	scription of proper	ту	(b) Cost (busi	ness use only)		(c) Elected cost					
			· '' 00				440.000					
	Listed property. Ent						112,629					
	Total elected cost o	8	2,186,913									
	Tentative deduction	9	2,186,873									
	Carryover of disallov		10	196,558								
	Business income limi			•	,			11	2,295,320			
	Section 179 expens							12	2,156,106			
	Carryover of disallov					13						
	ote: Don't use Part II or Part III below for listed property. Instead, use Part V.											
	Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service											
14				• • •								
	during the tax year.							14	1,675,245			
15	Property subject to		15	1,065								
16 Other depreciation (including ACRS)												
Par	Part III MACRS Depreciation (Don't include listed property. See instructions.)											
				Section A								
	17 MACRS deductions for assets placed in service in tax years beginning before 2020											
18	-		-	_	=		7					
	asset accounts, che											
	Section B			uring 2020 Tax Y	ear Using the	e Gen	eral Depreciation	Syst	em			
(a) (Classification of property	(b) Month and year placed in service	(c) Basis for depreci (business/investmen only—see instruction	t use (a) Recovery	(e) Convention	n	(f) Method	(g) D	epreciation deduction			
19a	3-year property		72,026						71,117			
b	5-year property		704,088						700,254			
С	7-year property		595,680						592,606			
d	10-year property		68,960						68,949			
е	15-year property		187,401						185,992			
f	20-year property		43,731						43,727			
g	25-year property		6,225	25 yrs.			S/L		6,225			
h	Residential rental		983,271	27.5 yrs.	MM		S/L		981,853			
	property undete	ermined type	76	27.5 yrs.	MM		S/L		76			
i	Nonresidential real		411,142	39 yrs.	MM		S/L		406,628			
	property Tot	al GDS cost	2,568,687		MM		S/L	2	,556,410			
	Section C-	Assets Place	d in Service Du	ring 2020 Tax Ye	ar Using the	Altern	ative Depreciation	n Sys	stem			
20a	Class life		10,440				S/L		10,433			
b	12-year		512	12 yrs.			S/L		508			
С	30-year		7,511	30 yrs.	MM		S/L		7,503			
d	40-year		3,120	40 yrs.	MM		S/L		3,121			
Par	Summary (S	See instructio	ns.)									
								1	4 000 000			
	Listed property. Ent	er amount fron	n line 28					21	1,830,968			
21	Total. Add amount	s from line 12,	lines 14 throug					21	1,830,968			
21 22	Total. Add amount here and on the app	s from line 12, propriate lines o	lines 14 throug of your return. P	artnerships and S	corporations-			21	9,651,181			
21 22	Total. Add amount	s from line 12, propriate lines of bove and place	lines 14 throug of your return. Pa ed in service du	artnerships and S ring the current ye	corporations-							

* Data not shown because of the small number of sample returns on which they are based.

OMB No. 1545-0172

Form **4562**

Depreciation and Amortization(Including Information on Listed Property)

(Including Information on Listed Property) ► Attach to your tax return. Department of the Treasury Attachment ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number Total Forms Filed = 9.962.916 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 39.742.331 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 2,584,679,140 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 45,045,833 45,025,499 **10** Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 3,923,589 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 528,388,486 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 44,436,945 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 38,157,632 15 14,040 **16** Other depreciation (including ACRS) 16 6,868,301 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 52,496,037 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use period only-see instructions) 574.604 19a 3-year property 1,929,514 16.548.477 2.717.384 5-year property 1,554,784 c 7-year property 14,046,384 **d** 10-year property 3,056,072 217,674 5,648,194 227,913 e 15-year property **f** 20-year property 2,139,287 67,510 S/L 844.400 25 yrs. 50.109 **g** 25-year property 27.5 yrs. ММ S/L 162,966,606 3,481,359 h Residential rental undetermined type 11,671 27.5 yrs. MM S/L 11.740 property 39 yrs. MM S/I i Nonresidential real 82,740,249 892,312 ММ S/L Total GDS cost 289,930,855 9.795.389 Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life 726,572 S/L 29,534 **b** 12-year 23,899 12 yrs. S/L 3.640 2,186,374 30 yrs. S/L 54,286 **c** 30-year MM **d** 40-year 19.387 1.110.664 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 12,756,904 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

· **23** Cat. No. 12906N

Form **4562** (2020)

164,632,094

23 For assets shown above and placed in service during the current year, enter the

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

^{*} Data not shown because of the small number of sample returns on which they are based.

Par	enterta Note: 24b, co Section A	For any vel	ecreation, hicle for wh							,				11-	,	
	24b, co			nch vou	are usi	na the	standar	d mile	age rate	e or de	ductin	a lease e	expens	se com	plete or	
			through (c)	of Section	n A, all	of Sec	tion B, a	and Se	ection C	if appl	icable.		· .			.
246	• Do you have a		ation and Comport the bus					See the				s for pas is the evi				
246			(c)	SITIESS/ITIVE	Simeni	ise ciairi	(e)	Yes	_ NO (f)	240 11		is the evi	(h)	writterr	∐ Yes (i)	∐ No_
	(a) e of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	Cost or of			for depred less/inves use only)	tment	Recover	'	(g) ethod/ evention		oreciation duction	n E	ected sectors	
25	Special depo										25	284	,359			
26	Property use	ed more tha		qualified	d busine											
			%			1	,569,35	51				1,32	3,802			
			% %													
27	Property use	ed 50% or l	, -	alified bu	siness	use:										
			%				410,618	3		S/L -	_	330	,433			
			%			tota	al 26e +	27e		S/L -	-					
			%				,904,67			S/L -	-					
	Add amount			_									0,968		140.000	
29	Add amount	s in column	1 (I), line 26.						 e of Ve					29	112,629	
Com	plete this secti	ion for vehic	eles used by								ner." or	related r	erson.	If you r	rovided	vehicles
	ur employees,															
30	30 Total business/investment miles driven during the year (don't include commuting miles) . (a) Vehicle 1 (b) Vehicle 2 Vehicle 3 (c) Vehicle 3 (d) Vehicle 5 (e) Vehicle 5							f) cle 6								
31	Total commut	ing miles dri	ven during th	ne year												
32	Total other personal (noncommuting) miles driven															
33	Total miles lines 30 thro			ar. Add								_				
34	Was the veh use during o				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the veh than 5% own	•														
36	Is another veh	nicle available	e for persona	al use?												
			C-Questi													
	wer these que e than 5% ow						to com	pleting	g Sectio	n B for	vehicl	es used	by em	ployees	who ar	en't
37	Do you mair your employ		ten policy s									uding co		ng, by	Yes	No
38	Do you mair employees?															_
39	Do you treat		-		-											
40	Do you provuse of the ve				•						-	employe 		out the		
41	Do you meet															
	Note: If you	•		_	•											
Par	t VI Amor	tization														
	(a Descriptio	a) on of costs	Da	(b) ite amortiza begins	ation	Amor	(c) tizable an	nount	С	(d) ode sect	ion	(e) Amortiza period percent	or	Amortiz	(f) ation for th	nis year
42	Amortization	of costs th	nat begins d	luring yo	ur 2020	tax ye	ar (see	instruc	tions):							
40	A	-4 1 · · ·			0000		337,377						40		S66 E40	
	Amortization Total. Add a		•	-		-							43		566,512 301,952	

Form Pa i	4562 (2020) rt V Listed Property (II entertainment, recreat	nclude auto			rtain	other	vehicle	s, ce	rtain a	aircraft	, and	pro	pert	y use	Page 2 ed for
	Note: For any vehicle for 24b, columns (a) through	or which you	are us	ing the						lease 6	expens	se, co	omple	ete on	ly 24a,
	Section A—Depreciation a									for pas	senge	r aut	omob	iles.)	
24 a	Do you have evidence to support the	e business/inve	estment	use claim		Yes	☐ No ☐	24b If	"Yes," i	s the evi	dence	writte	n? 🗌	Yes	No
	(a) (b) Busine placed in service percent	nt use Cost or o	d) ther basi		(e) for depre less/inve use only	stment	(f) Recovery period		(g) ethod/ evention		(h) preciatio eduction		Elect	(i) ed sect cost	ion 179
25	Special depreciation allowand the tax year and used more the								25	6,28	6,823				
26	Property used more than 50%	in a qualified	d busin	ess use	:										
		%		48	8,644,5	31				6,04	4,669				
		%													
07	Duament was d 500/ ou less in	%													
21	Property used 50% or less in a	% qualified bu	isiness		,792,69	96		S/L -		431	1,297				
		%			al 26e +			S/L -		101	1,201				
		%		_	3,436,5			S/L -							
28	Add amounts in column (h), lir	es 25 throug	h 27. E	nter he	re and	on line	21, page	1 .	28	12,7	56,904				
29	Add amounts in column (i), line											29	1,72	7,335	
0							e of Veh		,,			16			
	plete this section for vehicles use our employees, first answer the qu														renicies
30	30 Total business/investment miles driven during the year (don't include commuting miles) .							(f) Vehicle 6							
31 32	Total commuting miles driven dur Total other personal (none miles driven	ing the year													
33	Total miles driven during the	year. Add													
34	Was the vehicle available for p	ersonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N	lo	Yes	No
35	use during off-duty hours?. Was the vehicle used primarily than 5% owner or related personal transfer of the second secon	/ by a more													
36	Is another vehicle available for pe														
	Section C-Q wer these questions to determine	uestions for	-	-					-				200.14	ho or	
	e than 5% owners or related pe				to con	ibietii i	y Section	1 10 101	vernoie	s useu	by em	pioye	562 W	iio ait	511 L
37	Do you maintain a written polyour employees?	icy statemen	-		-		use of v	ehicle	s, inclu	ding co	mmut	ing, k	ру	Yes	No
38	Do you maintain a written pol employees? See the instruction	ons for vehicl	es use	d by co	rporate						٠,	, ,			
39	Do you treat all use of vehicles		•										.		
	Do you provide more than fivuse of the vehicles, and retain	the informati	on rec	eived?											
41	Do you meet the requirements												. L		
Dav	Note: If your answer to 37, 38 t VI Amortization	3, 39, 40, or 4	1 is "Y	es," dor	n't com	plete S	Section E	for th	e cove	red vehi	icles.				
Par	(a) Description of costs	(b) Date amortiza	ation	Amor	(c) tizable a	mount	Co	(d) ode secti	ion	(e) Amortiza period	or	Amo		(f) on for th	is year
42	Amortization of costs that beg		ur 202	0 tax ye	ar (see	instruc	tions):			percent	age				
					007.4	24									
40	Amortization of agets that Is a	on before	UK 0000		,987,43						40		2 10	4,000	
	Amortization of costs that beg Total. Add amounts in colum	•		-							43			25,657	
	Total. Add amounts in column	11 (1). OEE IIIE	n iSti uC	10113 10	· WIICIE	, 10 LEF	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>			-7-4				2 (2020)

Form **4684**

Department of the Treasury Internal Revenue Service

Casualties and Thefts

► Go to www.irs.gov/Form4684 for instructions and the latest information.

► Attach to your tax return.

2020 Attachment Sequence No. 26

OMB No. 1545-0177

▶ Use a separate Form 4684 for each casualty or theft.

Name(s) shown on tax return

Total Forms Filed = 127,890

Identifying number

bus thef	iness or fo t event inv	Personal Use Property (Use this r income-producing purposes. You olving personal use property. If ply before completing this section.	ou m rep o	ust ı	use a separate l	Form 4684 (thi	rough line 12) for	each casualty or
		r theft loss is attributable to a federal		larec	l disaster check l	here 🗆 and ente	orthe DR-		
	M-	declaration number a	-						
	Description property los	of properties (show type, location (city, st or damaged from the same casualty or code for the property most affected on the same casualty or code for the property most affected on the same casualty or code for the property most affected on the same case of the same casualty or code for the property most affected on the same case of the same ca	state, r theft.	and . If yo	ZIP code), and date	e acquired for ea			
		Type of Property			City and State	е	ZIP Code		Date Acquired
	Property A								
	Property B								
	Property C								
	Property D								
						Pro	perties		
					Α	В	С		D
2	Cost or other	er basis of each property	. [2					
3	Insurance o	or other reimbursement (whether or not	you [
	filed a claim) (see instructions)	٠ ١	3					
4	enter the di that column or other re	asualty or theft. If line 3 is more than line fference here and skip lines 5 through 9. See instructions if line 3 includes insurate imbursement you did not claim, or syment for your loss in a later tax year.	for nce you	4					
5		value before casualty or theft		5					
6		value after casualty or theft	-	6					
7		e 6 from line 5		7					
8		naller of line 2 or line 7		8					
9		e 3 from line 8. If zero or less, enter -0	-	9					
10		theft loss. Add the amounts on line 9 in co			rough D	1		10	
11	-	\$500 if qualified disaster loss rules apply;			-			11	
		e 11 from line 10. If zero or less, enter -0-			•			12	
		se only one Form 4684 for lines 13 through		•					
13		,						13	1,183
	Add the am	ounts on line 12 of all Forms 4684. If you l	have lo	osses	not attributable to a	a federally declare			95,835
	the instructi			•				14	30,000
		e instructions before completing line 15.							
15	complete th	is more than line 14, enter the difference e rest of this section.							
	• If line 13 is	s equal to line 14, enter -0- here. Do not o	comple	ete th	e rest of this sectior	٦.			
	\$500 reduct	s less than line 14, and you have no qua tion on line 11 on any Form(s) 4684, ente ed disaster losses subject to the \$500 red ne smaller of this difference or the amou	er -0- l luction	here a ı, sub	and go to line 16. If tract line 13 from lin	you le 14		15	85,102
	Form 1040- Schedule A Instructions	ose losses. Enter that result here and on NR, Schedule A, line 7. If you claim the say (Form 1040), line 16, the amount of for Forms 1040 and 1040-SR). Do not coualty or theft losses are subject to the \$50	standa your s omplet	rd de stand e the	duction, also includ ard deduction (see rest of this section	e on the			
16	Add lines 13	and 15. Subtract the result from line 14						16	10,907
17	Enter 10% instructions	of your adjusted gross income from Form	n 1040	0, 10 ²	10-SR, or 1040-NR,	line 11. Estates	and trusts, see	17	10,318
18	Subtract line Form 1040-	e 17 from line 16. If zero or less, enter -0 NR, Schedule A, line 6. Estates and trus	sts, en	iter th	e result on the "Ot	her deductions" I	,.	18	7.636

Department of the Treasury Internal Revenue Service

Casualties and Thefts

▶ Go to www.irs.gov/Form4684 for instructions and the latest information. ► Attach to your tax return. ▶ Use a separate Form 4684 for each casualty or theft.

127,890

OMB No. 1545-0177 Attachment Sequence No. **26**

Name(s) shown on tax return

Total Forms Filed =

Identifying number

busi thef	CTION A—Personal Use Property (Use this ness or for income-producing purposes. You tevent involving personal use property. If resthat apply before completing this section	u mus eport	t us	e a separate	Form 4684 (thr	ough line 12) for e	each casualty or
If the	e casualty or theft loss is attributable to a federally	declar	ed c	disaster, check	here \square and enter	the DR-		
or El								
1	Description of properties (show type, location (city, st property lost or damaged from the same casualty or t enter the ZIP code for the property most affected on the	heft. If	you	checked the box				
	Type of Property			City and Stat	е	ZIP Code		Date Acquired
	Property A							
	Property B							
	Property C							
	Property D							
					Pro	perties		
				Α	В	С		D
2	Cost or other basis of each property	2						
3	Insurance or other reimbursement (whether or not yo	ou						
	filed a claim) (see instructions)							
4	Gain from casualty or theft. If line 3 is more than line enter the difference here and skip lines 5 through 9 ft that column. See instructions if line 3 includes insurance or other reimbursement you did not claim, or your received payment for your loss in a later tax year	or ce ou						
5	Fair market value before casualty or theft							
6	Fair market value after casualty or theft							
7	Subtract line 6 from line 5	7						
8	Enter the smaller of line 2 or line 7	8						
9	Subtract line 3 from line 8. If zero or less, enter -0	9	_					
10	Casualty or theft loss. Add the amounts on line 9 in colu			uah D			10	
11	Enter \$100 (\$500 if qualified disaster loss rules apply; s			-			11	
	Subtract line 11 from line 10. If zero or less, enter -0			•			12	
12	Caution: Use only one Form 4684 for lines 13 through		•				12	
13	Add the amounts on line 4 of all Forms 4684	10.					13	154,650
	Add the amounts on line 12 of all Forms 4684. If you ha	ve loss	es no	ot attributable to	a federally declared	I disaster, see		2,161,122
	the instructions						14	2,101,122
15	• If line 13 is more than line 14, enter the difference complete the rest of this section.	here an	ıd on	Schedule D. Do	not			
	• If line 13 is equal to line 14, enter -0- here. Do not co	mplete	the r	est of this section	n. 			
	• If line 13 is less than line 14, and you have no qualif \$500 reduction on line 11 on any Form(s) 4684, enter have qualified disaster losses subject to the \$500 reduction and enter the smaller of this difference or the amount	-0- her	e and ubtra	d go to line 16. It act line 13 from lir	you ne 14		15	1,518,176
	reporting those losses. Enter that result here and on So Form 1040-NR, Schedule A, line 7. If you claim the sta Schedule A (Form 1040), line 16, the amount of your casualty or theft losses are subject to the \$500	chedule andard our stai aplete t	e A (F dedu ndard he re	Form 1040), line 1 action, also included d deduction (see	6, or le on e the			
16	Add lines 13 and 15. Subtract the result from line 14 .						16	661,181
	Enter 10% of your adjusted gross income from Form instructions	1040, 1		-SR, or 1040-NR	, line 11. Estates a	nd trusts, see	17	97,423
18	Subtract line 17 from line 16. If zero or less, enter -0 Form 1040-NR, Schedule A, line 6. Estates and trusts							
	return						18	602,875
For F	Paperwork Reduction Act Notice, see instructions.			C	at. No. 12997O			Form 4684 (2020)

Form	4684 (2020)	Attach	nment Sequence No. 2	6			Page 2	
Name	(s) shown on tax return. Do not enter name and identifying number i	f showr	n on other side.		Identify	ying nu		
050	TION D. C.							
SEC Pa	TION B—Business and Income-Producing P TI Casualty or Theft Gain or Loss (Use a			ch casualty or t	neft \			
	Description of properties (show type, location, and date at					perty lo	st or damaged from	
	the same casualty or theft. See instructions if claiming a							
	Property A							
	Property B							
	Property C							
	Property D			Pron	erties			
			Α	В	C		D	
20	Cost or adjusted basis of each property	20		<u>-</u>				
21	Insurance or other reimbursement (whether or not you							
	filed a claim). See the instructions for line 3	21						
	Note: If line 20 is more than line 21, skip line 22.							
22	Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except							
	as provided in the instructions for line 33. Also, skip lines 23							
	through 27 for that column. See the instructions for line 4 if line 21 includes insurance or other reimbursement you did not							
	claim, or you received payment for your loss in a later tax year	22						
23	Fair market value before casualty or theft	23						
24	Fair market value after casualty or theft	24						
25	Subtract line 24 from line 23	25						
26	Enter the smaller of line 20 or line 25	26						
	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.							
27	Subtract line 21 from line 26. If zero or less, enter -0-	27						
28	Casualty or theft loss. Add the amounts on line 27. Enter the			or line 34 (see insti	uctions) .	28		
Pai	Summary of Gains and Losses (from s	separ	ate Parts I)	(b) Losses from (asualties or the	fts	(c) Gains from	
	(a) Identify casualty or theft			(i) Trade, business, rental, or royalty	(ii) Incom-		casualties or thefts includible in income	
	Casualty or Theft	of Pr	roperty Held On	property le Year or Less				
29	•		. ,	()	()		
				(()		
30	Totals. Add the amounts on line 29		30	()	()		
31	Combine line 30, columns (b)(i) and (c). Enter the net gair				orm 4797 is		6 700	
00	not otherwise required, see instructions					31	6,728	
32	Enter the amount from line 30, column (b)(ii) here. Individu Schedule A (Form 1040), line 16, or Form 1040-NR, Schedule A (Form 1040), line 16, or							
	an employee.) Estates and trusts, partnerships, and S corp	oratio	ns, see instructions	´		32	4,597	
	Casualty or Theft of	f Pro	perty Held More	e Than One Yea	ar			
	Casualty or theft gains from Form 4797, line 32					33	1,383	
34				()	()		
35	Total losses. Add amounts on line 34, columns (b)(i) and (b	o)(ii)	35		(4,773)		
36	Total gains. Add lines 33 and 34, column (c)				\ .,	36	9,141	
37	Add amounts on line 35, columns (b)(i) and (b)(ii)					37	18,678	
38	If the loss on line 37 is more than the gain on line 36:							
а	Combine line 35, column (b)(i) and line 36, and enter the name the Note below. All others, enter this amount on Form 4 instructions					38a	13,391	
b	Enter the amount from line 35, column (b)(ii) here. Individu	ıals, er	nter the amount from	n income-producina	property on	334		
	Schedule A (Form 1040), line 16, or Form 1040-NR, Sched	dule A,	line 7. (Do not inclu-	de any loss on prop	erty used as			
	an employee.) Estates and trusts, enter on the "Other corporations, see the Note below	deduc	tions" line of your	tax return. Partners	snips and S	38b	4,759	
39	If the loss on line 37 is less than or equal to the gain on line	е 36 г	combine lines 36 and	37 and enter here	Partnershins	338	,	
	see the Note below. All others, enter this amount on Form 4				• •	39	8,723	
	Note: Partnerships, enter the amount from line 38a, 38b, or 39 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 38a or 38b on Form 1120-S, Schedule K, line 10.							

Form	4684 (2020)	Attach	ment Sequence No.	26	6				Page 2
Name	(s) shown on tax return. Do not enter name and identifying number i	f showr	on other side.				Identify	ing nur	mber
CEC	STION D. Dusings and Income Duadusing D								
	TION B—Business and Income-Producing P TI Casualty or Theft Gain or Loss (Use a			200	ch casualty or th	neft)			
	Description of properties (show type, location, and date as				•		ch prop	ertv lo	st or damaged from
	the same casualty or theft. See instructions if claiming a								
	Property A								
	Property B								
	Property C								
	Property D				Prop	erties			
			Α		В		С		
20	Cost or adjusted basis of each property	20							
21	Insurance or other reimbursement (whether or not you								
	filed a claim). See the instructions for line 3	21		4					
	Note: If line 20 is more than line 21, skip line 22.								
22	Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except								
	as provided in the instructions for line 33. Also, skip lines 23								
	through 27 for that column. See the instructions for line 4 if line								
	21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	22							
23	Fair market value before casualty or theft	23							
24	Fair market value after casualty or theft	24							
25	Subtract line 24 from line 23	25		4					
26	Enter the smaller of line 20 or line 25	26		4					
	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.								
	Subtract line 21 from line 26. If zero or less, enter -0	27		_					
28 Pat	Casualty or theft loss. Add the amounts on line 27. Enter the Summary of Gains and Losses (from s			29	(b) Losses from o			28	
Га	Summary of Gams and Losses (nome	ераг	ale Farts I)	+	(i) Trade, business,		Income		(c) Gains from casualties or thefts
	(a) Identify casualty or theft	- 4 D			rental, or royalty property		cing pro		includible in income
29	Casualty or Theft	OT Pr	operty Heid O	'n'	e Year or Less	1		١	
29				1	()	()	_
30	Totals. Add the amounts on line 29		30		()	()	
31	Combine line 30, columns (b)(i) and (c). Enter the net gair not otherwise required, see instructions			orn	n 4797, line 14. If F	orm 47	'97 is	31	-169,578
32	Enter the amount from line 30, column (b)(ii) here. Individu	ıals, er	nter the amount fro	om	income-producing	proper	ty on		
	Schedule A (Form 1040), line 16, or Form 1040-NR, Sched								
	an employee.) Estates and trusts, partnerships, and S corp							32	217,153
	Casualty or Theft of Casualty or theft gains from Form 4797, line 32		_					33	73,435
33 34	Casualty of their gams from Form 4797, line 32			Ė	()	()	70,400
٠.				1	()	()	
35	Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii) .	35		(738,868)	(739	9,580)	
36	Total gains. Add lines 33 and 34, column (c)							36	192,173
37	Add amounts on line 35, columns (b)(i) and (b)(ii)							37	1,478,448
38 a	 8 If the loss on line 37 is more than the gain on line 36: a Combine line 35, column (b)(i) and line 36, and enter the net gain or (loss) here. Partnerships and S corporations, see the Note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions							38a	-723,187
b	b Enter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 16, or Form 1040-NR, Schedule A, line 7. (Do not include any loss on property used as an employee.) Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships and S corporations, see the Note below							738,961	
39								39	176,313
	Note: Partnerships, enter the amount from line 38a, 38b, of S corporations, enter the amount from line 38a or 38b on F	r 39 oı	n Form 1065, Sche	edu	ule K, line 11.			30	
	2 33. porazione, eritor uno amount mornimo oba or dob on i	J.111 1	o o, oonoddie N	۰, ۱					Form 4684 (2020)

orm	4684 (2020) Attachment Sequence No. 26			Page 3
Name	(s) shown on tax return		Identifying	number
SEC Pro	TION C—Theft Loss Deduction for Ponzi-Type Investment Scheme Usin cedure 2009-20 (Complete this section in lieu of Appendix A in Revenue Pro	ng the Proceeding 20	ocedures in 109-20. See i	Revenue nstructions.)
Pa	rt I Computation of Deduction			
40	Initial investment	40		
41	Subsequent investments (see instructions)	41		
42	Income reported on your tax returns for tax years prior to the discovery year			
	(see instructions)	42		_
43	Add lines 40, 41, and 42	43		_
44	, , , , , , , , , , , , , , , , , , , ,	44		_
45	Subtract line 44 from line 43. This is your total qualified investment	45		
46	Enter 0.95 (95%) if you have no potential third-party recovery. Enter 0.75 (75%) if you have			
	potential third-party recovery	46	· ·	
47	Multiply line 46 by line 45	47		
48	Actual recovery	48		_
49		49		
50	Add lines 48 and 49. This is your total recovery	50		
51	Subtract line 50 from line 47. This is your deductible theft loss. Include this amount on line			
	28 of Section B, Part I. Do not complete lines 19–27 for this loss. Then complete Section B,			
	Part II	51		1,299
Pa	TII Required Statements and Declarations (See instructions.)			
	n claiming a theft loss deduction pursuant to Revenue Procedure 2009-20 from a specified fr	audulent arr	rangement cond	lucted by the following
	vidual or entity.			
	ne of individual or entity			
Tax	payer identification number (if known)			
	dress			
• I ha	we written documentation to support the amounts reported in Part I of this Section C.			
lar	n a qualified investor, as defined in section 4.03 of Revenue Procedure 2009-20.			
	have determined the amount of my theft loss deduction using 0.95 on line 46 above, I declare to potential third-party recovery, as that term is defined in section 4.10 of Revenue Procedure 200		ot pursued and o	do not intend to pursue
laç	ree to comply with the conditions and agreements set forth in Revenue Procedure 2009-20 and	I this Section	n C.	
adj	have already filed a return or amended return that does not satisfy the conditions in section (ustments or actions that are necessary to comply with those conditions. The tax year(s) for white(s) on which they were filed are as follows:			, 0

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 4	1684 (2020)	Attachment Sequence No. 26			Page 3			
Name(s) shown on tax return	1		Identifying number				
SEC Proc	TION C-Theft edure 2009-20	t Loss Deduction for Ponzi-Type Investment Scheme Usir O (Complete this section in lieu of Appendix A in Revenue Pro	ng the Proc cedure 200	edures in Re 9-20. See ins	evenue structions.)			
Par	t I Comput	ation of Deduction						
40	Initial investment .		40					
41	Subsequent invest	ments (see instructions)	41					
42	Income reported o (see instructions)	n your tax returns for tax years prior to the discovery year	42					
43	` ,	nd 42	43					
		years (see instructions)	44					
45	Subtract line 44 fro	om line 43. This is your total qualified investment	45					
46	Enter 0.95 (95%) i	f you have no potential third-party recovery. Enter 0.75 (75%) if you have						
	potential third-part	y recovery	46					
47	Multiply line 46 by	line 45	47					
48	Actual recovery .		48					
		e/Securities Investor Protection Corporation (SIPC) recovery	49					
50	Add lines 48 and 4	9. This is your total recovery	50	_				
		om line 47. This is your deductible theft loss. Include this amount on line						
	•	art I. Do not complete lines 19-27 for this loss. Then complete Section B,						
		d Statements and Declarations (Conjunt visiting)	51		697,015			
Par	-	d Statements and Declarations (See instructions.)						
	n claiming a theft lo vidual or entity.	oss deduction pursuant to Revenue Procedure 2009-20 from a specified fr	audulent arrar	gement conduc	cted by the following			
	ne of individual or e	entity						
		number (if known)						
Add		Turnbor (ir turown)						
		ntation to support the amounts reported in Part I of this Section C.						
		r, as defined in section 4.03 of Revenue Procedure 2009-20.						
		e amount of my theft loss deduction using 0.95 on line 46 above, I declare to y recovery, as that term is defined in section 4.10 of Revenue Procedure 200	•	oursued and do	not intend to pursue			
• I aqı	ree to comply with	the conditions and agreements set forth in Revenue Procedure 2009-20 and	this Section C) .				
• If I I	nave already filed a stments or actions	a return or amended return that does not satisfy the conditions in section of that are necessary to comply with those conditions. The tax year(s) for white vere filed are as follows:	6.02 of Revenu	ue Procedure 20				
					Form 4684 (2020)			
					1 01111 TOUT (2020)			

Form	4684 (2020)	Attachment Sequence No. 26	Page 4
Name	e(s) shown on	tax return	Identifying number
SEC	CTION D	Election To Deduct Federally Declared Disaster Loss in Preceding Tax Yea	r (See instructions.)
Pa	rti E	ection Statement	
		of the information below, the taxpayer elects, under section 165(i) of the Internal Revenue Code, to dedur and that occurred in a federally declared disaster area in the tax year immediately preceding the tax year	
	ch this Sect deduction.	on D to your return or amended return for the tax year immediately preceding the tax year the loss w	as sustained to claim the disaster
52	Provide th	e name or a description of the federally declared disaster.	_
53	Provide th	e date or dates (mm/dd/yyyy) of the loss or losses attributable to the federally declared disaster.	
54	. ,	e address, including the city or town, county or parish, state and ZIP code where the damaged or des the disaster.	troyed property was located at
Pa	rt II R	evocation of Prior Election	
attrib		of the information below, the taxpayer revokes the prior election under section 165(i) of the Internal federally declared disaster and that occurred in a federally declared disaster area in the tax year imtained.	
	ch this Sec	ion D to your amended return for the tax year immediately preceding the tax year the loss was suction.	ustained to remove the previous
55		e name or a description of the federally declared disaster and the address of the property that was da election was claimed.	maged or destroyed and for
56	. ,	e date (mm/dd/yyyy) you filed the prior election, which you are now revoking. (See instructions and no r 13, 2016.)	te that new rules went into effect
57	•	our payment or otherwise provide evidence for, or explanation of, your arrangements for the repayment ch you received and which resulted from the prior election (which you are now revoking).	•

Form **4684** (2020)

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 4684 (2020) Attachment Sequence No. 26				
Name	e(s) shown on tax return		Identifying number	
SEC	CTION D-Election To	Deduct Federally Declared Disaster Loss in Pr	receding Tax Year (See instructions.)	
Pa	rt I Election Staten	nent		
	S .	below, the taxpayer elects, under section 165(i) of the Internal d in a federally declared disaster area in the tax year immediate	•	
	ch this Section D to your retu deduction.	n or amended return for the tax year immediately preceding	the tax year the loss was sustained to claim the disaster	
52	Provide the name or a desc	ription of the federally declared disaster.		
53	Provide the date or dates (n	nm/dd/yyyy) of the loss or losses attributable to the federally of	declared disaster.	
54		ng the city or town, county or parish, state and ZIP code whe	, , ,	
Pa	rt II Revocation of I	Prior Election		
attrik	S .	n below, the taxpayer revokes the prior election under section disaster and that occurred in a federally declared disaster	· ·	
	ch this Section D to your am ster loss deduction.	ended return for the tax year immediately preceding the tax	ax year the loss was sustained to remove the previous	
55		ription of the federally declared disaster and the address of the	,	
56	Specify the date (mm/dd/yy on October 13, 2016.)	yy) you filed the prior election, which you are now revoking. (\$	See instructions and note that new rules went into effect	
57		nerwise provide evidence for, or explanation of, your arranger nd which resulted from the prior election (which you are now		
		_	Form 4684 (2020)	

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ▶ Go to www.irs.gov/Form4797 for instructions and the latest information. Attachment Sequence No. 27

Nam	e(s) shown on return					Identifying n	umbe	r
		Total Forms Fi	led = 3,16	69,087				
1	Enter the gross proceeds	from sales or exc	hanges reported	to you for 2020 or	Form(s) 1099-B or	1099-S (or		
•	substitute statement) that yo						1	291,961
Pa	rt I Sales or Exchan						sions	
	Than Casualty o							
-					(e) Depreciation	(f) Cost or o		(g) Gain or (loss)
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	allowed or allowable since	basis, plu improvements		Subtract (f) from the
	от ргоротту	(mo., day, yr.)	(mo., day, yr.)	Sales price	acquisition	expense of s		sum of (d) and (e)
								2,061,493
3	Gain, if any, from Form 4684	1. line 39					3	9,010
4	Section 1231 gain from insta						4	176,863
5	Section 1231 gain or (loss) f						5	10,644
6	Gain, if any, from line 32, from		-				6	665,000
7	Combine lines 2 through 6.		•				7	2,677,128
•	-		•				•	
	Partnerships and S corpor line 10, or Form 1120-S, ScI		• ,	•	ions for Form 1065,	Schedule K,		
	11110 10, 01 1 01111 1 120 0, 001	ricadic IX, iiric 3. Or	(ip iii ics 0, 0, 11, a	ind 12 below.				
	Individuals, partners, S co							
	line 7 on line 11 below and							
	losses, or they were recap Schedule D filed with your re			•	a long-term capital	gain on the		
	Nonrecaptured net section	•					8	227,826
8	•	·	•				-	221,020
9	Subtract line 8 from line 7. If							
	9 is more than zero, enter capital gain on the Schedule						9	144,459
Pa	rt II Ordinary Gains a				<u> </u>	· · · · ·	9	144,400
10	Ordinary gains and losses n			<u>, </u>	1 1 year or less):			
	Orania, game and recess in		- · · · · · · · · · · · · · · · · · · ·					
								394,898
	Loop if any from line 7			1	1		44	(939,374)
11	Loss, if any, from line 7.						11 (227,823
12	Gain, if any, from line 7 or a						12	
13	• • •	4004 5					13	604,954
14	Net gain or (loss) from Form						14	8,063
15	Ordinary gain from installme		*				15	2,163
16	Ordinary gain or (loss) from	-					16	1,016
17	Combine lines 10 through 10						17	1,926,206
18	For all except individual retu				ne of your return and	l skip lines a		
	and b below. For individual	returns, complete l	ines a and b belov	N.				
а	If the loss on line 11 includes	a loss from Form	4684, line 35, colur	mn (b)(ii), enter that p	art of the loss here. E	inter the loss		
	from income-producing prop	,	' ''	`	, , ,			
	employee.) Identify as from "F	Form 4797, line 18a	." See instructions				18a	0
b	Redetermine the gain or (lo							
	(Form 1040), Part I, line 4						18b	1,926,206
For F	Paperwork Reduction Act N	otice, see separa	te instructions.		Cat. No. 13086I			Form 4797 (2020)

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. 27

Nam	e(s) shown on return					Identifying n	umbe	r
	,	Total Forms Fil	ed = 3,16	69,087				
1	Enter the gross proceeds substitute statement) that			•		•	1	135,048,615
Pa	rt I Sales or Excha Than Casualty	nges of Propert or Theft—Most	y Used in a T Property Hel	rade or Busines d More Than 1 \	ss and Involunta Year (see instru	ary Convers	sions	From Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvements expense of s	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
								155,556,326
3	Gain, if any, from Form 468	84, line 39					3	183,727
4	Section 1231 gain from ins	stallment sales from I	Form 6252, line 20	6 or 37			4	8,042,380
5	Section 1231 gain or (loss)	from like-kind excha	anges from Form	8824			5	1,831,654
6	Gain, if any, from line 32, fr	rom other than casua	alty or theft .				6	65,597,169
7	Combine lines 2 through 6	. Enter the gain or (lo	ss) here and on t	he appropriate line a	s follows		7	231,211,257
	Partnerships and S corp line 10, or Form 1120-S, S				ons for Form 1065,	Schedule K,		
	Individuals, partners, S c line 7 on line 11 below ar losses, or they were reca Schedule D filed with your	nd skip lines 8 and 9 optured in an earlier	0. If line 7 is a gay	ain and you didn't hagain from line 7 as	ave any prior year s	section 1231		
8	Nonrecaptured net section	1231 losses from pi	ior years. See ins	structions			8	10,699,019
9	Subtract line 8 from line 7. 9 is more than zero, enter capital gain on the Schedu	r the amount from li	ne 8 on line 12 b	pelow and enter the	gain from line 9 as	a long-term	9	49,147,000
Pa		and Losses (se						. ,
10	Ordinary gains and losses			<u>, </u>	1 year or less):			
					,			
								30,411,897
11	Loca if any from line 7					1	44	(14,362,928)
11	Loss, if any, from line 7.						11	3,381,319
12	Gain, if any, from line 7 or	•					12	15,121,948
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form	•					14	-223,791
15	Ordinary gain from installm						15	194,220
16	Ordinary gain or (loss) from	-					16	84,491
17	Combine lines 10 through						17	34,607,156
18	For all except individual re and b below. For individua	•			ne of your return and	d skip lines a		
а	If the loss on line 11 include from income-producing pro			. , . ,				
	employee.) Identify as from						18a	0
b	Redetermine the gain or							
	(Form 1040), Part I, line 4						18b	34,607,156 Form 4797 (2020)
⊢or I	Paperwork Reduction Act	notice, see separat	e instructions.		Cat. No. 13086I			rorm 4/9/ (2020)

Form 4797 (2020) Page **2**

dli	t III Gain From Disposition of Property Und (see instructions)	ier 5e	cuons 1245, 12	30, 1252, 1	ı ∠ 54,	, and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254, or 125	5 prope	rty:			(b) Date acque (mo., day,)		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on lines 19A through 19D	▶	Property A	Property	/ B	Property	С	Property D
20	Gross sales price (Note: See line 1 before completing.) .	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
	,							
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a		•				
	Enter the smaller of line 24 or 25a	25b	589,384					
26	If section 1250 property: If straight line depreciation was used,							
-	enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions .	26a						
	Applicable percentage multiplied by the smaller of line							
	24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property							
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
	Additional depreciation after 1969 and before 1976	26d						
	Enter the smaller of line 26c or 26d	26e						
	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g	16,130					
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed							
	for a partnership.	07.						
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage. See instructions	27b	0					
	Enter the smaller of line 24 or 27b	27c	<u> </u>					
28	If section 1254 property:	1						
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits,							
	mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b	1,500					
29	If section 1255 property:							
а	Applicable percentage of payments excluded from							
	income under section 126. See instructions	29a	*					
<u>b</u>	Enter the smaller of line 24 or 29a. See instructions .	29b		 			- 00	
oun	mary of Part III Gains. Complete property colun	nns A	through D through	gn line 29b i	befor	e going to iir	ie 30.	
								1.070.404
30	Total gains for all properties. Add property columns A thro	_					30	1,079,494
31	Add property columns A through D, lines 25b, 26g, 27c, 2	8b, and	29b. Enter here an	d on line 13			31	604,966
32	Subtract line 31 from line 30. Enter the portion from casulates other than casualty or theft on Form 4797, line 6		theft on Form 4684				32	665,773
ar	Recapture Amounts Under Sections 17 (see instructions)						50%	or Less
	/					(a) Section 179	n	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	in prior	vears.		33			
34	Recomputed depreciation. See instructions		•		34			
35	Recapture amount. Subtract line 34 from line 33. See the				35			

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

(a) Description of section 1245, 1250, 1252, 1254, or 125	5 prope	erty:			e acquired day, yr.)	(c) Date sol (mo., day, yi
^				(*****)	,, ,,	(,, , ,
B						
C						
D						
		Property A	Property B	Prop	erty C	Property
These columns relate to the properties on lines 19A through 19E). ▶	1 Topolty A	1 Topolty B	1.100		Порсиу
Gross sales price (Note: See line 1 before completing.) .	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
Total gain. Subtract line 23 from line 20	24					
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b	14,627,820				
6 If section 1250 property: If straight line depreciation was used,						
enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions .	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions.	26b					
c Subtract line 26a from line 24. If residential rental property						
or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g	470,846			\longrightarrow	
7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a			·		
b Line 27a multiplied by applicable percentage. See instructions	27b					
c Enter the smaller of line 24 or 27b	27c	0				
If section 1254 property:						
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b Enter the smaller of line 24 or 28a	28b	47,265				
If section 1255 property:						
a Applicable percentage of payments excluded from						
income under section 126. See instructions	29a					
b Enter the smaller of line 24 or 29a. See instructions	29b	*				
ummary of Part III Gains. Complete property colur	nns A	through D through	gh line 29b bet	ore going t	o line 30.	
						80,792,55
Total gains for all properties. Add property columns A thro	•					
Add property columns A through D, lines 25b, 26g, 27c, 2						15,121,948
Subtract line 31 from line 30. Enter the portion from case other than casualty or theft on Form 4797, line 6	-			•		65,670,603
Recapture Amounts Under Sections 1: (see instructions)		I 280F(b)(2) Wh				
					ection 79	(b) Sectio 280F(b)(2
Section 179 expense deduction or depreciation allowable	in prior	vears.		3		
Recomputed depreciation. See instructions	•	•		4		
5 Recapture amount. Subtract line 34 from line 33. See the				-		

Department of the Treasury Internal Revenue Service (99)

Farm Rental Income and Expenses
(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)

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

▶ Go to www.irs.gov/Form4835 for the latest information.

OMB No. 1545-0074 Attachment Sequence No. 37

Name(s)	shown on tax return						Your soc	ial secu	rity number	
	Total Forms	Filed =	4 61,875	5			Employe	r ID nur	nber (EIN), if	any
Α	Did you actively participate in the operati	on of t	this farm during 2	2020?	See instru	ictions			Yes	☐ No
Part	Gross Farm Rental Income – B	ased	on Production	n. Inc	ude amo	ounts converte	ed to ca	sh or	the equiv	alent.
1	Income from production of livestock, pro	duce,	grains, and othe	r crops				1	191,0	51
2a	Cooperative distributions (Form(s) 1099-F	PATR)	2a	74,0	75	2b Taxable an	ount	2b		
3a	Agricultural program payments (see instru	uctions	s) 3a	185,	376	3b Taxable an	ount	3b	183,6	95
4	Commodity Credit Corporation (CCC) loa		·							
а	CCC loans reported under election							4a	*	
b	CCC loans forfeited					4c Taxable an	ount	4c		
5	Crop insurance proceeds and federal cro	-						- Fla	24.60	20
a	Amount received in 2020			23,2		5b Taxable and deferred from		5b 5d	21,68	9
с 6	Other income, including federal and state							6	226,5	89
7	Gross farm rental income. Add amount									
	and on Schedule E (Form 1040), line 42							7	447,1	20
Part									•	
8	Car and truck expenses (see			21	Pension	and profit-	sharing			
	Schedule F (Form 1040) instructions).				plans			21	0	
	Also attach Form 4562	8	37,838	22	Rent or	lease:				
9	Chemicals	9	60,337	а	Vehicles	,				
10	Conservation expenses (see instructions)	10	6,436			ent (see instruc	-	22a		
11	Custom hire (machine work)	11	38,799	b	-	and, animals, etc		22b		
12	Depreciation and section 179 expense		407.000	23	•	and maintenan		23	121,1	
	deduction not claimed elsewhere	12	137,988	24		and plants		24	44,08	30
13	Employee benefit programs other than			25	_	and warehousi	-	25	00.4	
	on line 21 (see Schedule F (Form 1040) instructions)	40	*	26		s		26	60,47	
14		13 14	7,952	27 28				27 28	316,3	10
15	Feed	15	72,095	29	Veterina			20		
16	Freight and trucking	16	72,000	-		e		29		
17	Gasoline, fuel, and oil	17	71,538	30		xpenses (specif				
18	Insurance (other than health)	18	199,019	а				30a		
19	Interest (see instructions):		1	b				30b		
а	Mortgage (paid to banks, etc.)	19a	44,821	С				30c	·	
b	Other	19b	17,446	d				30d		
20	Labor hired (less employment credits)			е				30e		
	(see Schedule F (Form 1040)	_	10.010	f				30f		
0.1	instructions)	20	10,948	g				30g	200.0	22
31 32	Total expenses. Add lines 8 through 30g Net farm rental income or (loss). Subtra on Schedule E (Form 1040), line 40. If the	act line	e 31 from line 7.	If the re	esult is inc			31	390,9 454,8	
33	Reserved for future use	. Journ	, you iii	go		222		33	10-1,0	
34	If line 32 is a loss, check the k	oox tl	hat describes	vour	investme	 nt in this ac	tivity.	34a	All investme	nt is at risk
	See instructions						. }			
	Nonded	uctible	e loss (+) / susp	ended	loss car	ryover (-) = 40,	162	34b	Some invest at risk.	ment is not
С	You may have to complete Form 8582									
	you checked. If you checked box 34b, you either case, enter the deductible loss he							34c	78,1	53

* Data not shown because of the small number of sample returns on which they are based.

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor)) (Income not subject to self-employment tax)

OMB No. 1545-0074

► Attach to Form 1040, Form 1040-SR, or Form 1040-NR. Department of the Treasury Attachment Sequence No. **37** Internal Revenue Service (99) ► Go to www.irs.gov/Form4835 for the latest information. Name(s) shown on tax return Your social security number Total Forms Filed = 461,875 Employer ID number (EIN), if any Part I Gross Farm Rental Income - Based on Production. Include amounts converted to cash or the equivalent. 1 Income from production of livestock, produce, grains, and other crops 4,780,232 2a Cooperative distributions (Form(s) 1099-PATR) . . 2a 1,235,234 **2b** Taxable amount 2b Agricultural program payments (see instructions) . . 3a 3b 1,237,186 1,247,976 **3b** Taxable amount 4 Commodity Credit Corporation (CCC) loans (see instructions): CCC loans reported under election 4a CCC loans forfeited 4b 4c Taxable amount b 4c 0 5 Crop insurance proceeds and federal crop disaster payments (see instructions): Amount received in 2020 5a 229,519 **5b** Taxable amount 5b If election to defer to 2021 is attached, check here ▶ □ 5d Amount deferred from 2019 5d С 3,430,872 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 7 Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here 7 10,642,564 Part II Expenses - Farm Rental Property. Do not include personal or living expenses. Pension and profit-sharing 8 Car truck expenses (see Schedule F (Form 1040) instructions). plans 21 0 Also attach Form 4562 44.899 8 22 Rent or lease: 414.249 9 Vehicles, 9 Chemicals machinery, 29,314 equipment (see instructions) Conservation expenses (see instructions) 10 10 22a 283,157 11 Custom hire (machine work) 11 Other (land, animals, etc.) . . 22b 12 Depreciation and section 179 expense 23 23 Repairs and maintenance . 338,227 deduction not claimed elsewhere . . 988,603 12 24 Seeds and plants 24 338.654 25 25 Employee benefit programs other than Storage and warehousing 13 on line 21 (see Schedule F (Form 1040) 26 Supplies 26 73.141 instructions) 13 27 Taxes 27 1,014,868 14 14 13.995 28 Utilities 28 29 480,846 Veterinary, breeding, and 15 Fertilizers and lime 15 medicine 16 Freight and trucking 16 29 17 Gasoline, fuel, and oil 17 68.749 30 Other expenses (specify): 18 Insurance (other than health) . . 18 316,383 30a а Interest (see instructions): 30b 19 b 414,298 30c Mortgage (paid to banks, etc.) . . . 19a а 80,166 b Other 19b d 30d 20 Labor hired (less employment credits) 30e (see Schedule F (Form 1040) 30f instructions) 20 53,578 30g 6,066,613 31 31 Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here and 32 on Schedule E (Form 1040), line 40. If the result is a loss, you must go to line 34. See instructions. . . 4,575,951 32 33 33 If line 32 is a loss, check the box that describes your investment in this activity. **34a** All investment is at risk. 34b Some investment is not Nondeductible loss (+) / suspended carryover (-) = 317,230 You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked. If you checked box 34b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E (Form 1040), line 40. See instructions.

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

Cat. No. 13117W

524.933 Form **4835** (2020)

34c

Form **4952**

Department of the Treasury Internal Revenue Service (99)

For Paperwork Reduction Act Notice, see page 4.

Investment Interest Expense Deduction

► Go to www.irs.gov/Form4952 for the latest information.

► Attach to your tax return.

OMB No. 1545-0191

2020

Attachment
Sequence No. 51

Form **4952** (2020)

Identifying number Name(s) shown on return Total Forms Filed = Part I **Total Investment Interest Expense** Investment interest expense paid or accrued in 2020 (see instructions) 917,467 2 Disallowed investment interest expense from 2019 Form 4952, line 7 2 636,500 3 **Total investment interest expense.** Add lines 1 and 2 1,315,547 Part II **Net Investment Income** Gross income from property held for investment (excluding any net gain from 4a 4a 1,198,106 Qualified dividends included on line 4a 4b 986,452 Subtract line 4b from line 4a 4c 1,140,734 **d** Net gain from the disposition of property held for investment 4d 596,057 Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment. See instructions 4e 522,678 4f f 285,807 Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions 4g 115,248 1,162,821 h 4h 5 5 338,722 **Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-. 6 1,120,074 6 Part III **Investment Interest Expense Deduction** 7 Disallowed investment interest expense to be carried forward to 2021. Subtract line 6 from 7 638.500 8 1,115,094 Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions

Cat. No. 13177Y

For Paperwork Reduction Act Notice, see page 4.

Investment Interest Expense Deduction

OMB No. 1545-0191

Form **4952** (2020)

▶ Go to www.irs.gov/Form4952 for the latest information. Department of the Treasury Attachment Sequence No. **51** ► Attach to your tax return. Internal Revenue Service (99) Identifying number Name(s) shown on return **Total Forms Filed =** 1,323,023 Part I **Total Investment Interest Expense** 1 Investment interest expense paid or accrued in 2020 (see instructions) 21,465,043 2 Disallowed investment interest expense from 2019 Form 4952, line 7 2 30,332,127 3 51,797,169 Part II **Net Investment Income** Gross income from property held for investment (excluding any net gain from 4a 169,325,824 4a Qualified dividends included on line 4a 89,871,158 4c 79,454,666 **d** Net gain from the disposition of property held for investment 381,980,022 Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions 319,707,313 4f 62,272,709 Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions 4g 4,354,734 146,082,109 h 4h 9,316,310 5 5 **Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0- 137,618,087 6 Part III **Investment Interest Expense Deduction** 7 Disallowed investment interest expense to be carried forward to 2021. Subtract line 6 from 7 29.616.078 Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions 22,181,092 8

Cat. No. 13177Y

Form **5329**(Rev. February 2021)
Department of the Treasury
Internal Revenue Service (99)

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

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

► Go to www.irs.gov/Form5329 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment Sequence No. 29

ivame o	i individual subject to additional	Total Forms File	ed = 2,590,50	14	Tour so	ciai security number		
		Home address (number and street), or P.O. box	if mail is not delivered t	o your home		Apt. no.		
Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return		City, town or post office, state, and ZIP code. If spaces below. See instructions.	you have a foreign add	ress, also complete the		If this is an amended return, check here ▶ □		
*******	, and the contract of the cont	Foreign country name	Foreign province/sta	te/county	Foreign p	postal code		
		10% tax on the full amount of the ea without filing Form 5329. See instruction		ou may be able to re	eport th	is tax directly or		
Part	59½ from a qualific	on Early Distributions. Complete the ded retirement plan (including an IRA) or ule 2 (Form 1040)—see above). You make additional tax on early distributions or	modified endowm y also have to con	ent contract (unless y	you are licate th	reporting this tax at you qualify fo		
1	Early distributions include	dible in income (see instructions). For Re	oth IRA distribution	ns, see instructions.	1	1,685,945		
2	Early distributions include	ded on line 1 that are not subject to the	additional tax (see	instructions).				
	Enter the appropriate ex	cception number from the instructions:			2	987,305		
3	Amount subject to addit	tional tax. Subtract line 2 from line 1 .			3	884,241		
4	Additional tax. Enter 10	0% (0.10) of line 3. Include this amount	on Schedule 2 (For	m 1040), line 6	4	868,688		
		the amount on line 3 was a distribution ount on line 4 instead of 10%. See instr		A, you may have to				
Part	Additional Tax of	on Certain Distributions From Edu	cation Account	s and ABLE Acco	unts. C	omplete this par		
	if you included an	amount in income, on Schedule 1 (Fouition program (QTP), or an ABLE according	orm 1040), line 8,					
5	Distributions included in	n income from a Coverdell ESA, a QTP,	or an ABLE accour	nt	5	274,398		
6		n line 5 that are not subject to the addit			6	,		
7		tional tax. Subtract line 6 from line 5 .		•	7	180,447		
8	Additional tax. Enter 10	0% (0.10) of line 7. Include this amount			8	178,539		
Part	Additional Tax of	on Excess Contributions to Tradit	ional IRAs. Com	plete this part if you	contribu	ited more to you		
	traditional IRAs for	2020 than is allowable or you had an a	mount on line 17 o	f your 2019 Form 532	29.			
9	Enter your excess contrib	outions from line 16 of your 2019 Form 53	329. See instruction	s. If zero, go to line 15	9			
10	If your traditional IRA	contributions for 2020 are less than	your maximum					
		see instructions. Otherwise, enter -0		10				
11	2020 traditional IRA dist	tributions included in income (see instru	ctions)	11				
12	2020 distributions of pri	or year excess contributions (see instru	ctions)	12				
13	Add lines 10, 11, and 12	2			13			
14	Prior year excess contri	butions. Subtract line 13 from line 9. If z	zero or less, enter -	0	14			
15	Excess contributions for	r 2020 (see instructions)			15			
16		ons. Add lines 14 and 15			16	38,204		
17		$_{0}$ (0.06) of the smaller of line 16 or the value	•					
		contributions made in 2021). Include this a			17	29,462		
Part		on Excess Contributions to Roth	•		buted m	nore to your Roth		
		is allowable or you had an amount on l	<u> </u>					
18	•	outions from line 24 of your 2019 Form 53	1	s. If zero, go to line 23	18	64,121		
19		outions for 2020 are less than your max ctions. Otherwise, enter -0		19				
20	2020 distributions from	your Roth IRAs (see instructions)	[20 10,546				
21	Add lines 19 and 20 .				21			
22	Prior year excess contri	butions. Subtract line 21 from line 18. If	zero or less, enter	-0	22			
23	Excess contributions for	r 2020 (see instructions)			23	48,914		
24	Total excess contribution	ons. Add lines 22 and 23			24	85,388		
25		6 (0.06) of the smaller of line 24 or the voltributions made in 2021). Include this am			25	76,040		

(Rev. February 2021) Department of the Treasury

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

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

▶ Go to www.irs.gov/Form5329 for instructions and the latest information.

OND NO. 1545-0074	
2020	
Attachment	

Form **5329** (2020)

Cat. No. 13329Q

OMB No. 1545 007/

Internal Revenue Service (99) Sequence No. 29 Name of individual subject to additional tax. If married filing jointly, see instructions. Your social security number 2,590,504 Total Forms Filed = Home address (number and street), or P.O. box if mail is not delivered to your home Apt. no. Fill in Your Address Only City, town or post office, state, and ZIP code. If you have a foreign address, also complete the if You Are Filing This spaces below. See instructions. Form by Itself and Not If this is an amended return, check here ▶ With Your Tax Return Foreign postal code Foreign country name Foreign province/state/county If you only owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 6, without filing Form 5329. See instructions. Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040) - see above). You may also have to complete this part to indicate that you gualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions. Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions. 27.466.424 1 2 Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: 2 18,259,286 3 Amount subject to additional tax. Subtract line 2 from line 1 9,207,138 Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 6 . . . 930,493 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions. Part II Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLE account. Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account 5 825,892 6 Distributions included on line 5 that are not subject to the additional tax (see instructions) 6 7 7 557,218 8 Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 6 . . . 56.043 Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2020 than is allowable or you had an amount on line 17 of your 2019 Form 5329. 9 Enter your excess contributions from line 16 of your 2019 Form 5329. See instructions. If zero, go to line 15 If your traditional IRA contributions for 2020 are less than your maximum 10 10 allowable contribution, see instructions. Otherwise, enter -0- 2020 traditional IRA distributions included in income (see instructions) . . . 11 11 12 2020 distributions of prior year excess contributions (see instructions) . . . 13 13 14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-14 15 Excess contributions for 2020 (see instructions) 15 16 16 681.538 17 Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6 Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2020 than is allowable or you had an amount on line 25 of your 2019 Form 5329. Enter your excess contributions from line 24 of your 2019 Form 5329. See instructions. If zero, go to line 23 18 280,117 If your Roth IRA contributions for 2020 are less than your maximum allowable 19 20 2020 distributions from your Roth IRAs (see instructions) 21 21 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-. . . . 22 22 23 23 152,782 24 24 308.021 Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 25 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6 16,707

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

Form 5329 (2020) Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2020 were more than is allowable or you had an amount on line 33 of your 2019 Form 5329. 26 Enter the excess contributions from line 32 of your 2019 Form 5329. See instructions. If zero, go to line 31 If the contributions to your Coverdell ESAs for 2020 were less than the 27 maximum allowable contribution, see instructions. Otherwise, enter -0- . . . 28 2020 distributions from your Coverdell ESAs (see instructions) 29 29 30 Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-. 30 31 Excess contributions for 2020 (see instructions) 31 32 Total excess contributions. Add lines 30 and 31 33 Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 33 Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2020 than is allowable or you had an amount on line 41 of your 2019 Form 5329. 34 Enter the excess contributions from line 40 of your 2019 Form 5329. See instructions. If zero, go to line 39 35 If the contributions to your Archer MSAs for 2020 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0- 36 2020 distributions from your Archer MSAs from Form 8853, line 8 . 36 37 37 38 Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-. 38 39 Excess contributions for 2020 (see instructions) 39 9,345 40 Total excess contributions, Add lines 38 and 39 40 Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on 41 December 31, 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 41 Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2020 than is allowable or you had an amount on line 49 of your 2019 Form 5329. 42 Enter the excess contributions from line 48 of your 2019 Form 5329. If zero, go to line 47 43 If the contributions to your HSAs for 2020 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0- 43 44 2020 distributions from your HSAs from Form 8889, line 16 45 45 46 Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-. 46 47 Excess contributions for 2020 (see instructions) 47 Total excess contributions. Add lines 46 and 47 48 48 436.235 Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 49 2020 (including 2020 contributions made in 2021). Include this amount on Schedule 2 (Form 1040), line 6 49 Additional Tax on Excess Contributions to an ABLE Account. Complete this part if contributions to your ABLE Part VIII account for 2020 were more than is allowable. 0 50 50 Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABLE account on 51 December 31, 2020. Include this amount on Schedule 2 (Form 1040), line 6 0 51 Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan. 52 Minimum required distribution for 2020 (see instructions) 52 53 Amount actually distributed to you in 2020 53 54 Subtract line 53 from line 52. If zero or less, enter -0-54 55 Additional tax. Enter 50% (0.50) of line 54. Include this amount on Schedule 2 (Form 1040), line 6 55 Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Only if You Are Filing This Form by Itself and Not With **Your Tax Return** Date Your signature Date Preparer's signature Print/Type preparer's name PTIN Paid

Check if self-employed **Preparer** Firm's EIN ▶ Firm's name Use Only Firm's address ▶ Phone no.

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 532	29 (2020	J)				Page 2
Part \	_	Additional Tax on Excess Contributions to Coverdell ESAs. Comp	•	•		-
		Coverdell ESAs for 2020 were more than is allowable or you had an amount on				1 5329.
		the excess contributions from line 32 of your 2019 Form 5329. See instructions. If	zero, go to	o line 31	26	
	maxir	e contributions to your Coverdell ESAs for 2020 were less than the num allowable contribution, see instructions. Otherwise, enter -0 27	_			
		distributions from your Coverdell ESAs (see instructions)				
		ines 27 and 28		-	29 30	
		year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0 ss contributions for 2020 (see instructions)		+	31	
		excess contributions. Add lines 30 and 31		-	32	*
		ional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your C		-	02	
	Dece	mber 31, 2020 (including 2020 contributions made in 2021). Include this amount 1040), line 6	unt on Sch	nedule 2	33	*
Part \		Additional Tax on Excess Contributions to Archer MSAs. Complete t				oloyer contributed
		more to your Archer MSAs for 2020 than is allowable or you had an amount on				•
34		the excess contributions from line 40 of your 2019 Form 5329. See instructions. If		-	34	
		contributions to your Archer MSAs for 2020 are less than the maximum able contribution, see instructions. Otherwise, enter -0	5			
		distributions from your Archer MSAs from Form 8853, line 8 36	6			
37	Add I	ines 35 and 36			37	
38	Prior	year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0)	[38	
		ss contributions for 2020 (see instructions)		<u> </u>	39	
40	Total	excess contributions. Add lines 38 and 39			40	23,725
		ional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your				
		mber 31, 2020 (including 2020 contributions made in 2021). Include this amou			44	F7.4
Part V		1040), line 6			41	571
	Enter	someone on your behalf, or your employer contributed more to your HSAs amount on line 49 of your 2019 Form 5329. the excess contributions from line 48 of your 2019 Form 5329. If zero, go to lin			42	
		e contributions to your HSAs for 2020 are less than the maximum able contribution, see instructions. Otherwise, enter -0	3			
44	2020	distributions from your HSAs from Form 8889, line 16 44	4			
45	Add I	ines 43 and 44		[45	
		year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0		+	46	
		ss contributions for 2020 (see instructions)			47	
		excess contributions. Add lines 46 and 47			48	887,641
	2020	ional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs (including 2020 contributions made in 2021). Include this amount on Schedule 2 ((Form 1040)), line 6	49	30,319
Part V		Additional Tax on Excess Contributions to an ABLE Account. Comp	plete this p	part if cont	ributi	ons to your ABLE
		account for 2020 were more than is allowable.				
		ss contributions for 2020 (see instructions)			50	0
		ional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your mber 31, 2020. Include this amount on Schedule 2 (Form 1040), line 6			51	0
Part I		Additional Tax on Excess Accumulation in Qualified Retirement Pla	•	•	ls). C	Complete this part
		if you did not receive the minimum required distribution from your qualified reti				
		num required distribution for 2020 (see instructions)		- t	52	
		int actually distributed to you in 2020			53	4 474
		act line 53 from line 52. If zero or less, enter -0			54	1,171
		ional tax. Enter 50% (0.50) of line 54. Include this amount on Schedule 2 (Forn			55	586
Are Fil	ing Th	inly if You his Form I Not With	sed on all infor	mation of whic	h prepa	arer has any knowledge.
Your T	ax Re	Your signature Your signature		Date		
Paid Prepa	arer	Print/Type preparer's name Preparer's signature Dat	te	Check [self-emp		PTIN
Prepa Use C		Firm's name ▶	Fi	rm's EIN ▶	· ·	
	-iiiy	Firm's address ▶	Pl	none no.		

* Data not shown because of the small number of sample returns on which they are based.

Department of the Treasury Internal Revenue Service

Repayment of the First-Time

Homebuyer Credit

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

► Go to www.irs.gov/Form5405 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 58

Name shown on return

Total Forms Filed = 124.793

Your social security number

	,		
Part	Disposition or Change in Use of Main Home for Which the Credit Was Claimed		
1	Enter the date you disposed of, or ceased using as your main home, the home for which you claimed the credit (MM/DD/YYYY). See instructions		
2	If you meet the following conditions, check here		▶ □
	I (or my spouse if married) am, or was, a member of the uniformed services or Foreign Service, or an emplex community. I sold the home, or it ceased to be my main home, in connection with U.S. Government or extended duty service. No repayment of the credit is required. See instructions. Stop here.		
3	Check the box below that applies to you. See the instructions for the definition of "related person."		
а	☐ I sold (including through foreclosure) the home to a person who isn't related to me and had a gain on the below). Go to Part II below.	sale (a	as figured in Part III
b	☐ I sold (including through foreclosure) the home to a person who isn't related to me and didn't have a gain Part III below). No repayment of the credit is required. Stop here.	on the	e sale (as figured in
С	☐ I sold the home to a related person OR I gave the home to someone other than my spouse (or ex-spous settlement). Go to Part II below.	se as	part of my divorce
d	☐ I converted the entire home to a rental or business use OR I still own the home but no longer use it as my below.	main l	home. Go to Part II
е	☐ I transferred the home to my spouse (or ex-spouse as part of my divorce settlement). The full name of my expouse (or ex-spouse as part of my divorce settlement).	ex-spo	ouse is >
	The responsibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here.		
f	My home was destroyed, condemned, or sold under threat of condemnation and I had a gain. See instruct		
g	My home was destroyed, condemned, or sold under threat of condemnation and I didn't have a gain. See		
h	The taxpayer who claimed the credit died in 2020. No repayment of the credit is required of the deceased a joint return for 2020 with the deceased taxpayer, see instructions. Otherwise, stop here.	taxpa	yer. If you are filing
Part	Repayment of the Credit		
4	Enter the amount of the credit you claimed on Form 5405 for 2008. See instructions if you filed a joint return for 2008 or you checked the box on line 3f or 3g	4	60,688
5	Enter the amount of the credit you repaid with your tax returns for the years 2010 through 2019	5	57,094
6	Subtract line 5 from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked the box on line 3a, go to line 7. Otherwise, skip line 7 and go to line 8	6	56,368
7	Enter the gain on the disposition of your main home (from line 15 below)	7	17,833
8	Amount of the credit to be repaid. See instructions	8	79,813
Part	III Form 5405 Gain or (Loss) Worksheet		
hroug and 12	Complete this part only if your home was destroyed or you sold your home to someone who isn't related th condemnation or under threat of condemnation). See Pub. 523, Selling Your Home, for information on what 2. But if you sold your home through condemnation, see chapter 1 in Pub. 544, Sales and Other Dispositions of at to enter on lines 9 and 10.	it to ei	nter on lines 9, 10, ets, for information
9	Selling price of home, insurance proceeds, or gross condemnation award	9	26,167
10	Selling expenses (including commissions, advertising and legal fees, and seller-paid loan charges) or expenses in getting the condemnation award	10	22,637
11	Subtract line 10 from line 9. This is the amount realized on the sale of the home	11	26,167
12	Adjusted basis of home sold (see instructions)	12	25,162
13	Enter the first-time homebuyer credit claimed on Form 5405 minus the amount of the credit you repaid with your tax returns for the years 2010 through 2019	13	23,863
14	Subtract line 13 from line 12. This is the adjusted basis for purposes of repaying the credit	14	25,164
15	Subtract line 14 from line 11	15	26,170
	• If line 15 is more than -0-, you have a gain. Check the box on line 3a and complete Part II. However, check the box on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the home through condemnation or under threat of condemnation. Then complete Part II if the event occurred in 2018.		
	• If line 15 is -0- or less, check the box on line 3b. However, if your home was destroyed or you sold the home through condemnation or under threat of condemnation, check the box on line 3g instead. You don't have to repay the credit.		

Department of the Treasury Internal Revenue Service

Repayment of the First-Time

Homebuyer Credit

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

► Go to www.irs.gov/Form5405 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. **58**

Name shown on return

Your social security number

	Total Forms Filed = 124,793		
Part	Disposition or Change in Use of Main Home for Which the Credit Was Claimed		
1	Enter the date you disposed of, or ceased using as your main home, the home for which you claimed the credit (MM/DD/YYYY). See instructions	ne ►	
2	If you meet the following conditions, check here		
3	Check the box below that applies to you. See the instructions for the definition of "related person."		
а	I sold (including through foreclosure) the home to a person who isn't related to me and had a gain on the below). Go to Part II below.	sale (a	s figured in Part III
b	I sold (including through foreclosure) the home to a person who isn't related to me and didn't have a gain Part III below). No repayment of the credit is required. Stop here.	on the	sale (as figured in
С	I sold the home to a related person OR I gave the home to someone other than my spouse (or ex-spous settlement). Go to Part II below.	se as	part of my divorce
d	☐ I converted the entire home to a rental or business use OR I still own the home but no longer use it as my below.	main l	nome. Go to Part II
е	☐ I transferred the home to my spouse (or ex-spouse as part of my divorce settlement). The full name of my expouse (or ex-spouse as part of my divorce settlement).	ex-spc	ouse is >
f g	The responsibility for repayment of the credit is transferred to your spouse or ex-spouse. Stop here. My home was destroyed, condemned, or sold under threat of condemnation and I had a gain. See instruct My home was destroyed, condemned, or sold under threat of condemnation and I didn't have a gain. See		ctions.
h	The taxpayer who claimed the credit died in 2020. No repayment of the credit is required of the deceased a joint return for 2020 with the deceased taxpayer, see instructions. Otherwise, stop here.	taxpa	yer. If you are filing
Part	Repayment of the Credit		
4	Enter the amount of the credit you claimed on Form 5405 for 2008. See instructions if you filed a joint return for 2008 or you checked the box on line 3f or 3g	4	401,295
5	Enter the amount of the credit you repaid with your tax returns for the years 2010 through 2019	5	253,777
6	Subtract line 5 from line 4. If you checked the box on line 3f or 3g, see instructions. If you checked the box on line 3a, go to line 7. Otherwise, skip line 7 and go to line 8	6	147,518
7	Enter the gain on the disposition of your main home (from line 15 below)	7	945,730
8	Amount of the credit to be repaid. See instructions	8	72,044
Part	III Form 5405 Gain or (Loss) Worksheet		
throug	Complete this part only if your home was destroyed or you sold your home to someone who isn't related h condemnation or under threat of condemnation). See Pub. 523, Selling Your Home, for information on what Pub. But if you sold your home through condemnation, see chapter 1 in Pub. 544, Sales and Other Dispositions of the toler on lines 9 and 10.	t to er	nter on lines 9, 10, ets, for information
9	Selling price of home, insurance proceeds, or gross condemnation award	9	6,213,013
10	Selling expenses (including commissions, advertising and legal fees, and seller-paid loan charges) or expenses in getting the condemnation award	10	737,306
11	Subtract line 10 from line 9. This is the amount realized on the sale of the home	11	5,475,708
12	Adjusted basis of home sold (see instructions)	12	5,086,138
13	Enter the first-time homebuyer credit claimed on Form 5405 minus the amount of the credit you repaid with your tax returns for the years 2010 through 2019	13	66,250
14	Subtract line 13 from line 12. This is the adjusted basis for purposes of repaying the credit	14	5,019,888
15	Subtract line 14 from line 11	15	455,820
	• If line 15 is more than -0-, you have a gain. Check the box on line 3a and complete Part II. However, check the box on line 3f (instead of the box on line 3a) if your home was destroyed or you sold the home through condemnation or under threat of condemnation. Then complete Part II if the event occurred in 2018.		
	• If line 15 is -0- or less, check the box on line 3b. However, if your home was destroyed or you sold the home through condemnation or under threat of condemnation, check the box on line 3g instead. You don't have to repay the credit.		

Form **5695**

Department of the Treasury Internal Revenue Service

Residential Energy Credits

► Go to www.irs.gov/Form5695 for instructions and the latest information.

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

OMB No. 1545-0074

2020

Attachment
Sequence No. 158

Name(s) shown on return

Total Forms Filed = 2,416,669

Attachment Sequence No. 158 Your social security number

Part	Residential Energy Efficient Property Credit (See instructions before completing this p	art.)	
Note:	Skip lines 1 through 11 if you only have a credit carryforward from 2019.		
1	Qualified solar electric property costs	1	603,644
2	Qualified solar water heating property costs	2	113,673
3	Qualified small wind energy property costs	3	29,342
4	Qualified geothermal heat pump property costs	4	55,204
5	Add lines 1 through 4	5	711,161
6	Multiply line 5 by 26% (0.26)	6	708,884
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.)	7a	☐ Yes ☐ No
	Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.		
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street Unit No.		
	City, State, and ZIP code		
8	Qualified fuel cell property costs	_	
9	Multiply line 8 by 26% (0.26)		
10	Kilowatt capacity of property on line 8 above x \$1,000 10 13,962		
11	Enter the smaller of line 9 or line 10	11	12,948
12	Credit carryforward from 2019. Enter the amount, if any, from your 2019 Form 5695, line 16	12	367,094
13	Add lines 6, 11, and 12	13	1,024,921
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	1,037,901
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5	15	897,624
16	Credit carryforward to 2021. If line 15 is less than line 13, subtract line 15 from line 13		

Form **5695**

Department of the Treasury Internal Revenue Service

Residential Energy Credits

► Go to www.irs.gov/Form5695 for instructions and the latest information. ► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Name(s) shown on return

Total Forms Filed = 2,416,669

Attachment Sequence No. **158** Your social security number

Part	Residential Energy Efficient Property Credit (See instructions before completing this	part.)	
Note:	Skip lines 1 through 11 if you only have a credit carryforward from 2019.		
1	Qualified solar electric property costs	1	12,564,265
2	Qualified solar water heating property costs	2	626,541
3	Qualified small wind energy property costs	3	134,142
4	Qualified geothermal heat pump property costs	4	570,400
5	Add lines 1 through 4	5	13,895,349
6	Multiply line 5 by 26% (0.26)	6	3,624,087
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, you main home located in the United States? (See instructions.)	r - 7a	☐ Yes ☐ No
	Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.		
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street Unit No.	-	
	City, State, and ZIP code	-	
8	Qualified fuel cell property costs		
9	Multiply line 8 by 26% (0.26)		
10	Kilowatt capacity of property on line 8 above ▶ x \$1,000		
11	Enter the smaller of line 9 or line 10	11	29,137
12	Credit carryforward from 2019. Enter the amount, if any, from your 2019 Form 5695, line 16	12	1,638,769
13	Add lines 6, 11, and 12	13	5,291,993
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	20,828,486
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040), line 5	15	3,468,514
16	Credit carryforward to 2021. If line 15 is less than line 13, subtract line 15 from line 13		Form 5695 (2020)

Form 5695 (2020) Page **2**

Par	Nonbusiness Energy Property Credit				
17a	Were the qualified energy efficiency improvements or residential energy proper home located in the United States? (see instructions)	٠	•	17a	☐ Yes ☐ No
	Caution: If you checked the "No" box, you cannot claim the nonbusiness energed not complete Part II.	gy pro	perty credit. Do		
b	Print the complete address of the main home where you made the qualifying imp	oroven	nents.		
	Caution: You can only have one main home at a time.				
	Number and street		Unit No.		
	City, State, and ZIP code				
С	Were any of these improvements related to the construction of this main home?			17c	Yes No
	Caution: If you checked the "Yes" box, you can only claim the nonbusiness ene qualifying improvements that were not related to the construction of the home. Do related to the construction of your main home, even if the improvements were reinto the home.	rgy prot ir	nclude expenses		
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see	instru	ctions)	18	252,331
19	Qualified energy efficiency improvements (original use must begin with you and reasonably be expected to last for at least 5 years; do not include labor costs) (see				
а	Insulation material or system specifically and primarily designed to reduce heat home that meets the prescriptive criteria established by the 2009 IECC		or gain of your	19a	391,414
b	Exterior doors that meet or exceed the version 6.0 Energy Star program requirer	nents		19b	368,080
С	Metal or asphalt roof that meets or exceeds the Energy Star program requirement pigmented coatings or cooling granules which are specifically and primarily defined gain of your home			19c	180,682
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements	19d	486,142		
е	Maximum amount of cost on which the credit can be figured	19e	\$2,000		
f	If you claimed window expenses on your Form 5695 prior to 2020, enter the amount from the Window Expense Worksheet (see instructions); otherwise		00 505		
a	enter -0	19f 19g	99,525 1,860,917	-	
g h	Enter the smaller of line 19d or line 19g	_		19h	473,454
20	Add lines 19a, 19b, 19c, and 19h			20	1,002,373
21	Multiply line 20 by 10% (0.10)			21	1,002,373
22	Residential energy property costs (must be placed in service by you; include preparation, assembly, and original installation) (see instructions).				
a	Energy-efficient building property. Do not enter more than \$300			22a 22b	363,395
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter mo Advanced main air circulating fan used in a natural gas, propane, or oil furnace			220	429,218
	than \$50			22c	129,963
23	Add lines 22a through 22c			23	742,234
24 25	Add lines 21 and 23			24 25	1,502,574 \$500
26	Enter the amount, if any, from line 18			26	Ψ 3000
27	Subtract line 26 from line 25. If zero or less, stop ; you cannot take the nonbus credit	iness	energy property	27	1,681,047
28	Enter the smaller of line 24 or line 27			28	1,496,553
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Worksheet (see instructions)	/ Prop	erty Credit Limit	29	1,700,000
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Als on Schedule 3 (Form 1040), line 5			30	1,471,525

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 5695 (2020) Page **2**

Par	Nonbusiness Energy Property Credit		
47-	Were the qualified approxy officiancy improvements or recidential approxy preparty costs for your main		
17a	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	17a	☐ Yes ☐ No
	Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do		
	not complete Part II.		
b	Print the complete address of the main home where you made the qualifying improvements.		
	Caution: You can only have one main home at a time.		
	Number and street Unit No.		
	City, State, and ZIP code		
С	Were any of these improvements related to the construction of this main home?	17c	☐ Yes ☐ No
	Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.		
18	Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions)	18	123,589
19	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).		
а	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your	4.0	4 0 4 0 0 0 5
h	home that meets the prescriptive criteria established by the 2009 IECC	19a 19b	1,246,085 839,639
b	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate	190	000,000
·	pigmented coatings or cooling granules which are specifically and primarily designed to reduce the		
	heat gain of your home	19c	1,383,559
d	Exterior windows and skylights that meet or exceed the version 6.0 Energy		
е	Star program requirements	-	
f	If you claimed window expenses on your Form 5695 prior to 2020, enter the	-	
-	amount from the Window Expense Worksheet (see instructions); otherwise		
	enter -0	-	
g h	Subtract line 19f from line 19e. If zero or less, enter -0	19h	770 440
20	Add lines 19a, 19b, 19c, and 19h	20	778,110 4,247,393
21	Multiply line 20 by 10% (0.10)	21	424,766
22	Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).		·
а	Energy-efficient building property. Do not enter more than \$300	22a	107,644
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150	22b	64,191
С	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	22c	6,456
23	Add lines 22a through 22c	23	178,292
24	Add lines 21 and 23	24	603,058
25	Maximum credit amount. (If you jointly occupied the home, see instructions)	25	\$500
26	Enter the amount, if any, from line 18	26	
27	Subtract line 26 from line 25. If zero or less, stop ; you cannot take the nonbusiness energy property credit	27	700 070
28	Enter the smaller of line 24 or line 27	27 28	789,259
29	Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit		417,933
-	Worksheet (see instructions)	29	
30	Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount		
	on Schedule 3 (Form 1040), line 5	30	406,334
			Form 5695 (2020)

Form **5884**(Rev. March 2021)

Work Opportunity Credit

OMB No. 1545-0219

(Rev. March 2021) Department of the Treasury Internal Revenue Service

► Attach to your tax return.

► Go to www.irs.gov/Form5884 for instructions and the latest information.

Attachment Sequence No. **884**

Name(s) shown on return Identifying number Total Forms Filed = 17.290 Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group. a Qualified first-year wages of employees who worked for \$____× 25% (0.25) 7,509 you at least 120 hours but fewer than 400 hours . . . **b** Qualified first-year wages of employees who worked for \$____× 40% (0.40) 1b 5,311 **c** Qualified second-year wages of employees certified as long-term family assistance recipients 1c 7,064 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to your 2 12,586 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and 3 4.854 Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and 4 17,290 5 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see 5 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13570D

Form **5884** (Rev. 3-2021)

Form **5884**

For Paperwork Reduction Act Notice, see separate instructions.

Work Opportunity Credit

OMB No. 1545-0219

Form **5884** (Rev. 3-2021)

(Rev. March 2021) ► Attach to your tax return. Attachment Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form5884 for instructions and the latest information. Sequence No. 884 Name(s) shown on return Identifying number Total Forms Filed = 17.290 Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group. a Qualified first-year wages of employees who worked for \$____× 25% (0.25) you at least 120 hours but fewer than 400 hours . . . 12,050 **b** Qualified first-year wages of employees who worked for \$ × 40% (0.40) 1b 21,997 c Qualified second-year wages of employees certified as long-term family assistance recipients 1c 15,614 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to your 2 49,662 3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and 3 28,579 4 Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and 4 78,241 5 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see 5 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form

Cat. No. 13570D

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2020

Attachment Sequence No. **32**

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form6251 for instructions and the latest information.

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Total Forms Filed = 5.597.802

Your social security number

- (-)	Total Forms Filed = 5,597,802		•
Part	Alternative Minimum Taxable Income (See instructions for how to complete each lin	ne.)	
1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 1 is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and ent the result here. (If less than zero, enter as a negative amount.)	er	5,596,096
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from 1040 or 1040-SR, line 12		5,574,554
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8		(233,752)
С	Investment interest expense (difference between regular tax and AMT)		36,303
d	Depletion (difference between regular tax and AMT)		21,724
е	Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount		167,032
f	Alternative tax net operating loss deduction		(95,243)
g	Interest from specified private activity bonds exempt from the regular tax		621,848
h	Qualified small business stock, see instructions		11,200
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	. 2i	17,354
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	. 2j	107,797
k	Disposition of property (difference between AMT and regular tax gain or loss)		351,611
- 1	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		623,658
m	Passive activities (difference between AMT and regular tax income or loss)	. 2m	633,138
n	Loss limitations (difference between AMT and regular tax income or loss)	. 2n	352,919
О	Circulation costs (difference between regular tax and AMT)	. 2 0	1,044
р	Long-term contracts (difference between AMT and regular tax income)	. 2p	5,113
q	Mining costs (difference between regular tax and AMT)	. 2q	11,512
r	Research and experimental costs (difference between regular tax and AMT)	. 2r	9,288
s	Income from certain installment sales before January 1, 1987	. 2s	(*)
t	Intangible drilling costs preference	. 2t	961
3	Other adjustments, including income-based related adjustments		91,597
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 more than \$745,200, see instructions.)		5,583,545
Part			
5	Exemption.		
	IF your filing status is AND line 4 is not over THEN enter on line 5		
	Single or head of household \$ 518,400 \$ 72,900		
	Married filing jointly or qualifying widow(er) 1,036,800		
	Married filing separately	. 5	5,400,899
	If line 4 is over the amount shown above for your filing status, see instructions.		
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, ar 11, and go to line 10	nd 6	2,783,235
7	• If you are filing Form 2555, see instructions for the amount to enter.		
	• If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; 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) (as refigured for the AMT, if necessary), complete Part III on the	. 7	2,732,811
	back and enter the amount from line 40 here.		
	• All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result.		
8	Alternative minimum tax foreign tax credit (see instructions)	. 8	1,137,649
9	Tentative minimum tax. Subtract line 8 from line 7	. 9	2,675,194
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J befo	J	
	completing this line (see instructions)	. 10	4,733,845
_11	AMT. Subtract line 10 from line 9. If zero or less, enter -0 Enter here and on Schedule 2 (Form 1040), line	1 11	156,549
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 13600G		Form 6251 (2020)

* Data not shown because of the small number of sample returns on which they are based.

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2020

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form6251 for instructions and the latest information.

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

Attachment Sequence No. **32**

Form **6251** (2020)

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number Total Forms Filed = 5,597,802 Alternative Minimum Taxable Income (See instructions for how to complete each line.) 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 1,670,109,570 If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from 2a 95.138.382 Tax refund from Schedule 1 (Form 1040), line 1 or line 8 2b 483,251 Investment interest expense (difference between regular tax and AMT) 729,377 С 2c 168,215 Depletion (difference between regular tax and AMT) 2d d Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount 2e 88,184,533 е 2f f 17,750,303 2g 935,767 g h 2h 281,181 Exercise of incentive stock options (excess of AMT income over regular tax income) i 2i 5,128,008 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 2j 149,718 2k -3,102,433Disposition of property (difference between AMT and regular tax gain or loss) k Depreciation on assets placed in service after 1986 (difference between regular tax and AMT). . . 21 -1,078,840Passive activities (difference between AMT and regular tax income or loss) 2m -532,028 m Loss limitations (difference between AMT and regular tax income or loss) 2n 47,889 n 20 Circulation costs (difference between regular tax and AMT). -860 0 Long-term contracts (difference between AMT and regular tax income) 358,909 2p p 36,984 a 2q -326,923 r Research and experimental costs (difference between regular tax and AMT) 2r Income from certain installment sales before January 1, 1987 Intangible drilling costs preference $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$ 2t t 188,851 -246,242 3 Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$745,200, see instructions.) . 1.838.307.899 **Alternative Minimum Tax (AMT)** Part II Exemption. IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . . Single or head of household \$ 518,400 \$ 72,900 Married filing jointly or qualifying widow(er) Married filing separately 518,400 510,945,882 If line 4 is **over** the amount shown above for your filing status, see instructions. Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 1,507,156,454 • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 360,248,133 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. 8 Alternative minimum tax foreign tax credit (see instructions) 16,504,206 9 Tentative minimum tax. Subtract line 8 from line 7 343,843,701 10 Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before 10 411,978,843 AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1 2,937,322

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

* Data not shown because of the small number of sample returns on which they are based.

Form 6251 (2020) Page **2**

Part	Tax Computation Using Maximum Capital Gains Rates Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksh	eet in	the instructions.
12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	13	2,296,588
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	14	258,232
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	2,293,239
16	Enter the smaller of line 12 or line 15	16	2,230,200
17	Subtract line 16 from line 12	17	
18	If line 17 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	18	1,623,594
19	Enter:		
	 \$80,000 if married filing jointly or qualifying widow(er), \$40,000 if single or married filing separately, or \$53,600 if head of household. 	19	
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero	00	
0.4	or less, enter -0 If you are filing Form 2555, see instructions for the amount to enter	20	
21	Subtract line 20 from line 19. If zero or less, enter -0	21	
22 23	Enter the smaller of line 12 or line 13	22	
23 24	Subtract line 23 from line 22	24	
25	Enter:		
	• \$441,450 if single		
	• \$248,300 if married filing separately	25	
	• \$496,600 if married filing jointly or qualifying widow(er)		
	• \$469,050 if head of household		
26	Enter the amount from line 21	26	
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero	07	
28	or less, enter -0 If you are filing Form 2555, see instructions for the amount to enter	27 28	
29	Subtract line 28 from line 25. If zero or less, enter -0-	29	
30	Enter the smaller of line 24 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	1,499,812
32	Add lines 23 and 30	32	
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33	Subtract line 32 from line 22	33	
34	Multiply line 33 by 20% (0.20)	34	503,936
	If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	170.012
37	Multiply line 36 by 25% (0.25)	37	170,913
38	Add lines 18, 31, 34, and 37	38	
39	If line 12 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	39	1,917,998
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this	40	

Form 6251 (2020) Page **2**

Part			Al i A Ai
	Complete Part III only if you are required to do so by line 7 or by the Foreign Earned Income Tax Worksh	eet in	trie instructions.
12	Enter the amount from Form 6251, line 6. If you are filing Form 2555, enter the amount from line 3 of the worksheet in the instructions for line 7	12	
13	Enter the amount from line 4 of the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Forms 1040 and 1040-SR or the amount from line 13 of the Schedule D Tax Worksheet in the Instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	13	699,504,219
14	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555, see instructions for the amount to enter	14	17,931,614
15	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 13. Otherwise, add lines 13 and 14, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555, see instructions for the amount to enter	15	716,935,676
16	Enter the smaller of line 12 or line 15	16	7 10,333,070
17	Subtract line 16 from line 12	17	
18	If line 17 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 17 by 26% (0.26). Otherwise, multiply line 17 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	18	203,777,554
19	Enter:		
	• \$80,000 if married filing jointly or qualifying widow(er),		
	• \$40,000 if single or married filing separately, or	19	
	• \$53,600 if head of household.		
20	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 14 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero	20	
04	or less, enter -0 If you are filing Form 2555, see instructions for the amount to enter	20	
21	Subtract line 20 from line 19. If zero or less, enter -0	21	
22	Enter the smaller of line 12 or line 13	22	
23	Enter the smaller of line 21 or line 22. This amount is taxed at 0%	23	
24	Subtract line 23 from line 22	24	
25	Enter: • \$441,450 if single		
	• \$248,300 if married filing separately	25	
	• \$496,600 if married filing jointly or qualifying widow(er)	25	
	• \$469,050 if head of household		
26	Enter the amount from line 21	26	
20		20	
27	Enter the amount from line 5 of the Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040 or 1040-SR, line 15; if zero or less, enter -0 If you are filing Form 2555, see instructions for the amount to enter	27	
28	Add line 26 and line 27	28	
29	Subtract line 28 from line 25. If zero or less, enter -0	29	
30	Enter the smaller of line 24 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	12,469,184
32	Add lines 23 and 30	32	
	If lines 32 and 12 are the same, skip lines 33 through 37 and go to line 38. Otherwise, go to line 33.		
33	Subtract line 32 from line 22	33	
34	Multiply line 33 by 20% (0.20)	34	109,112,204
	If line 14 is zero or blank, skip lines 35 through 37 and go to line 38. Otherwise, go to line 35.		
35	Add lines 17, 32, and 33	35	
36	Subtract line 35 from line 12	36	
37	Multiply line 36 by 25% (0.25)	37	3,019,418
38	Add lines 18, 31, 34, and 37	38	
39	If line 12 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 12 by 26% (0.26). Otherwise, multiply line 12 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result	39	384,014,027
40	Enter the smaller of line 38 or line 39 here and on line 7. If you are filing Form 2555, do not enter this amount on line 7. Instead, enter it on line 4 of the worksheet in the instructions for line 7	40	
			Form 6251 (2020)

Form **6252**

Department of the Treasury Internal Revenue Service

Installment Sale Income

► Attach to your tax return.

▶ Use a separate form for each sale or other disposition of property on the installment method.
 ▶ Go to www.irs.gov/Form6252 for the latest information.

OMB No. 1545-0228

2020
Attachment
Sequence No. 67

Name(s) shown on return Identifying number Total Forms Filed = 465,993 Description of property ▶ -----Date acquired (mm/dd/yyyy) ▶ 2a b Date sold (mm/dd/yyyy) ► Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4 3 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No." complete Yes No Gross Profit and Contract Price. Complete this part for all years of the installment agreement. Selling price including mortgages and other debts. **Don't** include interest, whether stated or unstated 418.876 5 6 Mortgages, debts, and other liabilities the buyer assumed or took the property 7 7 Subtract line 6 from line 5 8 Cost or other basis of property sold 9 9 10 10 11 Commissions and other expenses of sale 11 12 Income recapture from Form 4797, Part III (see instructions) 12 13 13 365.385 14 Subtract line 13 from line 5. If zero or less, don't complete the rest of this form. See instructions . . . 416,940 14 If the property described on line 1 above was your main home, enter the amount of your excluded 15 4,621 15 414,887 16 16 17 5.773 17 18 18 415,982 Part II **Installment Sale Income.** Complete this part for all years of the installment agreement. Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. (For years after 19 19 20 If this is the year of sale, enter the amount from line 17. Otherwise, enter -0- 20 1,447 21 Payments received during year (see instructions). Don't include interest, whether stated or unstated . 21 411,030 22 413,965 Payments received in prior years (see instructions). Don't include interest, 23 24 24 408.887 25 25 Enter the part of line 24 that is ordinary income under the recapture rules. See instructions 339 26 Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797. See instructions . . . 26 408,878 Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year. 27 Name, address, and taxpayer identifying number of related party ► 28 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. 29 Check the box that applies. The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If ☐ The first disposition was a sale or exchange of stock to the issuing corporation. b ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. С d ☐ The second disposition occurred after the death of the original seller or buyer. ☐ It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation. See instructions. 30 Selling price of property sold by related party (see instructions) 30 31 31 32 32 33 Total payments received by the end of your 2020 tax year (see instructions) 33 34 34 35 35 Multiply line 34 by the gross profit percentage on line 19 for year of first sale Enter the part of line 35 that is ordinary income under the recapture rules. See instructions . . . 36 36 0 37 Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797. See instructions . . . 37

* Data not shown because of the small number of sample returns on which they are based.

Form **6252**

Department of the Treasury Internal Revenue Service

Installment Sale Income

► Attach to your tax return.

▶ Use a separate form for each sale or other disposition of property on the installment method.
 ▶ Go to www.irs.gov/Form6252 for the latest information.

OMB No. 1545-0228

Attachment Sequence No. 67

Name(s) shown on return Identifying number Total Forms Filed = 465,993 Description of property ▶ Date acquired (mm/dd/yyyy) ▶ 2a **b** Date sold (mm/dd/yyyy) ▶ 3 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete 4 Yes No Gross Profit and Contract Price. Complete this part for all years of the installment agreement. Selling price including mortgages and other debts. **Don't** include interest, whether stated or unstated 387.053.365 5 6 Mortgages, debts, and other liabilities the buyer assumed or took the property 7 7 Subtract line 6 from line 5 8 9 9 10 10 11 11 12 Income recapture from Form 4797, Part III (see instructions) 13 13 99.647.806 14 Subtract line 13 from line 5. If zero or less, don't complete the rest of this form. See instructions . . . 287,405,559 14 If the property described on line 1 above was your main home, enter the amount of your excluded 15 653,888 15 16 286,800,313 16 17 17 557.771 18 18 384,827,265 Part II **Installment Sale Income.** Complete this part for all years of the installment agreement. Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. (For years after 19 19 20 If this is the year of sale, enter the amount from line 17. Otherwise, enter -0- 20 216,292 21 Payments received during year (see instructions). Don't include interest, whether stated or unstated . 21 64,943,275 22 22 65,500,886 Payments received in prior years (see instructions). Don't include interest, 23 23 24 48,676,602 25 Enter the part of line 24 that is ordinary income under the recapture rules. See instructions 25 108,984 26 Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797. See instructions . . . 48,567,618 Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year. 27 Name, address, and taxpayer identifying number of related party ► 28 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. 29 Check the box that applies. The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If The first disposition was a sale or exchange of stock to the issuing corporation. b ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition. С ☐ The second disposition occurred after the death of the original seller or buyer. d ☐ It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation. See instructions. 30 Selling price of property sold by related party (see instructions) 30 31 31 32 32 33 Total payments received by the end of your 2020 tax year (see instructions) 33 34 34 35 35 36 36 Enter the part of line 35 that is ordinary income under the recapture rules. See instructions . . . 0 37 Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797. See instructions . . . 37

* Data not shown because of the small number of sample returns on which they are based.

Form **6765**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Credit for Increasing Research Activities

► Attach to your tax return.

► Go to www.irs.gov/Form6765 for instructions and the latest information.

OMB No. 1545-0619

Attachment Sequence No. **676**

Name(s) shown on return

Total Forms Filed =

9,491

Identifying number

	on A-Regular Credit. Skip this section and go to Section B if you are electing on the simplified credit.	or prev	/iousl	/ elected	l (and	are	not revoking) the
	ative simplified credit.					4	
1	Certain amounts paid or incurred to energy consortia (see instructions)					1	42
2	Basic research payments to qualified organizations (see instructions)	3			_		
3	Qualified organization base period amount	-				4	*
4	Subtract line 3 from line 2. If zero or less, enter -0	 I I				4	
5	Wages for qualified services (do not include wages used in figuring the work opportunity credit)	5					
6	Cost of supplies	6					
7	Rental or lease costs of computers (see instructions)	7					
8	Enter the applicable percentage of contract research expenses. See instructions	8					
9	Total qualified research expenses. Add lines 5 through 8	9					
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10			%		
11	Enter average annual gross receipts. See instructions	11					
12	Multiply line 11 by the percentage on line 10	12					
13	Subtract line 12 from line 9. If zero or less, enter -0	13					
14	Multiply line 9 by 50% (0.50)	14					
15	Enter the smaller of line 13 or line 14				<u> </u>	15	1,193
16	Add lines 1, 4, and 15				· 🗀	16	1,283
17	Are you electing the reduced credit under section 280C? ▶ Yes ☐ No ☐						
	If "Yes," multiply line 16 by 15.8% (0.158). If "No," multiply line 16 by 20%						
	instructions for the statement that must be attached. Members of controlled						
	under common control, see instructions for the statement that must be attached		• •		• '	17	1,283
Section	on B-Alternative Simplified Credit. Skip this section if you are completing Section	on A.					
18	Certain amounts paid or incurred to energy consortia (see the line 1 instructions)				.	18	0
19	Basic research payments to qualified organizations (see the line 2 instructions)						
20	Badio recoardir paymente to quanto organizatione (eee the line 2 metractions)	19					
	Qualified organization base period amount (see the line 3 instructions)	19 20					
21		20				21	*
21 22	Qualified organization base period amount (see the line 3 instructions)	20				21 22	*
	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	20			. 🗀		
22	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	20			. 🗀	22	*
22 23 24	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	20			. 🗀	22	*
22 23 24 25	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25			. 🗀	22	*
22 23 24 25 26	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	20			. 🗀	22	*
22 23 24 25	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25			. 🗀	22	*
22 23 24 25 26 27	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26			. 🗀	22	*
22 23 24 25 26	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27			. 🗀	22	*
22 23 24 25 26 27 28	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27			. 🗀	22	*
22 23 24 25 26 27 28	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27 28			. 🗀	22	*
22 23 24 25 26 27 28 29	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27 28 29			. 🗀	22	*
22 23 24 25 26 27 28 29	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27 28 29 30 31				22	*
22 23 24 25 26 27 28 29 30 31	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27 28 29 30 31				22 23	*
22 23 24 25 26 27 28 29 30 31 32	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27 28 29 30 31				22 23 32 32	* *
22 23 24 25 26 27 28 29 30 31 32 33	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27 28 29 30 31 6% (0	0.06)			22 23 32 32	* *
22 23 24 25 26 27 28 29 30 31 32 33	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27 28 29 30 31 6% (0	0.06) see t	he line		22 23 32 32	* *
22 23 24 25 26 27 28 29 30 31 32 33	Qualified organization base period amount (see the line 3 instructions) Subtract line 20 from line 19. If zero or less, enter -0	24 25 26 27 28 29 30 31 6% (0	0.06) see t	he line		22 23 32 32	* *

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 13700H

Form **6765** (Rev. 12-2020)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **6765**(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Credit for Increasing Research Activities

► Attach to your tax return.

► Go to www.irs.gov/Form6765 for instructions and the latest information.

OMB No. 1545-0619

Attachment Sequence No. **676**

Name(s) shown on return

Total Forms Filed =

9,491

Identifying number

• D :	ncurred to energy consortia (see ins	structions)		1	552
Basic research payments	to qualified organizations (see instr	ructions)	2		
Qualified organization bas	se period amount	[3		
Subtract line 3 from line 2.	. If zero or less, enter -0			4	*
	ces (do not include wages used in		5		
Cost of supplies			6		
	omputers (see instructions)		7		
Enter the applicable perce	ntage of contract research expense	s. See instructions	8		
Total qualified research ex	penses. Add lines 5 through 8	[9		
Enter fixed-base percenta	ge, but not more than 16% (0.16) (see instructions)	10	%	
	ss receipts. See instructions	· · · · · · · · · · · · · · · · · · ·	11		
Multiply line 11 by the per-	centage on line 10	[12		
Subtract line 12 from line	9. If zero or less, enter -0	[13		
Multiply line 9 by 50% (0.5	50)	[14		
Enter the smaller of line 1	3 or line 14			15	124,726
Add lines 1, 4, and 15.				16	126,304
Are you electing the reduc	ced credit under section 280C? ▶	Yes 🗌 No 🗌			
If "Yes," multiply line 16	by 15.8% (0.158). If "No," mult	iply line 16 by 20%	(0.20) and see the		
instructions for the stater	ment that must be attached. Mem	bers of controlled g	roups or businesses		
under common control, se	ee instructions for the statement tha	at must be attached		17	21,040
	ncurred to energy consortia (see the			18	0
Basic research payments	to qualified organizations (see the i		10		
Qualified organization bas	e period amount (see the line 3 ins	tructions)	20		
Qualified organization bas Subtract line 20 from line		tructions)	20	21	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions) [20	21 22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0	se period amount (see the line 3 ins 19. If zero or less, enter -0- 	tructions) [20		
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20	22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit).	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20	22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 . Multiply line 22 by 20% (0 Wages for qualified service opportunity credit) . Cost of supplies Rental or lease costs of co	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20	22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit). Cost of supplies. Rental or lease costs of contents of the costs of the c	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20	22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit). Cost of supplies Rental or lease costs of contents applicable percentage.	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20 	22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit) Cost of supplies Rental or lease costs of contents the applicable percessinstructions	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20 	22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit). Cost of supplies. Rental or lease costs of content the applicable percessinstructions. Total qualified research expenses	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20 	22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit). Cost of supplies. Rental or lease costs of content the applicable percessinstructions. Total qualified research expensive production of the content of the c	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20 	22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit). Cost of supplies Rental or lease costs of contract the applicable percessinstructions. Total qualified research expensive productions of the contract of	se period amount (see the line 3 ins 19. If zero or less, enter -0	rructions)	20 	22	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit). Cost of supplies Rental or lease costs of contract the applicable percessinstructions. Total qualified research expensive total qualified research expensive points and qualified research expensive points and provided line 29 by 6.0 Subtract line 30 from line 20 Multiply line 31 by 14% (0	se period amount (see the line 3 ins 19. If zero or less, enter -0	rructions)	20 	22 23	*
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit). Cost of supplies Rental or lease costs of contract the applicable percessinstructions. Total qualified research expensive total qualified research expensive points and published in a qualified research expensive points and published in a graph of the subtract line 30 from line and Multiply line 31 by 14% (0) Add lines 23 and 32	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20 	22 23	* * 22,389
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit). Cost of supplies Rental or lease costs of contents the applicable percessins tructions. Total qualified research expensive total qualified research expensive line 29 by 6.0 Subtract line 30 from line 20 Multiply line 31 by 14% (0) Add lines 23 and 32 Are you electing the reduction	se period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	24 25 26 27 28 29 30 31 6% (0.06)	22 23 32 33	* * 22,389
Qualified organization bas Subtract line 20 from line Add lines 18 and 21 Multiply line 22 by 20% (0 Wages for qualified service opportunity credit). Cost of supplies Rental or lease costs of contents of contents and the supplicable percentage instructions. Total qualified research expensive total qualified research expensive line 29 by 6.0 Subtract line 30 from line 30 Multiply line 31 by 14% (0) Add lines 23 and 32 Are you electing the reduct of "Yes," multiply line 33	te period amount (see the line 3 ins 19. If zero or less, enter -0	tructions)	20	22 23 32 33	* * 22,389

* Data not shown because of the small number of sample returns on which they are based.

Form 6765 (Rev. 12-2020)

Secti	on C—Current Year Credit		
35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	0
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0	36	1,705
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	8,124
38	Add lines 36 and 37	38	9,491
	• Estates and trusts, go to line 39.		
	• Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K.		
	• Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the amount on this line reduced by the amount on line 44.		
	• Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business.		
	• Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c.		
	Note: Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D.		
39	Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on		
	Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the		
	credit on Form 3800, Part III, line 1c	40	
	on D—Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the ppply. See instructions.	ayroll	tax election does
41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions		
42	Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See		
	instructions	42	*
43	General business credit carryforward from the current year (see instructions). Partnerships and S corporations, skip this line and go to line 44	43	32
44	Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest of line 36, line 42, or line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e). Members of controlled groups or businesses under common control, see instructions for the statement		<u> </u>
	that must be attached	44	*

Form **6765** (Rev. 12-2020)

^{*} Data not shown because of the small number of sample returns on which they are based.

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 6	765 (Rev. 12-2020)		Page 2
Secti	on C—Current Year Credit		
35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	0
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0	36	39,922
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts	37	143,083
38	Add lines 36 and 37	38	183,006
	• Partnerships and S corporations not electing the payroll tax credit, stop here and report this amount on Schedule K.		
	• Partnerships and S corporations electing the payroll tax credit, complete Section D and report on Schedule K the amount on this line reduced by the amount on line 44.		
	• Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See instructions for the definition of eligible small business.		
	• Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III, line 1c.		
	Note: Qualified small business filers, other than partnerships and S corporations, electing the payroll tax credit must complete Form 3800 before completing Section D.		
39	Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit on		
	Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses, report the		
	credit on Form 3800, Part III, line 1c	40	
	on D—Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this section if the poply. See instructions.	ayroll	tax election does
41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions		
42	Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See instructions	42	*
43	General business credit carryforward from the current year (see instructions). Partnerships and S corporations, skip this line and go to line 44	43	1.354
44	Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest of line 36, line 42, or line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e). Members of controlled groups or businesses under common control, see instructions for the statement that must be attached	44	*
			6765 (Rev. 12-2020)
* Dat	a not shown because of the small number of sample returns on which they are based.	1 01111	(1 10 v. 12 2020)

Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644

► Go to www.irs.gov/Form6781 for the latest information. Attachment Sequence No. **82** Department of the Treasury ► Attach to your tax return. Internal Revenue Service Identifying number Name(s) shown on tax return Total Forms Filed = 552,813 Check all applicable boxes. A ☐ Mixed straddle election **C** Mixed straddle account election See instructions. **B** Straddle-by-straddle identification election **D** ☐ Net section 1256 contracts loss election Part I **Section 1256 Contracts Marked to Market** (c) Gain (a) Identification of account (b) (Loss) 1 Add the amounts on line 1 in columns (b) and (c) 2 3 Net gain or (loss). Combine line 2, columns (b) and (c) 547,319 4 Form 1099-B adjustments. See instructions and attach statement 4 5,299 5 5 544.281 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0-2.687 7 7 544.105 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of 8 534,662 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of 544,105 Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Part II Section A—Losses From Straddles (f) Loss. (a) Description of property (b) Date (c) Date (d) Gross (e) Cost or (h) Recognized loss. (g) If column (e) is Unrecognized If column (f) is entered into closed out sales price other basis more than (d), more than (g), or acquired or sold plus expense gain on enter difference. of sale offsetting enter difference. Otherwise. positions Otherwise, enter -0-. enter -0-. 10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule 2,141 11a Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule 11b 1.273 Section B-Gains From Straddles (f) Gain. (a) Description of property (b) Date (c) Date (d) Gross (e) Cost or If column (d) is entered into closed out sales price other basis more than (e), or acquired plus expense or sold enter difference. of sale Otherwise, enter -0-. 12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D 13a 1,632 Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions) Part III (e) Unrecognized (a) Description of property (b) Date (c) Fair market (d) Cost or gain. If column (c) acquired value on last other basis is more than (d), business day as adjusted enter difference. of tax year Otherwise, enter -0-. 14

Gains and Losses From Section 1256

	6781 ment of the Treasury	Contra	Gains and Losses From Section 1256 Contracts and Straddles So to www.irs.gov/Form6781 for the latest information.						OMB No. 1545-0644 2020 Attachment	
Internal Revenue Service		tach to your tax return.					Sequence No. 82			
Name(s	s) shown on tax return	otal Forms Filed = 55	52,813					dentify	ring number	
Checl	k all applicable boxes.	A ☐ Mixed straddle el	ection			C Mixed st	traddle ac	count	election	
	nstructions.								acts loss election	
Par	Section 1256 Contr	racts Marked to Mar	ket							
	(a) Ide	ntification of account			(b)) (Loss)	(c) Gain			
1										
2	Add the amounts on line 1 i				-)				
3	Net gain or (loss). Combine							3	-982,192	
4 5	Form 1099-B adjustments. Combine lines 3 and 4	See instructions and att	ach statem	ent				<u>4</u> 5	41,336	
5	Note: If line 5 shows a net g	ain skip line 6 and onto	 r the gain or	 Nino 7 Day	tnorchi	oc and S corn	orations	5	-940,855	
	see instructions.	airi, skip iirie o ariu eritei	i tile galli oi	ı iiile 7. Fai	uieisiii	us and 5 corp	orations,			
6	If you have a net section 12	256 contracts loss and	checked bo	x D above	e, enter	the amount o	of loss to			
	be carried back. Enter the le							6	1,027,115	
7	Combine lines 5 and 6 .							7	86,259	
8	Schedule D or on Form 894	9. See instructions						8	34,503	
9	Long-term capital gain or Schedule D or on Form 894	9. See instructions .	·					9	51,757	
Part		From Straddles. Atta	ach a separa	ate stateme	ent listir	ng each strado	dle and its	com	ponents.	
Secti	ion A—Losses From Stra	adies				(f) L occ				
	(a) Description of property	(b) Date entered into or acquired or sold	(d) Gross sales pric	e other	ost or basis xpense sale	(f) Loss. If column (e) is more than (d), enter difference Otherwise, enter -0	Unrecog	on ing	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0	
10										
	D or on Form 8949. See ins	Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions						11a	(60,098)	
b	Enter the long-term portion							446	(110.014)	
Secti	D or on Form 8949. See ins ion B—Gains From Strad				<u></u>			11b	(118,914)	
		(a) Description of property		(c) Date closed out or sold	,) Gross es price	(e) Cost or other basis plus expense of sale		(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0	
12										
13a	Enter the short-term portion or on Form 8949. See instru	•	column (f), h		clude o	n line 4 of Sch	nedule D	13a	1,423,874	
b	 b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions								878,837	
Part	Unrecognized Gair	t Day of	Tax Ye	ar. Memo er	ntry only (s	see in				
	(a) Description	on of property		(b) Date acquired	valu busi	air market ue on last iness day tax year	(d) Cost of other bas as adjuste	is	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0	
14										

Department of the Treasury Internal Revenue Service

Noncash Charitable Contributions

► Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

OMB No. 1545-0074 Attachment

	ment of the I Revenue Se		► Go	to www.irs.	gov/For	m8283	for instructions	and	d the latest i	nforma	ation.	Se	equence No. 155
	Name(s) shown on your income tax return Total Forms Filed = 3,080,803							lder	ntifying number				
Note:	Figure th	ie amol	unt of your conti	ribution de	duction	before	e completing th	is f	orm. See yo	ur tax	return instruction	ons.	
Sect	(0	or a gro	oup of similar i	tems) for	which y	you cl	laimed a dedu	ıcti	on of \$5,00	00 or	t in this sectio less. Also list p 00. See instru	oubl	icly traded
Par	t I In	forma	tion on Donat	ed Prope	rty—If	you r	need more spa	ace	e, attach a	stater	ment.		
1			e and address of the nee organization	•	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).			(c) Description and condition of donated proper (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)					
Α													
В													
С													
D													
E													
Note:	If the am	ount yo	ou claimed as a	deduction	for an i	tem is	\$500 or less, ye	ou (do not have	to co	mplete columns	(e),	(f), and (g).
					acquired donor	i	(g) Donor's cost or adjusted basis		(h) Fair market value (see instructions)				
Α							1,976,690		2,997,4	190			
В													
D 													
		vento hich y ection ualified	ry Reportable ou claimed a d A). Provide a d appraisal is d	e in Section deduction separate to generally r	on A) – of mor form for equire	-Com re thai or each	plete this sect n \$5,000 per in n item donate	tior ten d u	n for one ite n or group Inless it is I	em (o (exce oart o	cles, Intellectur a group of single pt contribution for a group of single instructions.	mila ns re mila	r items) for eportable in
Par			tion on Donat										
2 Note:	a	art* (con Qualified Equipme art* (con udes pai I memor tibles ind	tribution of less ntings, sculptures abilia, and other s	,000 or mo Contributio than \$20,0 s, watercolor imilar objectors, books, g	ore) on 000) rs, prints ts. ems, jew	f f g h , drawin velry, sp	e Other Rea f Securities g Collectibl n Intellectuangs, ceramics, ar ports memorabilia	es* al F atiqua, do	r* Property ues, decorativ	not art	C ☐ Other	silve	nousehold items
3	(a)	Description	on of donated prope be, attach a separate	rty (if you need		(b) If a	ny tangible personal	pro	perty or real pro	perty w	as donated, give a br		(c) Appraised fair market value
Α	Δ									\dashv	123,030		
В													,
	(d) Date a by do (mo.,	nor	(e) Ho	w acquired by	donor		(f) Donor's cost adjusted basis		(g) For barga enter amo received and a separate sta	ount dattach	as a deduction		(i) Date of contribution (see instructions)
Α							106,465		3,013	3	92,579		
В													

(Rev. December 2020) Department of the Treasury

Noncash Charitable Contributions

► Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► Go to www.irs.gov/Form8283 for instructions and the latest information.

Attachment

OMB No. 1545-0074

Interna	I Revenue	Service	► Go	to www.irs.	gov/Fori	m8283	s for instructions a	nd the latest	intorma	ition.	Sec	quence No. 133
Name	(s) show	n on your	income tax return	Total F	orms F	iled =	3,080,803				Ident	tifying number
Note	: Figure	the amo	unt of your cont	ribution de	duction	befor	e completing this	form. See y	our tax	return instruction	ons.	
Sect	ion A.	(or a gro	oup of similar	items) for	which y	you c	Publicly Tradeo laimed a deduction if	tion of \$5,0	00 or	less. Also list p	oublic	cly traded
Par	t I						need more spac					
1			ne and address of the	e	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached). (c) Description and condition (For a vehicle, enter the mileage. For securitie see instructions), and conditions are conditionally depend on the conditions of the conditions are conditionally depend on the conditional depend on the conditions are conditionally depend on the conditional depend				a vehicle, enter the	year, m s and o	nake, model, and other property,	
Α												
В												
С												
D												
E												
Note	: If the a	amount yo	ou claimed as a	deduction	for an it	em is	\$500 or less, you	do not have	e to coi	mplete columns	(e), (f	f), and (g).
		ite of the ribution	(e) Date acquired by donor (mo., yr.)		acquired donor		(g) Donor's cost or adjusted basis	(h) Fair marke (see instruct				
Α							28,265,059	71,252	,478			
В												
D E												
Sect		which y Section qualified	ory Reportable you claimed a o A). Provide a d appraisal is	e in Section deduction separate generally r	on A) — of mor form for equired	Come that reac	ublicly Traded and the plete this section \$5,000 per ite the item donated items reportable	on for one i m or group unless it is	tem (o exce part o	r a group of sire pt contribution f a group of sir	milar ns rep milar	items) for portable in
Par			tion on Dona									
2	2 Check the box that describes the type of property donated. a ☐ Art* (contribution of \$20,000 or more) e ☐ Other Real Estate i ☐ Vehicles b ☐ Qualified Conservation Contribution f ☐ Securities j ☐ Clothing and household items c ☐ Equipment g ☐ Collectibles** k ☐ Other d ☐ Art* (contribution of less than \$20,000) h ☐ Intellectual Property * Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts,											
Note	** Coll	ectibles in	,	ps, books, g	ems, jew	•	ports memorabilia, of of the property. Se			as defined above.		
3		(a) Description	on of donated prope ce, attach a separate	erty (if you nee		(b) If a	any tangible personal pr ary of the overall physic	operty or real p	operty w			(c) Appraised fair market value
											+	34,289,330
В											+	, ,
С												
	by	te acquired donor no., yr.)	(e) Ho	w acquired by	/ donor		(f) Donor's cost or adjusted basis	(g) For barg enter an received ar a separate s	nount d attach	as a deduction	ı	(i) Date of contribution (see instructions)
A							8,095,882	673,5	71	9,004,290	\dashv	
B											+	
							· ·	1				

Form 82	83 (Rev. 12-2020)			Page 2	
Name(s	s) shown on your income tax return		Identifying number	er	
Part	Partial Interests and Restricted Use Property (O Complete lines 4a through 4e if you gave less than Complete lines 5a through 5c if conditions were plaattach the required statement. See instructions.	an entire interest in a property lis	sted in Section E	B, Part I.	
4a	Enter the letter from Section B, Part I that identifies the proper		ntire interest ►		
b	If Section B, Part II applies to more than one property, attach a Total amount claimed as a deduction for the property listed in S	•	. .		
b	Total amount claimed as a deduction for the property listed in o	(2) For any prior ta			
С	Name and address of each organization to which any such of from the donee organization above): Name of charitable organization (donee)	* * * * * * * * * * * * * * * * * * * *	-	if different	
	Name of Chartable organization (donee)				
	Address (number, street, and room or suite no.)	City or town, state, and ZIP co	de		
d	For tangible property, enter the place where the property is loc	cated or kept >			
е	Name of any person, other than the donee organization, havin	g actual possession of the property	-		
				Yes No	
 Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?					
	Is there a restriction limiting the donated property for a particu				
Part	Taxpayer (Donor) Statement—List each item incluas having a value of \$500 or less. See instructions.	ided in Section B, Part I above ti	nat the appraisal	identifies	
of not Signatu			em. See instructio		
Part	er (donor) ► V Declaration of Appraiser		Date ►		
I declare married	that I am not the donor, the donee, a party to the transaction in which the donor to any person who is related to any of the foregoing persons. And, if regularly use als during my tax year for other persons.				
Also, I d of prope fraudule abetting substan under se	eclare that I perform appraisals on a regular basis; and that because of my qualifierty being valued. I certify that the appraisal fees were not based on a percentage nt overstatement of the property value as described in the qualified appraisal or the understatement of tax liability). I understand that my appraisal will be used in tial or gross valuation misstatement of the value of the property claimed on the reaction 6695A of the Internal Revenue Code, as well as other applicable penalties, oppraisal barred from presenting evidence or testimony before the Department of the state of the contract o	of the appraised property value. Furthermore, his Form 8283 may subject me to the penalty i connection with a return or claim for refund. I sturn or claim for refund that is based on my ap I affirm that I have not been at any time in the	I understand that a fals under section 6701(a) (a also understand that, if opraisal, I may be subject three-year period endin	se or aiding and f there is a ct to a penalty ig on the date	
Sign	Appraiser signature ▶		Date ►		
Here	Appraiser name ►	Title ►			
Busine	ss address (including room or suite no.)		Identifying number	er	
City or	town, state, and ZIP code				
Part	V Donee Acknowledgment				
	naritable organization acknowledges that it is a qualified organiza	tion under section 170(c) and that it i	received the donate	ed property	
Furthe B, Par and gi	cribed in Section B, Part I, above on the following date ► rmore, this organization affirms that in the event it sells, exchar t I (or any portion thereof) within 3 years after the date of receip ve the donor a copy of that form. This acknowledgment does n	t, it will file Form 8282 , Donee Infor ot represent agreement with the claim	mation Return, wit med fair market va	th the IRS alue.	
	the organization intend to use the property for an unrelated use		▶ ∐Y€	es UNo	
ivame (of charitable organization (donee)	Employer identification number			
Addres	s (number, street, and room or suite no.)	City or town, state, and ZIP code			
Authori	zed signature	Title	Date		

Form 82	83 (Re	v. 12-2020)			1	Page 2
Name(s	s) sho	wn on your income tax return		Identifying number	er	
Part	Ш	Partial Interests and Restricted Use Property (Of Complete lines 4a through 4e if you gave less than Complete lines 5a through 5c if conditions were plaattach the required statement. See instructions.	an entire interest in a property lis	ted in Section B	, Par	t I.
4a	Ente	r the letter from Section B, Part I that identifies the proper	ty for which you gave less than an er	ntire interest ►		
		ction B, Part II applies to more than one property, attach a	•			
b	Tota	I amount claimed as a deduction for the property listed in So				
С	Nan	ne and address of each organization to which any such c	(2) For any prior tax contribution was made in a prior vea	•	if diffe	erent
	from	n the donee organization above): ne of charitable organization (donee)	. ,	, ,		
	Add	ress (number, street, and room or suite no.)	City or town, state, and ZIP coo	de		
٨	For	tangible property enter the place where the property is less	pated or kept			
d e		tangible property, enter the place where the property is loc ne of any person, other than the donee organization, having	·	.		
·	INGII	to or any person, other than the dones organization, having	g detaal possession of the property			
					Yes	No
5a b	Did orga the	ere a restriction, either temporary or permanent, on the dor you give to anyone (other than the donee organization of inization in cooperative fundraising) the right to the incomporoperty, including the right to vote donated securities, to gnate the person having such income, possession, or right	or another organization participating e from the donated property or to the acquire the property by purchase or	with the donee e possession of otherwise, or to		
c Part		ere a restriction limiting the donated property for a particu Taxpayer (Donor) Statement —List each item inclu as having a value of \$500 or less. See instructions.			iden	tifies
Signatu taxpaye	ıre of	than \$500 (per item). Enter identifying letter from Section nor) ▶	B, Fart and describe the specific fie	Date ▶		
Part	V	Declaration of Appraiser				
married	to any	am not the donor, the donee, a party to the transaction in which the donor person who is related to any of the foregoing persons. And, if regularly useng my tax year for other persons.				
of prope fraudule abetting substant under se	erty bei nt over the ur tial or (ection (that I perform appraisals on a regular basis; and that because of my qualifing valued. I certify that the appraisal fees were not based on a percentage statement of the property value as described in the qualified appraisal or the derstatement of tax liability). I understand that my appraisal will be used in gross valuation misstatement of the value of the property claimed on the re 2695A of the Internal Revenue Code, as well as other applicable penalties. Il barred from presenting evidence or testimony before the Department of the contractions of the contract	of the appraised property value. Furthermore, his Form 8283 may subject me to the penalty u connection with a return or claim for refund. I a turn or claim for refund that is based on my ap I affirm that I have not been at any time in the t	I understand that a fals nder section 6701(a) (a also understand that, if oraisal, I may be subjec hree-year period endin	e or iding a there is ct to a p g on the	nd s a penalty
Sign	Apr	oraiser signature ▶		Date ►		
Here	<u> </u>	oraiser name ►	Title ►			
Busine	ss add	dress (including room or suite no.)	·	Identifying number	er	
City or	town,	state, and ZIP code				
Part	V	Donee Acknowledgment				
		ble organization acknowledges that it is a qualified organizad in Section B, Part I, above on the following date ▶	tion under section 170(c) and that it re	eceived the donate	ed pro	perty
B, Par and gi	t I (or ve the	e, this organization affirms that in the event it sells, exchan any portion thereof) within 3 years after the date of receipe donor a copy of that form. This acknowledgment does not be a constant.	t, it will file Form 8282 , Donee Inforrot represent agreement with the clair	nation Return, wit ned fair market va	th the alue	IRS
		ganization intend to use the property for an unrelated use ritable organization (donee)	Employer identification number	▶ ∐Y€	es L	No
Addres	s (nur	nber, street, and room or suite no.)	City or town, state, and ZIP code			
Authori	zed si	gnature	Title	Date		
	_04 31	g	5			

Form **8396**

Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies)

Mortgage Credit Certificate Number

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return.

► Go to www.irs.gov/Form8396 for the latest information.

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

OMB No. 1545-0074

2020

Attachment Sequence No. **138**

Form **8396** (2020)

Cat. No. 62502X

Department of the Treasury Internal Revenue Service (99)

Name of Issuer of Mortgage Credit Certificate

Name(s) shown on your tax return

Total Forms Filed = 102,226

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

Your social security number

Issue date

	e you begin Part I, figure the amounts of any of the following credits you are claiming: credit for the ative motor vehicle credit, and qualified plug-in electric drive motor vehicle credit.	elderly	or the disabled,
Part	Current Year Mortgage Interest Credit		
1	Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid	1	
2	Enter the certificate credit rate shown on your Mortgage Credit Certificate . Do not enter the interest rate on your home mortgage	2	<u>%</u>
3	If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your mortgage and received a reissued certificate, see the instructions for the amount to enter	3	94,556
	You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3.		
4	Enter any 2017 credit carryforward from line 16 of your 2019 Form 8396	4	8,314
5	Enter any 2018 credit carryforward from line 14 of your 2019 Form 8396	5	10,588
6	Enter any 2019 credit carryforward from line 17 of your 2019 Form 8396	6	13,591
7	Add lines 3 through 6	7	98,856
8	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet. See instructions .	8	96,662
9	Current year mortgage interest credit. Enter the smaller of line 7 or line 8. Also include this amount in the total on Schedule 3 (Form 1040), line 6. Check box c on that line and enter "8396" in the space next to that box	9	93,292
Part		7.)	, -
10	Add lines 3 and 4	10	
11	Enter the amount from line 7	11	
12	Enter the larger of line 9 or line 10	12	
13	Subtract line 12 from line 11	13	
14	2019 credit carryforward to 2021. Enter the smaller of line 6 or line 13	14	
15	Subtract line 14 from line 13	15	
16	2018 credit carryforward to 2021. Enter the smaller of line 5 or line 15	16	
17	2020 credit carryforward to 2021. Subtract line 9 from line 3. If zero or less, enter -0	17	

Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies)

► Go to www.irs.gov/Form8396 for the latest information.
 ► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020

Attachment Sequence No. **138**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on your tax return

Total Forms Filed = 102,226

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return.

Your social	security	number
-------------	----------	--------

Name o	Issuer of Mortgage Credit Certificate	Mortgage Credit Certificate Number		Issue date		
	you begin Part I, figure the amounts of any tive motor vehicle credit, and qualified plug-in			the elderly	y or the disabled,	
Part	Current Year Mortgage Interest Co	redit				
1	Interest paid on the certified indebtedness a jointly) also held an interest in the home, enter					
2	Enter the certificate credit rate shown on your rate on your home mortgage	Mortgage Credit Certificate		est 2	%	
3	If line 2 is 20% or less, multiply line 1 by line mortgage and received a reissued certificate,				155,663	
	You must reduce your deduction for home amount on line 3.	mortgage interest on Sched	lule A (Form 1040) by	the		
4	Enter any 2017 credit carryforward from line 1	6 of your 2019 Form 8396 .		. 4	49,604	
5	Enter any 2018 credit carryforward from line 1	4 of your 2019 Form 8396 .		. 5	18,448	
6	Enter any 2019 credit carryforward from line 1	7 of your 2019 Form 8396 .		. 6	21,667	
7	Add lines 3 through 6			. 7	245,382	
8	Limitation based on tax liability. Enter the amo	ount from the Credit Limit Worl	ksheet. See instructions	8	802,434	
9	Current year mortgage interest credit. Enter in the total on Schedule 3 (Form 1040), line 6. next to that box				152,225	
Part		ward to 2021 (Complete or	lly if line 9 is less than	n line 7.)		
10	Add lines 3 and 4			. 10		
11	Enter the amount from line 7			. 11		
12	Enter the larger of line 9 or line 10			. 12		
13	Subtract line 12 from line 11			. 13		
14	2019 credit carryforward to 2021. Enter the	smaller of line 6 or line 13 .		. 14		
15	Subtract line 14 from line 13			. 15		
16	2018 credit carryforward to 2021. Enter the	smaller of line 5 or line 15 .		. 16		
17	2020 credit carryforward to 2021. Subtract I	ine 9 from line 3. If zero or less	s, enter -0	. 17		
For Pa	perwork Reduction Act Notice, see your tax retur	n instructions.	Cat. No. 62502X		Form 8396 (2020)	

Passive Activity Loss Limitations

ions.

► See separate instructions.
► Attach to Form 1040, 1040-SR, or 1041.

► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2020
Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 7,804,876

Identifying number

	1,001,010		
Par	t I 2020 Passive Activity Loss		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, se ial Allowance for Rental Real Estate Activities in the instructions.)	Э	
-	Activities with net income (enter the amount from Worksheet 1, column (a)) . 1a 2,552,425		
b	Activities with net loss (enter the amount from Worksheet 1, column (b)) 1b (3,358,506)	
c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)) 1c (1,710,769)	
d		1d	4,800,730
	mercial Revitalization Deductions From Rental Real Estate Activities		.,000,100
2a	Commercial revitalization deductions from Worksheet 2, column (a) 2a (*)	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,		
_	column (b))	
С		2c	(44)
All O	ther Passive Activities		
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) . 3a 2,520,903		
b	Activities with net loss (enter the amount from Worksheet 3, column (b)) 3b (1,911,669)	
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) 3c (1,415,807)	
d	Combine lines 3a, 3b, and 3c	3d	3,874,925
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with you	r	
	return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c		
	Report the losses on the forms and schedules normally used	4	7,791,256
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		
	 Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. 		
	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III 	_	
	i on: If your filing status is married filing separately and you lived with your spouse at any time during t I or Part III. Instead, go to line 15.	he year	, do not complete
Pari			
· Cir	Note: Enter all numbers in Part II as positive amounts. See instructions for an example.		
5	Enter the smaller of the loss on line 1d or the loss on line 4	5	2,856,091
6	Enter \$150,000. If married filing separately, see instructions		2,000,001
7	Enter modified adjusted gross income, but not less than zero. See instructions 7 2,993,874	\dashv	
-	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on		
	line 10. Otherwise, go to line 8.		
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instruction	s 9	1,452,053
10	Enter the smaller of line 5 or line 9	10	1,451,615
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		.,,
Part		state A	ctivities
	Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instruct	ions.	
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.	11	*
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	32
14	14	*	
Part			
15	Add the income, if any, on lines 1a and 3a and enter the total	15	1,297,774
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and 15. See instruction	s	
	to find out how to report the losses on your tax return		3,747,341
For D	anarwork Reduction Act Notice see instructions		Form 8582 (2020)

^{*} Data not shown because of the small number of sample returns on which they are based.

Department of the Treasury Internal Revenue Service (99) **Passive Activity Loss Limitations**

► See separate instructions. ► Attach to Form 1040, 1040-SR, or 1041.

► Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2020
Attachment
Sequence No. 858

Name(s) shown on return

Total Forms Filed = 7.804.876

* Data not shown because of the small number of sample returns on which they are based.

Identifying number

	Total Forms Filed = 7,804,876				
Part	2020 Passive Activity Loss		-		
	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.				
Renta	I Real Estate Activities With Active Participation (For the definition of acti	ive participation.	see		
	al Allowance for Rental Real Estate Activities in the instructions.)	,			
1a	Activities with net income (enter the amount from Worksheet 1, column (a)) .	1a 96,146,55	57		
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b (52,340,89			
С	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c (84,175,59	96)		
d	Combine lines 1a, 1b, and 1c			1d	-40,369,930
Comr	nercial Revitalization Deductions From Rental Real Estate Activities				, ,
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a (*)		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2,				
	column (b)	2b (*)		
С	Add lines 2a and 2b			2c	(944)
All Ot	her Passive Activities				
3a	Activities with net income (enter the amount from Worksheet 3, column (a)) .	3a 172,358,	253		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b (77,613,4	427)		
С	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c (119,154,	727)		
d	Combine lines 3a, 3b, and 3c			3d	-24,409,902
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include				
-	return; all losses are allowed, including any prior year unallowed losses entered		-		
	Report the losses on the forms and schedules normally used		4	-64,780,775	
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.		_	•	
	 Line 2c is a loss (and line 1d is zero or more), skip Par 	t II and go to Part	: III.		
	 Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and	d III and	d go	to line 15.
	on: If your filing status is married filing separately and you lived with your spouse	at any time durir	ng the	year,	do not complete
Part II	or Part III. Instead, go to line 15.				
Part	II Special Allowance for Rental Real Estate Activities With Active I	Participation			
	Note: Enter all numbers in Part II as positive amounts. See instructions for a	an example.			
5	Enter the smaller of the loss on line 1d or the loss on line 4			5	112,410,118
6	Enter \$150,000. If married filing separately, see instructions	6 424,064,45	57		
7	Enter modified adjusted gross income, but not less than zero. See instructions	7 924,555,7°	13		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on				
	line 10. Otherwise, go to line 8.				
8	Subtract line 7 from line 6	8 89,880,73			
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing sepa	rately, see instruct	tions	9	27,505,025
10	Enter the smaller of line 5 or line 9		. L	10	14,855,780
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.				
Part					ctivities
	Note: Enter all numbers in Part III as positive amounts. See the example for			s.	
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separate	• .	-	11	*
12	Enter the loss from line 4	· • [12		
13	Reduce line 12 by the amount on line 10			13	17,442
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 .			14	*
Part					
15	Add the income, if any, on lines 1a and 3a and enter the total		-	15	35,661,980
16	Total losses allowed from all passive activities for 2020. Add lines 10, 14, and				
	to find out how to report the losses on your tax return		.	16	86,652,134
For Pa	perwork Reduction Act Notice, see instructions.	at. No. 63704F			Form 8582 (2020)

Low-Income Housing Credit

OMB No. 1545-0984

(Rev. December 2016) Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return. ▶ Information about Form 8586 and its instructions is at www.irs.gov/form8586. Attachment Sequence No. 36a

Identifying number Name(s) shown on return Total Forms Filed = 2,953 Part I Buildings Placed in Service Before 2008 Number of Forms 8609-A attached for buildings placed in service before Has there been a decrease in the qualified basis of any buildings accounted for on line 1 since 2 If "Yes," enter the building identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. (i) _____ (iii) 3 Current year credit from attached Form(s) 8609-A for buildings placed in service before 2008 Low-income housing credit for buildings placed in service before 2008 from partnerships, S 1.157 5 Add lines 3 and 4. Estates and trusts, go to line 6. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on 5 1,175 6 6 Amount allocated to beneficiaries of the estate or trust (see instructions) Estates and trusts, subtract line 6 from line 5. Report this amount on Form 3800, Part III, line 1d, Part II Buildings Placed in Service After 2007 Number of Forms 8609-A attached for buildings placed in service after Has there been a decrease in the qualified basis of any buildings accounted for on line 8 since 9 identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. 10 Current year credit from attached Form(s) 8609-A for buildings placed in service after 2007 0 10 11 Low-income housing credit for buildings placed in service after 2007 from partnerships, 772 11 Add lines 10 and 11. Estates and trusts, go to line 13. Partnerships and S corporations, stop 12 here and report this amount on Schedule K. All others, stop here and report this amount on 772 12 13 Amount allocated to beneficiaries of the estate or trust (see instructions) 13 Estates and trusts, subtract line 13 from line 12. Report this amount on Form 3800, Part III,

For Paperwork Reduction Act Notice, see General Instructions.

Form **8586** (Rev. 12-2016)

14

^{*} Data not shown because of the small number of sample returns on which they are based.

(Rev. December 2016) Department of the Treasury Internal Revenue Service (99)

Low-Income Housing Credit

► Attach to your tax return.
► Information about Form 8586 and its instructions is at www.irs.gov/form8586.

OMB No. 1545-0984

Attachment Sequence No. **36a**

Identifying number Name(s) shown on return Total Forms Filed = 2,953 Part I Buildings Placed in Service Before 2008 Number of Forms 8609-A attached for buildings placed in service before Has there been a decrease in the qualified basis of any buildings accounted for on line 1 since 2 the close of the preceding tax year?

Yes

No

If "Yes," enter the building identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. (i) (ii) (iii) Current year credit from attached Form(s) 8609-A for buildings placed in service before 2008 3 (see instructions) Low-income housing credit for buildings placed in service before 2008 from partnerships, S 5.641 Add lines 3 and 4. Estates and trusts, go to line 6. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on 5 8,245 Amount allocated to beneficiaries of the estate or trust (see instructions) 6 Estates and trusts, subtract line 6 from line 5. Report this amount on Form 3800, Part III, line 1d, Part II Buildings Placed in Service After 2007 Number of Forms 8609-A attached for buildings placed in service after Has there been a decrease in the qualified basis of any buildings accounted for on line 8 since 9 the close of the preceding tax year?

Yes

No

If "Yes," enter the building identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule. (ii) _____ 10 Current year credit from attached Form(s) 8609-A for buildings placed in service after 2007 0 10 11 Low-income housing credit for buildings placed in service after 2007 from partnerships, 21,756 11 Add lines 10 and 11. Estates and trusts, go to line 13. Partnerships and S corporations, stop 12 here and report this amount on Schedule K. All others, stop here and report this amount on 21,756 12 13 Amount allocated to beneficiaries of the estate or trust (see instructions) 13 Estates and trusts, subtract line 13 from line 12. Report this amount on Form 3800, Part III,

For Paperwork Reduction Act Notice, see General Instructions.

Cat. No. 63987

Form **8586** (Rev. 12-2016)

^{*} Data not shown because of the small number of sample returns on which they are based.

Department of the Treasury Internal Revenue Service (99)

Nondeductible IRAs

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

▶ For coronavirus-related distributions, see the instructions.

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

OMB No. 1545-0074 Sequence No. 48

Name. If married, file a separate form for each spouse required to file 2020 Form 8606. See instructions. Your social security number Total Forms Filed = 2.807.314 Home address (number and street, or P.O. box if mail is not delivered to your home) Apt. no. Fill in Your Address Only if You Are City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions). Filing This Form by **Itself and Not With** Foreign country name Foreign province/state/county Foreign postal code **Your Tax Return** Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Part I

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

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

	nondeductible contributions to a traditional INA III 2020 or all earlier year.									
1	Enter your nondeductible contributions to traditional IRAs for 2020, including those made for 2020	,								
	from January 1, 2021, through April 15, 2021. See instructions	1	993,467							
2	Enter your total basis in traditional IRAs. See instructions	2	965,501							
3	Add lines 1 and 2	3	1,615,322							
	In 2020, did you take a distribution No Enter the amount from line 3 on line 14									
	from traditional, SEP, or SIMPLE IRAs, Do not complete the rest of Part I.									
	or make a Roth IRA conversion? Yes — Go to line 4.									
4	Enter those contributions included on line 1 that were made from January 1, 2021, through April 15, 2021	4	25,723							
5	Subtract line 4 from line 3	5	1,608,813							
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December									
	31, 2020, plus any outstanding rollovers. Subtract any repayments of qualified									
	disaster distributions (see 2020 Forms 8915-C, 8915-D, and 8915-E) 6 334,280									
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2020. Do not									
	include rollovers (other than repayments of qualified disaster distributions (see									
	2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distributions, a									
	one-time distribution to fund an HSA, conversions to a Roth IRA, certain									
	returned contributions, or recharacterizations of traditional IRA contributions									
	(see instructions)									
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to									
	Roth IRAs in 2020. Also enter this amount on line 16									
9	Add lines 6, 7, and 8									
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3									
	places. If the result is 1.000 or more, enter "1.000"									
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you									
	converted to Roth IRAs. Also enter this amount on line 17									
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions									
	that you did not convert to a Roth IRA	_								
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	622,160							
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2020 and earlier years .	14	1,402,180							
15a	Subtract line 12 from line 7	15a	386,635							
b	Enter the amount on line 15a attributable to qualified disaster distributions from 2020 Forms 8915-C									
	8915-D, and 8915-E (see instructions). Also, enter this amount on 2020 Form 8915-C, line 23; 2020									
	Form 8915-D, line 22; or 2020 Form 8915-E, line 13, as applicable	15b	35,214							
С	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2020									
	Form 1040, 1040-SR, or 1040-NR, line 4b	15c	356,377							
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age	,								
	59½ at the time of the distribution. See instructions.									
F	turners Ant and Demander Deduction Ant Nation and consults instructions		Farm 8606 (2020)							

Nondeductible IRAs

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

▶ For coronavirus-related distributions, see the instructions.

OMB No. 1545-0074

Internal Revenue Service (99) ► Attach to 2020 Form 1040, 1040-SR, or 1040-NR. Sequence No. 48 Name. If married, file a separate form for each spouse required to file 2020 Form 8606. See instructions. Your social security number Total Forms Filed = 2,807,314 Home address (number and street, or P.O. box if mail is not delivered to your home) Fill in Your Address Only if You Are City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions). Filing This Form by **Itself and Not With** Foreign country name Foreign province/state/county Foreign postal code **Your Tax Return** Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Complete this part only if one or more of the following apply. • You made nondeductible contributions to a traditional IRA for 2020. • You took distributions from a traditional, SEP, or SIMPLE IRA in 2020 and you made nondeductible contributions to a traditional IRA in 2020 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified disaster distribution (see 2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distribution, one-time distribution to fund an HSA, conversion, recharacterization, or return of certain contributions. • You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2020 and you made nondeductible contributions to a traditional IRA in 2020 or an earlier year. Enter your nondeductible contributions to traditional IRAs for 2020, including those made for 2020 6,798,361 30,360,565 2 2 37,158,926 3 Add lines 1 and 2 No → Enter the amount from line 3 on line 14. In 2020, did you take a distribution from traditional, SEP, or SIMPLE IRAs, Do not complete the rest of Part I. or make a Roth IRA conversion? — Yes — → Go to line 4. 197.220 Enter those contributions included on line 1 that were made from January 1, 2021, through April 15, 2021 4 36,961,705 5 Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 6 31, 2020, plus any outstanding rollovers. Subtract any repayments of qualified 237,789,031 disaster distributions (see 2020 Forms 8915-C, 8915-D, and 8915-E) . . . Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2020. Do not include rollovers (other than repayments of qualified disaster distributions (see 2020 Forms 8915-C, 8915-D, and 8915-E)), qualified charitable distributions, a one-time distribution to fund an HSA, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions 12,701,512 8 Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2020. Also enter this amount on line 16 4,643,194 9 10 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 1,590,958 places. If the result is 1.000 or more, enter "1.000" 10 Multiply line 8 by line 10. This is the nontaxable portion of the amount you 11 converted to Roth IRAs. Also enter this amount on line 17 1,238,190 Multiply line 7 by line 10. This is the nontaxable portion of your distributions 12 Add lines 11 and 12. This is the nontaxable portion of all your distributions 13 13 4,205,932 Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2020 and earlier years . 14 14 32,952,994 12,127,042 15a b Enter the amount on line 15a attributable to qualified disaster distributions from 2020 Forms 8915-C, 8915-D, and 8915-E (see instructions). Also, enter this amount on 2020 Form 8915-C, line 23; 2020 Form 8915-D, line 22; or 2020 Form 8915-E, line 13, as applicable 15b 872,832 Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on 2020 11,254,211

59½ at the time of the distribution. See instructions.

Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age

Form 86	606 (2020)								Page 2
Part				nal, SEP, or SIMPLE IR					,
	Co	omplete thi	is part if you converted page	art or all of your traditional,	SEP, and S	SIMPLE IRAs to	a Roth IRA	\ in	2020.
16			Part I, enter the amount t EP, and SIMPLE IRAs to	from line 8. Otherwise, ente Roth IRAs in 2020		mount you conv		6	523,663
17				from line 11. Otherwise, er				7	290,256
18	Form 1	040, 1040-	SR, or 1040-NR, line 4b	ne 16. If more than zero, al				8	345,572
Part	Ⅲ D	istributio	ns From Roth IRAs						
	a qı	rollover (of	ther than a repayment o ritable distribution, one-t	distribution from a Roth IRA f a qualified disaster distri ime distribution to fund an	ibution (see	2020 Forms 8	915-C, 89	15-	D, and 8915-E)),
19	Enter your total nonqualified distributions from Roth IRAs in 2020, including any qualified first-tim homebuyer distributions, and any qualified disaster distributions (see instructions). Also see 202 Forms 8915-C, 8915-D, and 8915-E					2020	9	369,039	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 reduced by the total of all your prior qualified first-time homebuyer distributions						0	15,545	
21	Subtract line 20 from line 19. If zero or less, enter -0						2	1	360,120
22	Enter y	our basis ir	n Roth IRA contributions	(see instructions). If line 21	is zero, sto	p here	2	2	233,017
23				s, enter -0- and skip lines 2 structions)				3	188,161
24				tional, SEP, and SIMPLE II tions				4	20,331
25a	Subtrac	ct line 24 fr	om line 23. If zero or less	, enter -0- and skip lines 25	5b and 25c		2	ā	171,866
b	8915-D	, and 8915	5-E (see instructions). Als	to qualified disaster distributes, enter this amount on 20	020 Form 8	8915-C, line 24;	2020	_	
				E, line 14, as applicable .				5b	41,626
			SR, or 1040-NR, line 4b	ne 25a. If more than zero, a			2	5c	131,222
Are Fi	ling This	Not With		clare that I have examined this form, plete. Declaration of preparer (other t					
Your	Tax Retu	ırn	Your signature			Date			
Paid	0404	Print/Type pi	reparer's name	Preparer's signature		Date	Check self-employ	"	PTIN
Prep Use		Firm's name				Firm's EIN	•		
USE !	Cilly	Firm's address ▶ Phone					Phone no.	no.	

Form **8606** (2020)

Form 86	606 (2020)							Page 2
Part	1 20	020 Conv	ersions From Tradition	onal, SEP, or SIMPLE IRA	s to Roth IRAs			
	C	omplete th	is part if you converted p	art or all of your traditional, Sl	EP, and SIMPLE IRAs t	o a Roth I	RA in	2020.
16			Part I, enter the amount EP, and SIMPLE IRAs to	from line 8. Otherwise, enter Roth IRAs in 2020	the net amount you co		16	19,592,477
17				from line 11. Otherwise, ente			17	3,136,545
18				ne 16. If more than zero, also			18	16,455,931
Part			ns From Roth IRAs				·	
	a qı	rollover (o	ther than a repayment caritable distribution, one-t	distribution from a Roth IRA in a qualified disaster distributime distribution to fund an H	ution (see 2020 Forms	8915-C,	8915-	-D, and 8915-E)),
19	Enter your total nonqualified distributions from Roth IRAs in 2020, including any qualified first-time homebuyer distributions, and any qualified disaster distributions (see instructions). Also see 2020 Forms 8915-C, 8915-D, and 8915-E						3,834,060	
20	Qualified first-time homebuyer expenses (see instructions). Do not enter more than \$10,000 reduced by the total of all your prior qualified first-time homebuyer distributions						20	116,251
21	Subtract line 20 from line 19. If zero or less, enter -0					[21	3,718,013
22	Enter y	our basis i	n Roth IRA contributions	(see instructions). If line 21 is	zero, stop here	[22	4,838,237
23				s, enter -0- and skip lines 24 structions)			23	1,573,726
24				itional, SEP, and SIMPLE IRA			24	1,812,053
25a	Subtrac	ct line 24 fr	om line 23. If zero or less	s, enter -0- and skip lines 25b	and 25c		25a	1,238,179
b				to qualified disaster distribution				
				so, enter this amount on 202			OFL	544.004
С				E, line 14, as applicable ne 25a. If more than zero, als		-	25b	544,221
C							25c	693.957
Are Fi	lere On ling Thi	ly if You s Form Not With	Under penalties of perjury, I ded belief, it is true, correct, and com	clare that I have examined this form, in plete. Declaration of preparer (other than	cluding accompanying attachm n taxpayer) is based on all inforn	ents, and to nation of whic	the bes	at of my knowledge and
Tour	I AX NEU		Your signature	Dranavar'a signat:		ate		DTIN
Paid Prep	arer	Print/Type p	reparer's name	Preparer's signature	Date	Check L self-emp	_	PTIN
Use		Firm's name				Firm's El	EIN ▶	
	,	Firm's addre	ess ►			Phone n	0.	5 9606 (0.5.5)
								Form 8606 (2020)

Form **8615**

Department of the Treasury Internal Revenue Service (99)

Tax for Certain Children Who Have Unearned Income

► Attach only to the child's Form 1040 or Form 1040-NR.

► Go to www.irs.gov/Form8615 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 33

Child's name shown on return

Total Forms Filed =

466,224

Child's social security number

Befor	The you begin: If the child, the parent, or any of the parent's other children for whom Form 8615 must be file D Tax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules for Child explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedule J (For	dren a	nd Dependents. It
A Par	· · · · · · · · · · · · · · · · · · ·		al security number
	rent's filing status (check one): Single Married filing jointly Married filing separately Head of household Child's Net Unearned Income	☐ Qu	alifying widow(er)
1	Enter the child's unearned income. See Instructions	1	466,224
2	If the child did not itemize deductions on Schedule A (Form 1040 or Form 1040-NR), enter \$2,200. Otherwise, see instructions	2	466,224
3	Subtract line 2 from line 1. If zero or less, stop ; do not complete the rest of this form but do attach it to the child's return	3	466,224
4	Enter the child's taxable income from Form 1040 or 1040-NR, line 15. If the child files Form 2555, see the instructions	4	434,484
5	Enter the smaller of line 3 or line 4. If zero, stop ; do not complete the rest of this form but do attach it to the child's return.	5	434,484
Part		1 1	
6	Enter the parent's taxable income from Form 1040 or 1040-NR, line 15. If zero or less, enter -0 If the parent files Form 2555, see the instructions	6	361,006
7	Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named above. Do not include the amount from line 5 above	7	93,420
8	Add lines 5, 6, and 7. See instructions	8	437,474
9	Enter the tax on the amount on line 8 based on the parent's filing status above. See instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) is used to figure the tax, check here	9	425,900
10	Enter the parent's tax from Form 1040 or 1040-NR, line 16, minus any alternative minimum tax. Do not include any tax from Form 4972, 8814, or 8885 or any tax from recapture of an education credit. If the parent files Form 2555, see the instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was used to figure the tax, check here	10	355,990
11	Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on line		
12a	13 and go to Part III	11	412,784
b	,	12b	× .
13	Multiply line 11 by line 12b	13	417,903
Part	Child's Tax—If lines 4 and 5 above are the same, enter -0- on line 15 and go to line 16.		
14	Subtract line 5 from line 4		
15	Enter the tax on the amount on line 14 based on the child's filing status. See instructions. If		
	the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or		
	Schedule J (Form 1040) is used to figure the tax, check here	15	277,283
16	Add lines 13 and 15	16	415,788
17	Enter the tax on the amount on line 4 based on the child's filing status. See instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or		004.507
40	Schedule J (Form 1040) is used to figure the tax, check here	17	324,507
18	Enter the larger of line 16 or line 17 here and on the child's Form 1040 or 1040-NR, line 16. If the child files Form 2555, see the instructions	18	420,907

Department of the Treasury Internal Revenue Service (99)

Tax for Certain Children Who Have Unearned Income

► Attach only to the child's Form 1040 or Form 1040-NR.

► Go to www.irs.gov/Form8615 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 33

Form **8615** (2020)

Cat. No. 64113U

Child's name shown on return

Total Forms Filed = 466,224

Before you begin: If the child, the parent, or any of the parent's other children for whom Form 8615 must be filed must use the Schedule D Tax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules for Children and Dependents. It explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedule J (Form 1040).

A Parent's name (first, initial, and last). Caution: See instructions before completing.

B Parent's social security number

	explains new to figure the stand of the confeder B Tax Workshoot of Confede			<u>-,.</u>
A Pare	ent's name (first, initial, and last). Caution: See instructions before completing.	B Parent	's soci	al security number
Pare	ent's filing status (check one):			
	Single Married filing jointly Married filing separately Head of household	[t	Qu	alifying widow(er)
Part	Child's Net Unearned Income			
1	Enter the child's unearned income. See Instructions		1	6,633,629
2	If the child did not itemize deductions on Schedule A (Form 1040 or Form 1040-NR), enter	2,200.		
	Otherwise, see instructions		2	1,027,747
3	Subtract line 2 from line 1. If zero or less, stop; do not complete the rest of this form I	out do		
	attach it to the child's return		3	5,605,882
4	Enter the child's taxable income from Form 1040 or 1040-NR, line 15. If the child files Form	2555,		
	see the instructions		4	6,034,424
5	Enter the smaller of line 3 or line 4. If zero, stop; do not complete the rest of this form but do a	ttach it		
	to the child's return		5	5,238,378
Part	II Tentative Tax Based on the Tax Rate of the Parent			
6	Enter the parent's taxable income from Form 1040 or 1040-NR, line 15. If zero or less, enter	-0 If		
	the parent files Form 2555, see the instructions		6	461,250,735
7	Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named above		_	
_	not include the amount from line 5 above	-	7	2,665,026
8	Add lines 5, 6, and 7. See instructions		8	469,055,306
9	Enter the tax on the amount on line 8 based on the parent's filing status above. See instruction			
	the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Sche			
	(Form 1040) is used to figure the tax, check here		9	145,914,327
10	Enter the parent's tax from Form 1040 or 1040-NR, line 16, minus any alte			
	minimum tax. Do not include any tax from Form 4972, 8814, or 8885 or any tax from recapture			
	education credit. If the parent files Form 2555, see the instructions. If the Qualified Dividence of the Control of the Contro			
	Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) was u figure the tax, check here	. —	10	144 170 020
44			10	144,170,039
11	Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount 13 and go to Part III		11	1,744,288
12a	Add lines 5 and 7		• •	1,177,200
b	Divide line 5 by line 12a. Enter the result as a decimal (rounded to at least three places)		12b	× .
13	Multiply line 11 by line 12b		13	1,080,598
Part	Child's Tax—If lines 4 and 5 above are the same, enter -0- on line 15 and go to line	ne 16.		1,000,000
	<u> </u>			
14	Subtract line 5 from line 4	46		
15	Enter the tax on the amount on line 14 based on the child's filing status. See instructi	ons. If		
	the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet			
	Schedule J (Form 1040) is used to figure the tax, check here		15	61,715
16	Add lines 13 and 15		16	1,123,949
17	Enter the tax on the amount on line 4 based on the child's filing status. See instructi	ons. If		
	the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet			
	Schedule J (Form 1040) is used to figure the tax, check here		17	665,933
18	Enter the larger of line 16 or line 17 here and on the child's Form 1040 or 1040-NR, line 16	. If the		
	child files Form 2555, see the instructions		18	1.153.525

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

Department of the Treasury Internal Revenue Service (99)

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts
► Go to www.irs.gov/Form8801 for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

292,846

OMB No. 1545-1073 Attachment Sequence No. **801**

Name(s) shown on return Total Forms Filed = Identifying number

Par	Net Minimum Tax on Exclusion Items		Γ
1	Combine lines 1 and 2e of your 2019 Form 6251. Estates and trusts, see instructions	. 1	245,263
2	Enter adjustments and preferences treated as exclusion items (see instructions)	. 2	241,844
3	Minimum tax credit net operating loss deduction (see instructions)	. 3	(9,335
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more the \$733,700 and you were married filing separately for 2019, see instructions		219,269
5	Enter: \$111,700 if married filing jointly or qualifying widow(er) for 2019; \$71,700 if single or hea household for 2019; or \$55,850 if married filing separately for 2019. Estates and trusts, enter \$25,000 contains the separate of the sepa		292,846
6	Enter: \$1,020,600 if married filing jointly or qualifying widow(er) for 2019; \$510,300 if single, hea household, or married filing separately for 2019. Estates and trusts, enter \$83,500		292,846
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	. 7	39,541
8	Multiply line 7 by 25% (0.25)	. 8	39,541
9	Subtract line 8 from line 5. If zero or less, enter -0	. 9	267,968
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. F 1040-NR filers, see instructions	orm 10	162,972
11	 If for 2019 you filed Form 2555, see instructions for the amount to enter. If for 2019 you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported qualified dividends on Form 1040 or 1040-SR, line 3a (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040-NR filers, see instructions. All others: If line 10 is \$194,800 or less (\$97,400 or less if married filing separately for 2019), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately for 2019) from the result. Form 1040-NR filers, see instructions. 	11	158,958
12	Minimum tax foreign tax credit on exclusion items (see instructions)	. 12	64,126
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	. 13	157,378
14	Enter the amount from your 2019 Form 6251, line 10, or 2019 Form 1041, Schedule I, line 53	. 14	162,789
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0	. 15	39,611
or Pa	perwork Reduction Act Notice, see instructions. Cat. No. 10002S		Form 8801 (2

Department of the Treasury Internal Revenue Service (99)

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts ► Go to www.irs.gov/Form8801 for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-1073 Attachment Sequence No. **801**

Name(s) shown on return

Total Forms Filed = 292,846 Identifying number

	Total Forms Filed = 292,040			
Par	Net Minimum Tax on Exclusion Items			
1	Combine lines 1 and 2e of your 2019 Form 6251. Estates and trusts, see instructions		1	167,610,804
2	Enter adjustments and preferences treated as exclusion items (see instructions)		2	4,983,505
3	Minimum tax credit net operating loss deduction (see instructions)		3	(2,397,867)
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If mor \$733,700 and you were married filing separately for 2019, see instructions		4	178,360,046
5	Enter: \$111,700 if married filing jointly or qualifying widow(er) for 2019; \$71,700 if single or h household for 2019; or \$55,850 if married filing separately for 2019. Estates and trusts, enter \$25		5	28,788,071
6	Enter: \$1,020,600 if married filing jointly or qualifying widow(er) for 2019; \$510,300 if single, h household, or married filing separately for 2019. Estates and trusts, enter \$83,500		6	248,851,401
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9		7	104,097,487
8	Multiply line 7 by 25% (0.25)		8	26,024,377
9	Subtract line 8 from line 5. If zero or less, enter -0		9	25,742,928
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. 1040-NR filers, see instructions	Form	10	162,285,630
11	 If for 2019 you filed Form 2555, see instructions for the amount to enter. If for 2019 you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported qualified dividends on Form 1040 or 1040-SR, line 3a (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (lines 18a and 19, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 55 here. Form 1040-NR filers, see instructions. All others: If line 10 is \$194,800 or less (\$97,400 or less if married filing separately for 2019), multiply line 10 by 26% (0.26). Otherwise, multiply line 10 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately for 2019) from the result. Form 1040-NR filers, see instructions. 		11	35,114,009
12	Minimum tax foreign tax credit on exclusion items (see instructions)		12	1,463,592
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11		13	33,676,232
14	Enter the amount from your 2019 Form 6251, line 10, or 2019 Form 1041, Schedule I, line 53 .		14	34,745,936
15 For Pa	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0 apperwork Reduction Act Notice, see instructions. Cat. No. 10002S	<u> </u>	15	908,499 Form 8801 (2020)
i Ul Pa	aperwork Reduction Act Notice, see instructions. Cat. No. 10002S			. 0 000 1 (2020)

Form 8801 (2020) Page **2**

Par	Minimum Tax Credit and Carryforward to 2021		
16	Enter the amount from your 2019 Form 6251, line 11, or 2019 Form 1041, Schedule I, line 54	16	74,069
17	Enter the amount from line 15	17	
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	72,252
19	2019 credit carryforward. Enter the amount from your 2019 Form 8801, line 26	19	203,052
20	Enter your 2019 unallowed qualified electric vehicle credit (see instructions)	20	*
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	247,910
22	Enter your 2020 regular income tax liability minus allowable credits (see instructions)	22	186,337
23	Enter the amount from your 2020 Form 6251, line 9, or 2020 Form 1041, Schedule I, line 52	23	161,590
24	Subtract line 23 from line 22. If zero or less, enter -0	24	148,065
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2020 Schedule 3 (Form 1040), line 6 (check box b); or Form 1041, Schedule G, line 2c	25	148,065
26	Credit carryforward to 2021. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	175,304

Form **8801** (2020)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 8801 (2020) Page 2 Part II Minimum Tax Credit and Carryforward to 2021 16 Enter the amount from your 2019 Form 6251, line 11, or 2019 Form 1041, Schedule I, line 54 . . . 16 1,855,139 17 17 946,640 18 Subtract line 17 from line 16. If less than zero, enter as a negative amount 18 19 2019 credit carryforward. Enter the amount from your 2019 Form 8801, line 26 . . . 19 6,783,261 20 Enter your 2019 unallowed qualified electric vehicle credit (see instructions) . . . 20 21 Combine lines 18 through 20. If zero or less, stop here and see the instructions 21 7,999,169 34,608,794 22 Enter your 2020 regular income tax liability minus allowable credits (see instructions) 22 23 Enter the amount from your 2020 Form 6251, line 9, or 2020 Form 1041, Schedule I, line 52. . . . 23 32,905,656 Subtract line 23 from line 22. If zero or less, enter -0-24 2,852,556 24 25 Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2020 Schedule 3 (Form 1040), line 6 (check box b); or Form 1041, Schedule G, line 2c 25 1,356,119 Credit carryforward to 2021. Subtract line 25 from line 21. Keep a record of this amount because 26 6,642,995 26

Form **8801** (2020)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form 8	801 (2020)		Page 3
Part	Tax Computation Using Maximum Capital Gains Rates		
	Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Work	sheet	in the instructions.
	Caution: If you didn't complete the 2019 Qualified Dividends and Capital Gain Tax Worksheet, the 2019 Schedule D Tax Worksheet, or Part V of the 2019 Schedule D (Form 1041), see the instructions before completing this part.*		
27	Enter the amount from Form 8801, line 10. If you filed Form 2555 for 2019, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions	27	
	Caution: If for 2019 you filed Form 1040-NR, 1041, or 2555, see the instructions before completing lines 28, 29, and 30.		
28	Enter the amount from line 6 of your 2019 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2019 Schedule D Tax Worksheet, or the amount from line 26 of the 2019 Schedule D (Form 1041), whichever applies (as refigured for the AMT, if necessary)*	28	
	If you figured your 2019 tax using the 2019 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29	Enter the amount from line 19 of your 2019 Schedule D (Form 1040 or 1040-SR), or line 18b, column (2), of the 2019 Schedule D (Form 1041)	29	
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2019		
	Schedule D Tax Worksheet	30	
31	Enter the smaller of line 27 or line 30	31	
32	Subtract line 31 from line 27	32	
33	If line 32 is \$194,800 or less (\$97,400 or less if married filing separately for 2019), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately for 2019) from the result. Form 1040-NR filers, see instructions	33	
	separately for 2019) from the result. Form 1040-Nn filers, see instructions	33	
34	 \$78,750 if married filing jointly or qualifying widow(er) for 2019, \$39,375 if single or married filing separately for 2019, 	0.1	
	 \$52,750 if head of household for 2019, or \$2,650 for an estate or trust. Form 1040-NR filers, see instructions. 	34	
35	Enter the amount from line 7 of your 2019 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2019 Schedule D Tax Worksheet, or the amount from line 27 of the 2019 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2019 Schedule D (Form 1041), enter the amount from your 2019 Form 1040 or 1040-SR, line 11b, or 2019 Form	0.5	
26	1041, line 23, whichever applies; if zero or less, enter -0 Form 1040-NR filers, see instructions	35	
36 37	Subtract line 35 from line 34. If zero or less, enter -0	36 37	
38	Enter the smaller of line 36 or line 37	38	
39	Subtract line 38 from line 37	39	
40	Enter:		
40	\$434,550 if single for 2019, \$244,425 if married filing separately for 2019,		
	• \$488,850 if married filing jointly or qualifying widow(er) for 2019,	40	
	• \$461,700 if head of household for 2019, or		
	• \$12,950 for an estate or trust. Form 1040-NR filers, see instructions.		
41	Enter the amount from line 36	41	
42	Form 1040 or 1040-SR filers, enter the amount from line 7 of your 2019 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of your 2019 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2019 Schedule D (Form 1041) or line 18 of your 2019 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2019		

Schedule D (Form 1041), enter the amount from your 2019 Form 1041, line 23; if zero or less, enter

42

^{*} The 2019 Qualified Dividends and Capital Gain Tax Worksheet is in the 2019 Instructions for Forms 1040 and 1040-SR. The 2019 Schedule D Tax Worksheet is in the 2019 Instructions for Schedule D (Form 1040 or 1040-SR) (or the 2019 Instructions for Schedule D (Form 1041)).

Form 8801 (2020) Page **3**

Part	Tax Computation Using Maximum Capital Gains Rates Complete Part III only if you are required to do so by line 11 or by the Foreign Earned Income Tax Work	sheet	in the instructions.
	Caution: If you didn't complete the 2019 Qualified Dividends and Capital Gain Tax Worksheet, the 2019 Schedule D Tax Worksheet, or Part V of the 2019 Schedule D (Form 1041), see the instructions before completing this part.*		
27	Enter the amount from Form 8801, line 10. If you filed Form 2555 for 2019, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the instructions	27	
	Caution: If for 2019 you filed Form 1040-NR, 1041, or 2555, see the instructions before completing lines 28, 29, and 30.		
28	Enter the amount from line 6 of your 2019 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2019 Schedule D Tax Worksheet, or the amount from line 26 of the 2019 Schedule D (Form 1041), whichever applies (as refigured for the AMT, if necessary)*	28	
	If you figured your 2019 tax using the 2019 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29	Enter the amount from line 19 of your 2019 Schedule D (Form 1040 or 1040-SR), or line 18b, column (2), of the 2019 Schedule D (Form 1041)	29	
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2019 Schedule D Tax Worksheet	30	
31	Enter the smaller of line 27 or line 30	31	
32	Subtract line 31 from line 27	32	
33	If line 32 is \$194,800 or less (\$97,400 or less if married filing separately for 2019), multiply line 32 by 26% (0.26). Otherwise, multiply line 32 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately for 2019) from the result. Form 1040-NR filers, see instructions	33	
34	Enter:		
04	 \$78,750 if married filing jointly or qualifying widow(er) for 2019, \$39,375 if single or married filing separately for 2019, \$52,750 if head of household for 2019, or \$2,650 for an estate or trust. Form 1040-NR filers, see instructions. 	34	
35	Enter the amount from line 7 of your 2019 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2019 Schedule D Tax Worksheet, or the amount from line 27 of the 2019 Schedule D (Form 1041), whichever applies. If you didn't complete either worksheet or Part V of the 2019 Schedule D (Form 1041), enter the amount from your 2019 Form 1040 or 1040-SR, line 11b, or 2019 Form 1041, line 23, whichever applies; if zero or less, enter -0 Form 1040-NR filers, see instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0	36	
37	Enter the smaller of line 27 or line 28	37	
38	Enter the smaller of line 36 or line 37	38	
39	Subtract line 38 from line 37	39	
40	 \$434,550 if single for 2019, \$244,425 if married filing separately for 2019, 		
	 \$488,850 if married filing jointly or qualifying widow(er) for 2019, \$461,700 if head of household for 2019, or 	40	
	• \$12,950 for an estate or trust. Form 1040-NR filers, see instructions.		
41	Enter the amount from line 36	41	
42	Form 1040 or 1040-SR filers, enter the amount from line 7 of your 2019 Qualified Dividends and Capital Gain Tax Worksheet or the amount from line 21 of your 2019 Schedule D Tax Worksheet, whichever applies. If you didn't complete either worksheet, see instructions. Form 1041 filers, enter the amount from line 27 of your 2019 Schedule D (Form 1041) or line 18 of your 2019 Schedule D Tax Worksheet, whichever applies. If you didn't complete either the worksheet or Part V of the 2019 Schedule D (Form 1041), enter the amount from your 2019 Form 1041, line 23; if zero or less, enter 1040 NIR filers, and instructions	40	
	-0 Form 1040-NR filers, see instructions	42	İ.

^{*} The 2019 Qualified Dividends and Capital Gain Tax Worksheet is in the 2019 Instructions for Forms 1040 and 1040-SR. The 2019 Schedule D Tax Worksheet is in the 2019 Instructions for Schedule D (Form 1040).

Form 8801 (2020) Page **4**

Part	Tax Computation Using Maximum Capital Gains Rates (continued)		-
43	Add lines 41 and 42	43	
44	Subtract line 43 from line 40. If zero or less, enter -0	44	
45	Enter the smaller of line 39 or line 44	45	
46	Multiply line 45 by 15% (0.15)	46	
47	Add lines 38 and 45	47	
	If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.		
48	Subtract line 47 from line 37	48	
49	Multiply line 48 by 20% (0.20) · · · · · · · · · · · · · · · · ▶	49	
	If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.		
50	Add lines 32, 47, and 48	50	
51	Subtract line 50 from line 27	51	
52	Multiply line 51 by 25% (0.25) · · · · · · · · · · · · · · · · · · ▶	52	
53	Add lines 33, 46, 49, and 52	53	
54	If line 27 is \$194,800 or less (\$97,400 or less if married filing separately for 2019), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing		
	separately for 2019) from the result. Form 1040-NR filers, see instructions	54	
55	Enter the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 for 2019, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the		
	instructions for line 11	55	0004

Form **8801** (2020)

Form 8	801 (2020)		Page 4
Part	Tax Computation Using Maximum Capital Gains Rates (continued)		
43	Add lines 41 and 42	43	
44	Subtract line 43 from line 40. If zero or less, enter -0	44	
45	Enter the smaller of line 39 or line 44	45	
46	Multiply line 45 by 15% (0.15)	46	
47	Add lines 38 and 45	47	
	If lines 47 and 27 are the same, skip lines 48 through 52 and go to line 53. Otherwise, go to line 48.		
48	Subtract line 47 from line 37	48	
49	Multiply line 48 by 20% (0.20) · · · · · · · · · · · · · · · · ▶	49	
	If line 29 is zero or blank, skip lines 50 through 52 and go to line 53. Otherwise, go to line 50.		_
50	Add lines 32, 47, and 48	50	
51	Subtract line 50 from line 27	51	
52	Multiply line 51 by 25% (0.25) · · · · · · · · · · · · · · · · · · ·	52	
53	Add lines 33, 46, 49, and 52	53	
54	If line 27 is \$194,800 or less (\$97,400 or less if married filing separately for 2019), multiply line 27 by 26% (0.26). Otherwise, multiply line 27 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing		
	separately for 2019) from the result. Form 1040-NR filers, see instructions	54	
55	Enter the smaller of line 53 or line 54 here and on line 11. If you filed Form 2555 for 2019, don't enter this amount on line 11. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet in the		
	instructions for line 11	55	
			Form 8801 (2020)

Form **8814**

Department of the Treasury Internal Revenue Service (99)

Parents' Election To Report Child's Interest and Dividends

► Go to www.irs.gov/Form8814 for the latest information.
► Attach to parents' Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. 40

Form **8814** (2020)

Cat. No. 10750J

Name(s) shown on your return

Total Forms Filed = 49,176

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

Your social security number

file a	on: The federal income tax on your child's income, including qualified dividends a separate tax return for the child instead of making this election. This is because could take on his or her own return. For details, see Tax benefits you cannot take in	you c	annot take cert		
	Child's name (first, initial, and last)			ld's socia	al security number
C	f more than one Form 8814 is attached, check here				▶
Par	Child's Interest and Dividends To Report on Your Return				
1a b	Enter your child's taxable interest. If this amount is different from the amounts Forms 1099-INT and 1099-OID, see the instructions			1a	10,802
2a	Enter your child's ordinary dividends, including any Alaska Permanent Fund di received any ordinary dividends as a nominee, see the instructions	viden		2a	26,968
ь 3	Enter your child's qualified dividends included on line 2a. See the instructions Enter your child's capital gain distributions. If your child received any capital g nominee, see the instructions		istributions as a	3	19,189
4	Add lines 1a, 2a, and 3. If the total is \$2,200 or less, skip lines 5 through 12 an total is \$11,000 or more, do not file this form. Your child must file his or her ow income	n retu	urn to report the		31,850
5	Base amount. Enter 2,200			5	
6	Subtract line 5 from line 4			6	15,062
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- or line 12. Otherwise, go to line 7.	on line	e 11, and go to		
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	7			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	8			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	9	13,195		
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return	10	10,401	44	13,656
11	Add lines 9 and 10			11	13,030
12	Subtract line 11 from line 6. Include this amount in the total on Schedule 1 (For space next to that line, enter "Form 8814" and show the amount. If you check above, see the instructions. Go to line 13 below	ced th	e box on line C		11,913
Part	Tax on the First \$2,200 of Child's Interest and Dividends				
13	Amount not taxed. Enter 1,100			13	
14	Subtract line 13 from line 4. If the result is zero or less, enter -0			14	31,623
15	Tax. Is the amount on line 14 less than \$1,100? No. Enter \$110 here and see the Note below. Ver. Multiply line 14 by 10% (0.10) Enter the result here and see the Note by	olow	}	15	31,623
	☐ Yes. Multiply line 14 by 10% (0.10). Enter the result here and see the Note be If you checked the box on line C above, see the instructions. Otherwise, include t 1040,1040-SR, or 1040-NR, line 16. Be sure to check box 1 on Form 1040, 1040-SF	he an			tax you enter on

Department of the Treasury Internal Revenue Service (99)

Parents' Election To Report Child's Interest and Dividends

► Go to www.irs.gov/Form8814 for the latest information.
► Attach to parents' Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. 40

Name(s) shown on your return

Total Forms Filed = 49 176

Your social security number

	Total Forms Filed = 49,176		
file a s	on: The federal income tax on your child's income, including qualified dividends and capital gain on separate tax return for the child instead of making this election. This is because you cannot take sould take on his or her own return. For details, see <i>Tax benefits you cannot take</i> in the instruction	e certain t	
A C	hild's name (first, initial, and last)	B Child's	social security number
C If	more than one Form 8814 is attached, check here		•
Part	Child's Interest and Dividends To Report on Your Return		
1a	Enter your child's taxable interest. If this amount is different from the amounts shown on the common sh	•	12,733
ь 2а	Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your received any ordinary dividends as a nominee, see the instructions	child	2a 63,986
ь 3	Enter your child's qualified dividends included on line 2a. See the instructions Enter your child's capital gain distributions. If your child received any capital gain distributions nominee, see the instructions	s as a	3 67,024
4	Add lines 1a, 2a, and 3. If the total is \$2,200 or less, skip lines 5 through 12 and go to line 13. total is \$11,000 or more, do not file this form. Your child must file his or her own return to repoincome	ort the	4 143,743
5 6	Base amount. Enter 2,200		5 6 49,802
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and line 12. Otherwise, go to line 7.	go to	
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)		
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)		
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	31	
11	report this amount on your return		42,549
12	Subtract line 11 from line 6. Include this amount in the total on Schedule 1 (Form 1040), line 8. space next to that line, enter "Form 8814" and show the amount. If you checked the box on	line C	7.000
Part	above, see the instructions. Go to line 13 below		7,260
13	Amount not taxed. Enter 1,100		13
14	Subtract line 13 from line 4. If the result is zero or less, enter -0	_	14 40,306
15	Tax. Is the amount on line 14 less than \$1,100? No. Enter \$110 here and see the Note below.	[4,032
	☐ Yes. Multiply line 14 by 10% (0.10). Enter the result here and see the Note below. ☐ If you checked the box on line C above, see the instructions. Otherwise, include the amount from 1040 1040 SP, or 1040 NP, line 16. Because to check box 1 on Form 1040 1040 SP, or 1040 NP, line 16.		the tax you enter on
	1040,1040-SR, or 1040-NR, line 16. Be sure to check box 1 on Form 1040, 1040-SR, or 1040-NR, liperwork Reduction Act Notice, see your tax return instructions. Cat. No. 10750J	116 10.	Form 8814 (2020)

Form **8824**

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

► Go to www.irs.gov/Form8824 for instructions and the latest information.

OMB No. 1545-1190

2020

Attachment Sequence No. 109

Total Forms Filed =

Information on the Like-Kind Exchange

Total Forms Filed = 53,238

Identifying number

prior t real pr party	Note: Generally, only real property should be described on lines 1 and 2. However, you may describe personal property transferred prior to January 1, 2018, as part of an exchange subject to the like-kind exchange transition rule described in the instructions, and/or real property on lines 1 and 2, if you are filing this form to report the disposition of property exchanged in a previously reported related party like-kind exchange. If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.							
1	1 Description of like-kind property given up:							
2	Description of like-kind property received:							
3	Date like-kind property given up was originally acquired (month, day, year)	3	MM/DE)/YYYY				
4	Date you actually transferred your property to the other party (month, day, year)	4	MM/DE)/YYYY				
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement	5	MM/DE	D/YYYY				
6	Date you actually received the like-kind property from other party (month, day, year). See instructions	6	MM/DE)/YYYY				
7	Was the exchange of the property given up or received made with a related party, either directly or indire (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III.		☐ Yes	□ No				
prope	· ·	ad, rep mplet	ort the di	isposition				
	Address (no., street, and apt., room, or suite no.; city or town; state; and ZIP code)							
9	During this tax year (and before the date that is 2 years after the last transfer of property that was part the exchange), did the related party sell or dispose of any part of the like-kind property received from (or an intermediary) in the exchange?	you	☐ Yes	☐ No				
10	During this tax year (and before the date that is 2 years after the last transfer of property that was pa the exchange), did you sell or dispose of any part of the like-kind property you received?		☐ Yes	□ No				
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on t deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies.							
11	If one of the exceptions below applies to the disposition, check the applicable box.							
а	☐ The disposition was after the death of either of the related parties.							
b	☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange	ange.						
С	You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had t its principal purposes. If this box is checked, attach an explanation. See instructions.	ax av	oidance a	as one of				

Form **8824**

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

► Attach to your tax return.

► Go to www.irs.gov/Form8824 for instructions and the latest information.

OMB No. 1545-1190

2020
Attachment Sequence No. 109

Internal Revenue Service

Name(s) shown on tax return

Department of the Treasury

Total Forms Filed = 53,238

Information on the Like-Kind Exchange

Identifying number

Note: Generally, only real property should be described on lines 1 and 2. However, you may describe personal property transferred prior to January 1, 2018, as part of an exchange subject to the like-kind exchange transition rule described in the instructions, and/or real property on lines 1 and 2, if you are filing this form to report the disposition of property exchanged in a previously reported related party like-kind exchange. If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.						
1	Description of like-kind property given up:					
2	Description of like-kind property received:					
3	Date like-kind property given up was originally acquired (month, day, year)	3 MM/DD/YYYY				
4	Date you actually transferred your property to the other party (month, day, year)	4	MM/DD/YYYY			
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement					
6	Date you actually received the like-kind property from other party (month, day, year). See instructions	6	MM/DD/	YYYY		
7	Was the exchange of the property given up or received made with a related party, either directly or indir (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III.		☐ Yes	☐ No		
property became your replacement property; and none of the exceptions in line 11 applies to the exchange. Instead of the property as if the exchange had been a sale. If one of the exceptions on line 11 applies to the exchange, compared II Related Party Exchange Information 8 Name of related party Relationship to you Related p.						
	Address (no., street, and apt., room, or suite no.; city or town; state; and ZIP code)					
9	During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange?					
10	During this tax year (and before the date that is 2 years after the last transfer of property that was part the exchange), did you sell or dispose of any part of the like-kind property you received?		☐ Yes	☐ No		
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is no the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies.					
11	If one of the exceptions below applies to the disposition, check the applicable box.					
а	☐ The disposition was after the death of either of the related parties.					
b	☐ The disposition was an involuntary conversion, and the threat of conversion occurred after the exch	ange.				
С	☐ You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had its principal purposes. If this box is checked, attach an explanation. See instructions.	tax av	oidance as	one of		

172 2020 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines Form 8824 (2020) Page 2 Name(s) shown on tax return. Do not enter name and social security number if shown on other side. Your social security number Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions. Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15. Fair market value (FMV) of other property given up 1.792 13 13 411 14 Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or 1,766 14 Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions. 15 Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced 12.668 (but not below zero) by any exchange expenses you incurred. See instructions 15 51,537 16 16 17 17 52,210 Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange 18 18 52,423 19 19 51,700 Enter the smaller of line 15 or line 19, but not less than zero 20 20 12.046 21 Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions . . . 21 1,143 22 Subtract line 21 from line 20. If zero or less, enter -0-, If more than zero, enter here and on Schedule D 12,021 22 23 12,612 23 Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions . . . 24 51,376 24 25 Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 25 52,357 Deferral of Gain From Section 1043 Conflict-of-Interest Sales Note: This part is to be used only by officers or employees of the executive branch of the federal government or judicial officers of the federal government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting no b

	ecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest required only if the cost of the replacement property is more than the basis of the divested property.	ıreme	nts. This part car
26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)		
27	Description of divested property ▶		
28	Description of replacement property ►		
29	Date divested property was sold (month, day, year)		MM/DD/YYYY
30	Sales price of divested property. See instructions	-	
31 32	Basis of divested property	32	
33 34	Cost of replacement property purchased within 60 days after date of sale . Subtract line 33 from line 30. If zero or less, enter -0	34	
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35	
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797. See instructions	36	
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	
			Form 8824 (2020

Form 88	324 (2020)		Page 2			
Name(s	Your soci	our social security number				
Part	Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Receiv	/ed				
	on: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other eporting of multi-asset exchanges in the instructions.	er (not l	ke-kind) property,			
Note:	Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line	15.				
12	Fair market value (FMV) of other property given up					
13	Adjusted basis of other property given up					
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain o (loss) in the same manner as if the exchange had been a sale		642.755			
	Caution: If the property given up was used previously or partly as a home, see <i>Property used as home</i> in the instructions.		012,700			
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred. See instructions		3.079.651			
16	FMV of like-kind property you received	16	44,669,436			
17	Add lines 15 and 16	17	47.749.087			
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15. See instructions		25,647,394			
19	Realized gain or (loss). Subtract line 18 from line 17		22,101,693			
20	Enter the smaller of line 15 or line 19, but not less than zero		2,338,981			
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16. See instructions		111,506			
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule I					
	or Form 4797, unless the installment method applies. See instructions		2.247.568			
23	Recognized gain. Add lines 21 and 22		2.359.074			
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions		19.742.619			
25 Part	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25	24.926.817			
26 27	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)					
28	Description of replacement property ▶					
29	Date divested property was sold (month, day, year)	29	MM/DD/YYYY			
30	Sales price of divested property. See instructions					
31 32	Basis of divested property	32				
33 34	Cost of replacement property purchased within 60 days after date of sale . Subtract line 33 from line 30. If zero or less, enter -0	34				
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10. See instructions	35				
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule I or Form 4797. See instructions	36				
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37				
38	Basis of replacement property. Subtract line 37 from line 33	38				
	· · · ·		Form 8824 (2020)			

Form **8829**

Department of the Treasury Internal Revenue Service (99)

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

▶ Go to www.irs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. 176

Name(s) of proprietor(s) Your social security number Total Forms Filed = 3.178.402 Part of Your Home Used for Business Part I Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) 1 2,952,822 2 2 2,954,927 3 3 % For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. 4 Multiply days used for daycare during year by hours used per day . . . hr. If you started or stopped using your home for daycare during the year, 5 5 hr. Divide line 4 by line 5. Enter the result as a decimal amount 6 6 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by 7 line 3 (enter the result as a percentage). All others, enter the amount from line 3 7 % **Figure Your Allowable Deduction** Part II Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, 8 3,013,765 minus any loss from the trade or business not derived from the business use of your home. See instructions. See instructions for columns (a) and (b) before completing lines 9-22. (a) Direct expenses (b) Indirect expenses Casualty losses (see instructions) 9 2.688 8,900 10 Deductible mortgage interest (see instructions) . 10 985,855 50,577 11 Real estate taxes (see instructions) 11 56,097 248,044 12 Add lines 9, 10, and 11 92,974 1,012,571 13 Multiply line 12, column (b), by line 7 1,007,479 14 Add line 12, column (a), and line 13 14 1,051,560 15 Subtract line 14 from line 8. If zero or less, enter -0-15 2,103,707 16 Excess mortgage interest (see instructions) 16 17,887 565,529 Excess real estate taxes (see instructions) . . . 17 17 138,334 937.645 18 18 76,881 1,827,132 Rent 19 19 57,973 649,004 20 Repairs and maintenance 20 142,222 915,175 21 21 186.401 2,291,151 22 Other expenses (see instructions) 22 82,642 748,422 Add lines 16 through 22 23 23 454,242 2,540,801 24 Multiply line 23, column (b), by line 7 24 2,530,055 25 Carryover of prior year operating expenses (see instructions) 646.657 26 Add line 23, column (a), line 24, and line 25 26 2,781,213 27 Allowable operating expenses. Enter the **smaller** of line 15 or line 26 . 27 1,957,609 Limit on excess casualty losses and depreciation. Subtract line 27 from line 15. 28 28 1,914,176 29 3,089 30 Depreciation of your home from line 42 below 1,146,865 31 Carryover of prior year excess casualty losses and depreciation (see instructions) 31 357.775 32 32 1,178,457 33 Allowable excess casualty losses and depreciation. Enter the **smaller** of line 28 or line 32 . . . 33 724,906 34 34 2,370,905 35 Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684. See instructions . 35 11,667 36 Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions. ▶ 36 2,367,273 Part III **Depreciation of Your Home** 37 Enter the smaller of your home's adjusted basis or its fair market value. See instructions 37 1.112.039 38 38 627,230 39 39 Basis of building. Subtract line 38 from line 37 1,102,739 40 40 1,097,718 41 41 % 42 Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above 42 1,146,865 Part IV Carryover of Unallowed Expenses to 2021 Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-43 43 1,043,474 Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-500.224

Department of the Treasury Internal Revenue Service (99)

Expenses for Business Use of Your Home

▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► Go to www.irs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. 176

Name(s) of proprietor(s) Your social security number Total Forms Filed = 3,178,402 Part I Part of Your Home Used for Business Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory 1 1,063,459 2 2 6,339,175 3 3 % For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. Multiply days used for daycare during year by hours used per day . . . 4 5 If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784 6 Divide line 4 by line 5. Enter the result as a decimal amount 6 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 % Part II **Figure Your Allowable Deduction** Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, 8 85,561,800 minus any loss from the trade or business not derived from the business use of your home. See instructions. See instructions for columns (a) and (b) before completing lines 9-22. (a) Direct expenses (b) Indirect expenses 9 Casualty losses (see instructions) 77,976 11,008 10 Deductible mortgage interest (see instructions) . 292,065 10,273,971 11 Real estate taxes (see instructions) 11 105,856 1,305,875 12 Add lines 9, 10, and 11 408,929 11,657,822 13 Multiply line 12, column (b), by line 7 13 1.676.503 14 Add line 12, column (a), and line 13 14 2,085,432 15 Subtract line 14 from line 8. If zero or less, enter -0-95.631.756 16 Excess mortgage interest (see instructions) . . 16 60,670 3,850,720 17 Excess real estate taxes (see instructions) . . . 17 204,408 4,105,750 18 18 135.729 3,256,150 19 19 476,698 11,370,845 20 Repairs and maintenance 20 275,561 4,473,131 21 352,822 9,340,794 22 22 Other expenses (see instructions) 237,723 2,126,070 23 38,523,460 24 7.422.600 25 Carryover of prior year operating expenses (see instructions) 3,932,367 Add line 23, column (a), line 24, and line 25. 26 26 13,098,576 27 6,030,173 Allowable operating expenses. Enter the **smaller** of line 15 or line 26 . . . 27 89,601,583 28 Limit on excess casualty losses and depreciation. Subtract line 27 from line 15 29 21,695 30 Depreciation of your home from line 42 below 1,192,422 31 Carryover of prior year excess casualty losses and depreciation (see instructions) 31 1.615.874 32 32 2.829.991 33 33 844,693 Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32 34 8,960,298 35 Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684. See instructions. 24,815 Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions. ▶ 8,935,483 Part III **Depreciation of Your Home** 37 Enter the **smaller** of your home's adjusted basis or its fair market value. See instructions . 379.171.117 38 Value of land included on line 37 38 62,708,825 39 Basis of building. Subtract line 38 from line 37 39 316,462,292 40 44,788,832 40 % 41 41 42 Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above 1,192,422 Part IV **Carryover of Unallowed Expenses to 2021** 43 Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0- 7,068,403 Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-.

1,985,298

Form **8839**

Qualified Adoption Expenses

OMB No. 1545-0074

2020

Department of the Treasury Internal Revenue Service (99)

 Attachment Sequence No. **38**

Name(s) shown on return Your social security number Total Forms Filed = 102.188 Information About Your Eligible Child or Children-You must complete this part. See instructions for Part I details, including what to do if you need more space. Check if child was-(a) (b) Check if (c) (e) Child's name 1 Child's year Child's adoption born before a child of birth identifying number became final in 2003 and with special foreign 2020 or earlier First Last disabled needs Child 1 Child 2 Child 3 Caution: If the child was a foreign child, see Special rules in the instructions for line 1, column (e), before you complete Part II or Part III. If you received employer-provided adoption benefits, complete Part III on the back next. Part II Adoption Credit Child 1 Child 2 Child 3 2 Maximum adoption credit per child. Enter \$14,300 (see instructions) 2 3 Did you file Form 8839 for a prior year for the same child? No. Enter -0-. Yes. See instructions for the amount to 10.407 25.132 47,985 3 4 Subtract line 3 from line 2 4 6,185 38,965 12,365 5 Qualified adoption expenses (see instructions) . . . 5 Caution: Your qualified adoption expenses may not be equal to the adoption expenses you paid in 2020. 6 Enter the **smaller** of line 4 or line 5 38,963 6,185 7 Enter modified adjusted gross income (see instructions) . 8 Is line 7 more than \$214,520? ■ No. Skip lines 8 and 9, and enter -0- on line 10. Divide line 8 by \$40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than 1.000 9 10 Multiply each amount on line 6 by line 9 10 36,973 11 Subtract line 10 from line 6 11 11,359 6.184 12 Add the amounts on line 11. 12 36,981 13 Credit carryforward, if any, from prior years. See your Adoption Credit Carryforward Worksheet in the 2019 Form 8839 instructions 13 72,561 14 14 98,462 15 Enter the amount from line 5 of the Credit Limit Worksheet in the instructions 15 64,773 16 Adoption Credit. Enter the smaller of line 14 or line 15 here and on Schedule 3 (Form 1040), line 6. Check box c on that line and enter "8839" in the space next to box c. If line 15 is smaller than line 14,

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Qualified Adoption Expenses

OMB No. 1545-0074

Department of the Treasury ► Attach to Form 1040, 1040-SR, or 1040-NR. Attachment Sequence No. 38 Internal Revenue Service (99) ▶ Go to www.irs.gov/Form8839 for instructions and the latest information. Name(s) shown on return Your social security number Total Forms Filed = 102.188 Information About Your Eligible Child or Children-You must complete this part. See instructions for Part I details, including what to do if you need more space. Check if child was-(g) (a) (b) (f) Check if (e) Child's name 1 Child's year Child's adoption a child born before of birth identifying number became final in 2003 and with special foreign 2020 or earlier Last disabled needs child Child 1 Child 2 Child 3 Caution: If the child was a foreign child, see Special rules in the instructions for line 1, column (e), before you complete Part II or Part III. If you received employer-provided adoption benefits, complete Part III on the back next. Part II Adoption Credit Child 1 Child 2 Child 3 2 Maximum adoption credit per child. Enter \$14,300 (see instructions) 2 Did you file Form 8839 for a prior year for the same child? No. Enter -0-. Yes. See instructions for the amount to 116.466 306.206 3 635,734 Subtract line 3 from line 2 4 61,241 391,839 107,790 5 Qualified adoption expenses (see instructions) . . Caution: Your qualified adoption expenses may not be equal to the adoption expenses you paid in 2020. 6 Enter the **smaller** of line 4 or line 5 61,223 298,072 7 Enter modified adjusted gross income (see instructions) . 8 Is line 7 more than \$214,520? No. Skip lines 8 and 9, and enter -0- on line 10. 9 Divide line 8 by \$40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than 1.000 Multiply each amount on line 6 by line 9 10 10 288,679 11 Subtract line 10 from line 6 11 93,139 61.173 12 Add the amounts on line 11. 12 472,832 13 Credit carryforward, if any, from prior years. See your Adoption Credit Carryforward Worksheet in the 2019 Form 8839 instructions 13 1,827,154 14 14 2,299,986 321,747 15 Enter the amount from line 5 of the Credit Limit Worksheet in the instructions 15 16 Adoption Credit. Enter the smaller of line 14 or line 15 here and on Schedule 3 (Form 1040), line 6. Check box c on that line and enter "8839" in the space next to box c. If line 15 is smaller than line 14,

16

Form 8839 (2020) Page **2**

Par	Employer-Provided Adoption Benefits					
			Child 1	Child 2	Child 3	
17	Maximum exclusion per child. Enter \$14,300 (see					
	instructions)	17				4
18	Did you receive employer-provided adoption benefits					
	for a prior year for the same child?					
	No. Enter -0	40				
	Yes. See instructions for the amount to enter.	18				-
19	Subtract line 18 from line 17	19				
20	Employer-provided adoption benefits you received in					1
20	2020. This amount should be shown in box 12 of					
	your 2020 Form(s) W-2 with code T	20				
21	Add the amounts on line 20					2
				I		4
22	Enter the smaller of line 19 or line 20. But if the child					
	was a child with special needs and the adoption became final in 2020, enter the amount from line 19.	22				
23	Enter modified adjusted gross income (from the works		in			1
20	the instructions)		"' 23			
24	Is line 23 more than \$214,520?					
	☐ No. Skip lines 24 and 25, and enter -0- on line 26.					
	☐ Yes. Subtract \$214,520 from line 23		. 24			
25	Divide line 24 by \$40,000. Enter the result as a decima	al (rou	nded to at lea	st three		
	places). Do not enter more than 1.000			25	× .	4
						-
26	Multiply each amount on line 22 by line 25	26				
20	Multiply each amount on line 22 by line 25	20				-
27	Excluded benefits. Subtract line 26 from line 22	27				
				I.		T
28	Add the amounts on line 27					:
29	Taxable benefits. Is line 28 more than line 21?					
	■ No. Subtract line 28 from line 21. Also, include this			· ·	1	
	line 1 of Form 1040 or 1040-SR or line 1a of					
	line next to line 1 of Form 1040 or 1040-SR	or lir	ne 1a of Form	1040-NR,		
	enter "AB."		agative sus-t-	or Doduce	,	1
	Yes. Subtract line 21 from line 28. Enter the result the total you would enter on line 1 of Form		•			L
	Form 1040-NR by the amount on Form 8839,					
	1 of Form 1040 or 1040-SR or line 1a of Form					
	dotted line next to the entry line.		- · · ·	,	1	

You may be able to claim the adoption credit in Part II on the front of this form if any of the following apply.



- You paid adoption expenses in 2019, those expenses were not fully reimbursed by your employer or otherwise, and the adoption was not final by the end of 2019.
- The total adoption expenses you paid in 2020 were not fully reimbursed by your employer or otherwise, and the adoption became final in 2020 or earlier.
- You adopted a child with special needs and the adoption became final in 2020.

Form **8839** (2020)

Form 8839 (2020) Page 2 Part III Employer-Provided Adoption Benefits Child 3 Child 1 Child 2 17 Maximum exclusion per child. Enter \$14,300 (see 17 instructions) 18 Did you receive employer-provided adoption benefits for a prior year for the same child? **No.** Enter -0-. Yes. See instructions for the amount to enter. 18 Subtract line 18 from line 17 19 19 20 Employer-provided adoption benefits you received in 2020. This amount should be shown in box 12 of your 2020 Form(s) W-2 with code **T** 20 21 Add the amounts on line 20 . . 21 22 Enter the smaller of line 19 or line 20. But if the child was a child with special needs and the adoption became final in 2020, enter the amount from line 19. Enter modified adjusted gross income (from the worksheet in 23 23 24 Is line 23 more than \$214,520? No. Skip lines 24 and 25, and enter -0- on line 26. ☐ **Yes.** Subtract \$214,520 from line 23 25 Divide line 24 by \$40,000. Enter the result as a decimal (rounded to at least three places). Do not enter more than 1.000 25 Multiply each amount on line 22 by line 25 26 26 27 **Excluded benefits.** Subtract line 26 from line 22 . . . 27 28 Add the amounts on line 27 . . . 28 29 Taxable benefits. Is line 28 more than line 21? No. Subtract line 28 from line 21. Also, include this amount, if more than zero, on line 1 of Form 1040 or 1040-SR or line 1a of Form 1040-NR. On the dotted line next to line 1 of Form 1040 or 1040-SR or line 1a of Form 1040-NR. enter "AB." Yes. Subtract line 21 from line 28. Enter the result as a negative number. Reduce the total you would enter on line 1 of Form 1040 or 1040-SR or line 1a of Form 1040-NR by the amount on Form 8839, line 29. Enter the result on line 1 of Form 1040 or 1040-SR or line 1a of Form 1040-NR. Enter "SNE" on the dotted line next to the entry line. You may be able to claim the adoption credit in Part II on the front of this form if any of the following apply. • You paid adoption expenses in 2019, those expenses were not fully reimbursed by your employer or otherwise, and the adoption was not final by the end of 2019. • The total adoption expenses you paid in 2020 were not fully reimbursed by your employer or otherwise, and the



- adoption became final in 2020 or earlier.
- You adopted a child with special needs and the adoption became final in 2020.

Form **8839** (2020)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **8846**

Department of the Treasury Internal Revenue Service

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

► Attach to your tax return.

► Go to www.irs.gov/Form8846 for the latest information.

ONB No. 1545-0123	
2020	
Attachment	

Form **8846** (2020)

Name(s) shown on return

For Paperwork Reduction Act Notice, see instructions.

Total Forms Filed =

22,958

Note: Claim this credit only for employer social security and Medicare taxes paid by a food or beverage establishment

Identifying number

where tipping is customary for providing food or beverages. See the instructions for line 1. 1 Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions) 1 12,112 2 Tips not subject to the credit provisions (see instructions) 2 2,393 3 Creditable tips. Subtract line 2 from line 1 3 12,112 4 Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including 4 12,112 5 Credit for employer social security and Medicare taxes paid on certain employee tips from 5 12,292 Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f 6 22,958

Cat. No. 16148Z

Form **8846**

Credit for Employer Social Security and Medicare Taxes
Paid on Certain Employee Tips

► Attach to your tax return.

OMB No. 1545-0123

2020

Attachment
Sequence No. 846

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8846 for the latest information.

Sequence No. Of

6

129,879 Form **8846** (2020)

ivame	(s) snown on return	Total Forms Filed =	22,958		identilying	g number
		nly for employer social sery for providing food or be	•		r beveraç	ge establishment
1	•	employees for services or care taxes during the tax ye				667,699
2	Tips not subject to	the credit provisions (see	instructions)		. 2	52,860
3	Creditable tips. Su	btract line 2 from line 1 .			. 3	614,839
4		7.65% (0.0765). If you had 87,700, see instructions and		,	_	47,035
5		er social security and Medi	•			82,843
6		Partnerships and S corpo				

Cat. No. 16148Z

others, report this amount on Form 3800, Part III, line 4f

For Paperwork Reduction Act Notice, see instructions.

Department of the Treasury Internal Revenue Service (99)

Archer MSAs and Long-Term Care Insurance Contracts

▶ Go to www.irs.gov/Form8853 for instructions and the latest information. ► Attach to Form 1040, 1040-SR, or 1040-NR.

Attachment Sequence No. **39**

OMB No. 1545-0074

Name(s) shown on return

Total Forms Filed =

150,529

Social security number of MSA have MSAs, see instructions ▶

Section A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and complete Section B. Archer MSA Contributions and Deductions. See instructions before completing this part. If you are filing jointly and both you and your spouse have high deductible health plans with self-only coverage, complete a separate Part I for each spouse. 1 5.830 2 Archer MSA contributions you made for 2020, including those made from January 1, 2021, through April 15, 2021, that were for 2020. Don't include rollovers. See instructions 2 11,018 Limitation from the Line 3 Limitation Chart and Worksheet in the instructions 3 3 6,680 Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.) 9,268 4 Archer MSA deduction. Enter the smallest of line 2, 3, or 4 here. Also include this amount on Schedule 1 (Form 1040), line 22. On the dotted line next to Schedule 1 (Form 1040), line 22, enter 5 4,365 Caution: If line 2 is more than line 5, you may have to pay an additional tax. See instructions. Part II **Archer MSA Distributions** Total distributions you and your spouse received in 2020 from all Archer MSAs (see instructions) . 6a 17,690 Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the due date of your return. See instructions 6b Subtract line 6b from line 6a 6c 17,690 7 7 12,991 Taxable Archer MSA distributions. Subtract line 7 from line 6c. If zero or less, enter -0-. Also include this amount in the total on Schedule 1 (Form 1040), line 8. On the dotted line next to Schedule 1 (Form 9a If any of the distributions included on line 8 meet any of the Exceptions to the Additional 20% Tax Additional 20% tax (see instructions). Enter 20% (0,20) of the distributions included on line 8 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040), line 8. Check box c on Schedule 2 (Form 1040), line 8. Enter "MSA" and the amount on the line next Section B. Medicare Advantage MSA Distributions. If you are filing jointly and both you and your spouse received distributions in 2020 from a Medicare Advantage MSA, complete a separate Section B for each spouse. See instructions. 10 Total distributions you received in 2020 from all Medicare Advantage MSAs (see instructions) . . . 10 3,915 11 3,616 11 Taxable Medicare Advantage MSA distributions. Subtract line 11 from line 10. If zero or less, enter 12 -0-. Also include this amount in the total on Schedule 1 (Form 1040), line 8. On the dotted line next to Schedule 1 (Form 1040), line 8, enter "Med MSA" and the amount 12 13a If any of the distributions included on line 12 meet any of the Exceptions to the Additional 50% Tax b Additional 50% tax. Enter 50% (0.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2019. Also include this amount in the total on Schedule 2 (Form 1040), line 8. Check box c on Schedule 2 (Form 1040), line 8. Enter "Med MSA" and the amount on the line next to the box . . . 13b Form **8853** (2020)

* Data not shown because of the small number of sample returns on which they are based.

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

Department of the Treasury Internal Revenue Service (99)

Archer MSAs and

Long-Term Care Insurance Contracts
► Go to www.irs.gov/Form8853 for instructions and the latest information. ► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074 Attachment Sequence No. **39**

Name(s) shown on return

Total Forms Filed =

150,529

Social security number of MSA account holder. If both spouses

	nave MSAs, see instructions		
Secti	on A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and comple	te Se	ction B.
Part	Archer MSA Contributions and Deductions. See instructions before completing this jointly and both you and your spouse have high deductible health plans with self-only contributed and pour spouse.		
1	Total employer contributions to your Archer MSA(s) for 2020		
2	Archer MSA contributions you made for 2020, including those made from January 1, 2021, through		
	April 15, 2021, that were for 2020. Don't include rollovers. See instructions	2	23,536
3	Limitation from the Line 3 Limitation Chart and Worksheet in the instructions	3	21,763
4	Compensation (see instructions) from the employer maintaining the high deductible health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	4	429,206
5	Archer MSA deduction. Enter the smallest of line 2, 3, or 4 here. Also include this amount on Schedule 1 (Form 1040), line 22. On the dotted line next to Schedule 1 (Form 1040), line 22, enter "MSA" and the amount	5	7,013
	Caution: If line 2 is more than line 5, you may have to pay an additional tax. See instructions.		7,013
Part			
6a	Total distributions you and your spouse received in 2020 from all Archer MSAs (see instructions)	6a	60,215
b	Distributions included on line 6a that you rolled over to another Archer MSA or a health savings account. Also include any excess contributions (and the earnings on those excess contributions) included on line 6a that were withdrawn by the due date of your return. See instructions	6b	55,2.0
С	Subtract line 6b from line 6a	6с	60,215
7	Unreimbursed qualified medical expenses (see instructions)	7	54,523
8	Taxable Archer MSA distributions. Subtract line 7 from line 6c. If zero or less, enter -0 Also include this amount in the total on Schedule 1 (Form 1040), line 8. On the dotted line next to Schedule 1 (Form 1040), line 8, enter "MSA" and the amount	8	*
9a	If any of the distributions included on line 8 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 8 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040), line 8. Check box c on Schedule 2 (Form 1040), line 8. Enter "MSA" and the amount on the line next		
	to the box	9b	*
Secti	on B. Medicare Advantage MSA Distributions. If you are filing jointly and both you and y distributions in 2020 from a Medicare Advantage MSA, complete a separate Section See instructions.		or each spouse.
10	Total distributions you received in 2020 from all Medicare Advantage MSAs (see instructions)	10	10,904
11	Unreimbursed qualified medical expenses (see instructions)	11	9,818
12	Taxable Medicare Advantage MSA distributions. Subtract line 11 from line 10. If zero or less, enter -0 Also include this amount in the total on Schedule 1 (Form 1040), line 8. On the dotted line next to Schedule 1 (Form 1040), line 8, enter "Med MSA" and the amount	12	*
13a	If any of the distributions included on line 12 meet any of the Exceptions to the Additional 50% Tax (see instructions), check here		
b	Additional 50% tax. Enter 50% (0.50) of the distributions included on line 12 that are subject to the additional 50% tax. See instructions for the amount to enter if you had a Medicare Advantage MSA at the end of 2019. Also include this amount in the total on Schedule 2 (Form 1040), line 8. Check box c on Schedule 2 (Form 1040), line 8. Enter "Med MSA" and the amount on the line next to the box	13b	*
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 24091H		Form 8853 (2020)

* Data not shown because of the small number of sample returns on which they are based.

Form 88	353 (2020)	Attachment Seq	ience N	o. 39	Page 2
Name o	f policyholder (as shown on return)	Social security number of policyholder ▶			
Secti	on C. Long-Term Care (LTC) Insurance Contracts. See Filing I before completing this section.	Requirements for Section	C in	the ins	tructions
	If more than one Section C is attached, check here				. ▶ 🗌
14a	Name of insured ▶ b Social	l security number of insured			
15	In 2020, did anyone other than you receive payments on a per diem qualified LTC insurance contract covering the insured or receive acceler insurance policy covering the insured?	erated death benefits under	a life	☐ Yes	☐ No
16	Was the insured a terminally ill individual?			☐ Yes	□ No
	Note: If "Yes" and the only payments you received in 2020 were accelerated to you because the insured was terminally ill, skip lines 17 through 25			i	
17	Gross LTC payments received on a per diem or other periodic basis. Er from box 1 of all Forms 1099-LTC you received with respect to the insurbox in box 3 is checked	red on which the "Per diem"	17	2,62	1,253
	Caution: Don't use lines 18 through 26 to figure the taxable amount of insurance contract that isn't a qualified LTC insurance contract. Insexcludable from your income (for example, if the benefits aren't paid for through accident or health insurance), report the amount not excludable (Form 1040), line 8 or, for taxpayers filing Form 1040-NR, on Form 1040-N	stead, if the benefits aren't personal injuries or sickness e as income on Schedule 1			
18	Enter the part of the amount on line 17 that is from qualified LTC insurance	ce contracts	18	1 82	2.431
19	Accelerated death benefits received on a per diem or other periodic basis			1,02	
	you received because the insured was terminally ill. See instructions .		19		*
20	Add lines 18 and 19	<u></u>	20	1,88	6,570
	Note: If you checked "Yes" on line 15 above, see <i>Multiple Payees</i> instructions before completing lines 21 through 25.	n the			
21	Multiply \$380 by the number of days in the LTC period	21 7,626,305			
22	Costs incurred for qualified LTC services provided for the insured durin LTC period (see instructions)	22 4,044,483			
23	Enter the larger of line 21 or line 22		_		
24	Reimbursements for qualified LTC services provided for the insured durin LTC period	~			
	Caution: If you received any reimbursements from LTC contracts is before August 1, 1996, see instructions.				
25	Per diem limitation. Subtract line 24 from line 23		25	7,03	6,88 0 /-
26	Taxable payments. Subtract line 25 from line 20. If zero or less, enter -0-	. Also include this amount in			
-	the total on Schedule 1 (Form 1040), line 8 or, for taxpayers filing Form 1 Schedule NEC, line 12. On the dotted line next to Schedule 1 (Form 10 filing Form 1040-NR, on Form 1040-NR, Schedule NEC, line 12, enter "LT"	1040-NR, on Form 1040-NR, 040), line 8 or, for taxpayers	26	00	272
	ming i officially this, officially to this, officially theo, line 12, effect the	o and the amount	∠0	83	,373

Form **8853** (2020)

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 88	353 (2020)	Attachment Sequence No. 39 Page 2
Name o	f policyholder (as shown on return)	Social security number of policyholder ►
Secti	on C. Long-Term Care (LTC) Insurance Contracts. See Filing F before completing this section.	Requirements for Section C in the instructions
	If more than one Section C is attached, check here	▶ □
14a	Name of insured ▶ b Social	I security number of insured ▶
15	In 2020, did anyone other than you receive payments on a per diem qualified LTC insurance contract covering the insured or receive accele insurance policy covering the insured?	or other periodic basis under a erated death benefits under a life
16	Was the insured a terminally ill individual?	ted death benefits that were
17	Gross LTC payments received on a per diem or other periodic basis. En from box 1 of all Forms 1099-LTC you received with respect to the insur box in box 3 is checked	
	Caution: Don't use lines 18 through 26 to figure the taxable amount of insurance contract that isn't a qualified LTC insurance contract. Ins excludable from your income (for example, if the benefits aren't paid for particular through accident or health insurance), report the amount not excludable (Form 1040), line 8 or, for taxpayers filing Form 1040-NR, on Form 1040-N	personal injuries or sickness e as income on Schedule 1
18	Enter the part of the amount on line 17 that is from qualified LTC insurance	ce contracts 18 1,822,431
19	Accelerated death benefits received on a per diem or other periodic basis you received because the insured was terminally ill. See instructions	<u>19</u>
20	Add lines 18 and 19	n the 20 1,886,570
21	Multiply \$380 by the number of days in the LTC period	21 7,626,305
22 23	Costs incurred for qualified LTC services provided for the insured during LTC period (see instructions)	22 4,044,483
24	Reimbursements for qualified LTC services provided for the insured during LTC period	24 2,292,085
25	Per diem limitation. Subtract line 24 from line 23	
26	Taxable payments. Subtract line 25 from line 20. If zero or less, enter -0-the total on Schedule 1 (Form 1040), line 8 or, for taxpayers filing Form 1 Schedule NEC, line 12. On the dotted line next to Schedule 1 (Form 10 filing Form 1040-NR, on Form 1040-NR, Schedule NEC, line 12, enter "LTC"	Also include this amount in 1040-NR, on Form 1040-NR, 040), line 8 or, for taxpayers C" and the amount
		Form 8853 (2020)

Form **8863**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed =

you complete Parts I and II.

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.

8,726,402

OMB No. 1545-0074
2020
Attachment Seguence No. 50

Your social security number

A

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before

Dow	Definedable American Organistic Organis				
Part					0.574.070
1	After completing Part III for each student, enter the total of all amounts from all P	arts II	I, line 30	1	6,571,378
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	6,571,378		
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	6,492,269		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	6,570,735		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	6,570,735		
6	If line 4 is:				
	\bullet 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 (root	undec	Ito	6	6,570,735
	at least three places)		.)		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of th				
	conditions described in the instructions, you can't take the refundable America				0.570.705
_	skip line 8, enter the amount from line 7 on line 9, and check this box			7	6,570,735
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter			8	6 494 440
Part	on Form 1040 or 1040-SR, line 29. Then go to line 9 below	• •		0	6,481,440
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(500	instructions)	9	6,570,735
10	After completing Part III for each student, enter the total of all amounts from a	`	,		0,070,700
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	2,249,154
11	Enter the smaller of line 10 or \$10,000			11	2,249,154
12	Multiply line 11 by 20% (0.20)			12	2,249,154
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	2,249,154		
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	2,249,154		
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	2,249,154		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	2,244,531		
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 (roun places)			17	2,244,531
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet			18	2,244,531
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit				
	instructions) here and on Schedule 3 (Form 1040), line 3 $$			19	7,418,821

OMB No. 1545-0074

8863

Department of the Treasury Internal Revenue Service (99)

Education Credits (American Opportunity and Lifetime Learning Credits)

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

► Attach to Form 1040 or 1040-SR. Attachment Sequence No. **50**

Name(s) shown on return

Total Forms Filed = 8,726,402 Your social security number

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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	Refundable American Opportunity Credit					
1	After completing Part III for each student, enter the total of all amounts from all Pa	arts I	II, line 3	0	1	14,642,098
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	812,92	24,140		
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	337,00	06,721		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	476,2	19,865		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	90,31	3,433		
6	If line 4 is:		,			
	• Equal to or more than line 5, enter 1.000 on line 6		- 1			0.444.504
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)				6	6,444,501
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the					
	conditions described in the instructions, you can't take the refundable America					44044077
•	skip line 8, enter the amount from line 7 on line 9, and check this box				7	14,311,677
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.				8	5,654,475
Part		-			<u> </u>	3,004,473
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instruc	tions) .	9	8,657,202
10	After completing Part III for each student, enter the total of all amounts from a	•		,		-,,
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19				10	18,335,649
11	Enter the smaller of line 10 or \$10,000				11	11,718,184
12	Multiply line 11 by 20% (0.20)				12	2,343,652
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	216,32	28,953		
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	44	400.5	20.004		
45	the amount to enter	14	120,5	32,931		
15	line 18, and go to line 19	15	05.70	6,021		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or	10	95,78	00,021		
	qualifying widow(er)	16	31 30	0,152		
17	If line 15 is:		01,00	70,102		
	• 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 (rour	nded	to at le	ast three		
	places)				17	21,844,651
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet				18	2,267,067
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit			,		7.000.000
	instructions) here and on Schedule 3 (Form 1040), line 3				19	7,880,608

Form 886	3 (2020)		Page 2
Name(s) s	shown on return		Your social security number
CAUTIO	Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.		
Part I	I Student and Educational Institution Information	n. See instructions.	
20 S	tudent name (as shown on page 1 of your tax return)	21 Student social security number your tax return)	(as shown on page 1 of
22 E	Educational institution information (see instructions)		
	Name of first educational institution	b. Name of second educational in:	stitution (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.	(1) Address. Number and street (post office, state, and ZIP cool instructions.	
(2)	Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2020?	(2) Did the student receive Form from this institution for 2020?	1098-T
(3)	Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☐ No 7 checked?	(3) Did the student receive Form from this institution for 2019 v 7 checked?	
(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.	(4) Enter the institution's employed (EIN) if you're claiming the An if you checked "Yes" in (2) of from Form 1098-T or from the	nerican opportunity credit or or (3). You can get the EIN
C	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	Yes — Stop! Go to line 31 for this student.	No — Go to line 24.
2 - -	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 eading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.		No — Stop! Go to line 31 for this student.
	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	Yes — Stop! Go to line 31 for this student.	No — Go to line 26.
f	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	Yes — Stop! Go to line 31 for this student.	No — Complete lines 27 through 30 for this student.
CAUTIO	You can't take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't on	_	dent in the same year. If
	American Opportunity Credit		6,571,378 12,081
28 S	Adjusted qualified education expenses (see instructions). Don Subtract \$2,000 from line 27. If zero or less, enter -0	't enter more than \$4,000	. 27 355,216 0
	Multiply line 28 by 25% (0.25)		. 29
e	f line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts for the control of the contr		
	ifetime Learning Credit	and the test of all a second as a second	2040 454
	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Pa	arts 2,249,154 0

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 8	3863 (2020)					Page 2
Name	s) shown on return			Your social	security numb	oer
CAUT	Complete Part III for each student for whom opportunity credit or lifetime learning credit each student.					or
Par	Student and Educational Institution Information	1. See in	structions.			
20	Student name (as shown on page 1 of your tax return)		tudent social security number our tax return) 	er (as show	n on page 1	of
22	Educational institution information (see instructions)					
а	. Name of first educational institution	b. N	ame of second educational	nstitution (i	f any)	
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.		Address. Number and stree post office, state, and ZIP c instructions.			
(2	2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2020?	1	Did the student receive Forr from this institution for 2020		☐ Yes ☐	☐ No
(Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☐ No 7 checked?		Did the student receive Forr from this institution for 2019 7 checked?		☐ Yes ☐] No
(4	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.		Enter the institution's em (EIN) if you're claiming the A if you checked "Yes" in (2 from Form 1098-T or from the Enterthing the Enterthin Term 1098-T or from the Enterthin Ter	American or or (3). Yo	oportunity c ou can get t	redit or
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	1 es	s — Stop! to line 31 for this student.	☐ No — G	o 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.	Yes	s — Go to line 25.	No — St for this s	t op! Go to lii student.	ne 31
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	☐ Go	s — Stop! to line 31 for this dent.	No — Go	o to line 26.	
26	Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?	☐ Go	s — Stop! to line 31 for this dent.		omplete lines 30 for this st	
CAUT	You can't take the American opportunity credit and the lines you complete lines 27 through 30 for this student, don't			tudent in th	ne same yea	r. If
	American Opportunity Credit				20,382,988	35,942
27	Adjusted qualified education expenses (see instructions). Don			27	1,158,889	0
28	Subtract \$2,000 from line 27. If zero or less, enter -0			28		
29	Multiply line 28 by 25% (0.25)			29		
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts for Lifetime Learning Credit				13,843,852 774,611	23,635 0
31	Adjusted qualified education expenses (see instructions). Including 11, line 31, on Part II, line 10			Parts 31	18,199,024 136,625	0
					Form 886	3 (2020)

Credit for Qualified Retirement Savings Contributions

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

OMB No. 1545-0074 Sequence No. 54

(b) Your spouse

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ Go to www.irs.gov/Form8880 for the latest information.

Your social security number

(a) You

Total Forms Filed =

9,496,452

You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2003; (b) is claimed as a dependent on someone else's 2020 tax return; or (c) was a student (see instructions).

Traditional an						(a) I o	-	(b) I our spou
		contributions, and AB		•				212 1
•	•	020. Do not include ro			1	753,57	1	213,571
	,	() or other qualified en						
	. , , ,	(D) plan contributions	for 2020 (see instruct	ions)	2	8,187,6		1,085,847
	nd 2				3	8,632,12	22	1,244,836
		red after 2017 and		` 0				
		return (see instruction						400.004
•		oth columns. See inst	•		4	353,38		126,824
		zero or less, enter -0-			5	8,616,6		1,236,384
	•	naller of line 5 or \$2,0			6	8,644,9		1,244,543
		f zero, stop; you can't					7	9,484,982
Enter the amo	unt from Form	1040, 1040-SR, or 10)40-NR, line 11*	8	9,	484,982		
Enter the appl	icable decimal	amount from the table	e below.					
If line	8 is-	F	And your filing status	is-				
	But not	Married	Head of	Single, Mar	ried filir	ng		
Over-	over—	filing jointly	household	separate				
		Enter on		Qualifying v	vidow(e	∋r)		
	\$19,500	0.5	0.5	0.5	<u>, </u>			
\$19,500	\$21,250	0.5	0.5	0.2) -			
\$21,250	\$29,250	0.5	0.5	0.1			9	x 0.
\$29,250	\$31,875	0.5	0.2	0.1				9,460,271
\$29,250						1		
\$31,875	\$32,500	0.5	0.1	0.1				
	\$32,500 \$39,000	0.5 0.5	0.1 0.1	0.1 0.0				
\$31,875	1 ')			
\$31,875 \$32,500	\$39,000	0.5	0.1	0.0))			
\$31,875 \$32,500 \$39,000	\$39,000 \$42,500	0.5 0.2	0.1 0.1	0.0 0.0)))			
\$31,875 \$32,500 \$39,000 \$42,500	\$39,000 \$42,500 \$48,750	0.5 0.2 0.1	0.1 0.1 0.1	0.0 0.0 0.0)))			
\$31,875 \$32,500 \$39,000 \$42,500 \$48,750	\$39,000 \$42,500 \$48,750 \$65,000	0.5 0.2 0.1 0.1	0.1 0.1 0.1 0.0 0.0	0.0 0.0 0.0 0.0)))			
\$31,875 \$32,500 \$39,000 \$42,500 \$48,750	\$39,000 \$42,500 \$48,750 \$65,000 Note:	0.5 0.2 0.1 0.1 0.0	0.1 0.1 0.0 0.0 0.0 you can't take this cre	0.0 0.0 0.0 0.0)))		10	9,460,271
\$31,875 \$32,500 \$39,000 \$42,500 \$48,750 \$65,000 Multiply line 7	\$39,000 \$42,500 \$48,750 \$65,000 Note: by line 9	0.5 0.2 0.1 0.1 0.0 If line 9 is zero, stop;	0.1 0.1 0.0 0.0 0.0 you can't take this cre	0.0 0.0 0.0 0.0 0.0))))		10	· · · · · · · · · · · · · · · · · · ·
\$31,875 \$32,500 \$39,000 \$42,500 \$48,750 \$65,000 Multiply line 7 Limitation bas	\$39,000 \$42,500 \$48,750 \$65,000 Note: by line 9	0.5 0.2 0.1 0.1 0.0 If line 9 is zero, stop; y	0.1 0.1 0.0 0.0 you can't take this cre	0.0 0.0 0.0 0.0 dit.)))) 		_	9,460,271 9,425,857

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

Credit for Qualified Retirement Savings Contributions

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

► Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074 Sequence No. 54

Department of the Treasury Internal Revenue Service Name(s) shown on return

Total Forms Filed = 9,496,452 Your social security number

You cannot take this credit if either of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$32,500 (\$48,750 if head of household; \$65,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2003; (b) is claimed as a dependent on someone else's 2020 tax return; or (c) was a student (see instructions).

						(a) Yo	u	(b) Your spor
			LE account contribu					
•	•		ollover contributions.		1	2,812,2	98	957,710
Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee								
contributions,	and 501(c)(18)	(D) plan contributions	for 2020 (see instruct	ions)	2	13,891,8		2,329,678
					3	16,704,	192	3,287,388
			before the due da	, ,				
			ns). If married filing jo					
•			tructions for an excep		4	527,2		236,223
			•		5	16,277,		3,168,643
		naller of line 5 or \$2,0			6	10,002,		1,624,051
			t take this credit				7	11,626,102
			040-NR, line 11*	8	332	,480,981		
Enter the app	icable decimal	amount from the tabl	e below.					
If line	8 is-	, ,	And your filing status	is-				
	But not	Married	Head of	Single, Man	Married filing			
Over—	over—	filing jointly	household	separate		,		
		Entor or	ı line 9—	Ouglifying v	fying widow(er)			
						''/		
	\$19,500	0.5	0.5	0.5				
\$19,500	\$21,250	0.5 0.5	0.5 0.5	0.5 0.2	<u> </u>			
\$19,500 \$21,250	\$21,250 \$29,250	0.5 0.5 0.5	0.5 0.5 0.5	0.5 0.2 0.1		,,	9	x 0 .
\$19,500 \$21,250 \$29,250	\$21,250 \$29,250 \$31,875	0.5 0.5 0.5 0.5	0.5 0.5 0.5 0.2	0.5 0.2 0.1 0.1		.,	9	x 0 .
\$19,500 \$21,250 \$29,250 \$31,875	\$21,250 \$29,250 \$31,875 \$32,500	0.5 0.5 0.5 0.5 0.5	0.5 0.5 0.5 0.2 0.1	0.5 0.2 0.1 0.1 0.1			9	
\$19,500 \$21,250 \$29,250 \$31,875 \$32,500	\$21,250 \$29,250 \$31,875 \$32,500 \$39,000	0.5 0.5 0.5 0.5 0.5 0.5	0.5 0.5 0.5 0.2 0.1 0.1	0.5 0.2 0.1 0.1 0.1 0.0			9	
\$19,500 \$21,250 \$29,250 \$31,875 \$32,500 \$39,000	\$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500	0.5 0.5 0.5 0.5 0.5 0.5	0.5 0.5 0.5 0.2 0.1 0.1	0.5 0.2 0.1 0.1 0.1 0.0 0.0		1,7	9	
\$19,500 \$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500	\$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750	0.5 0.5 0.5 0.5 0.5 0.5 0.2	0.5 0.5 0.5 0.2 0.1 0.1 0.1	0.5 0.2 0.1 0.1 0.1 0.0 0.0		17	9	
\$19,500 \$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750	\$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500	0.5 0.5 0.5 0.5 0.5 0.2 0.1	0.5 0.5 0.5 0.2 0.1 0.1	0.5 0.2 0.1 0.1 0.1 0.0 0.0			9	
\$19,500 \$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500	\$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750	0.5 0.5 0.5 0.5 0.5 0.5 0.2	0.5 0.5 0.5 0.2 0.1 0.1 0.1	0.5 0.2 0.1 0.1 0.1 0.0 0.0			9	
\$19,500 \$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750	\$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750 \$65,000	0.5 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.0	0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1	0.5 0.2 0.1 0.1 0.1 0.0 0.0 0.0 0.0			9	
\$19,500 \$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750 \$65,000	\$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750 \$65,000 Note: I	0.5 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.0 f line 9 is zero, stop ;	0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.0 0.0 you can't take this cre	0.5 0.2 0.1 0.1 0.1 0.0 0.0 0.0 0.0			9	
\$19,500 \$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750 \$65,000	\$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750 \$65,000 Note: I	0.5 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.0 f line 9 is zero, stop ;	0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0 you can't take this cree	0.5 0.2 0.1 0.1 0.1 0.0 0.0 0.0 0.0				2,091,073
\$19,500 \$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750 \$65,000 Multiply line 7	\$21,250 \$29,250 \$31,875 \$32,500 \$39,000 \$42,500 \$48,750 \$65,000 Note: I by line 9	0.5 0.5 0.5 0.5 0.5 0.2 0.1 0.1 0.0 f line 9 is zero, stop ; 	0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.0 0.0 you can't take this cre	0.5 0.2 0.1 0.1 0.1 0.0 0.0 0.0 0.0 0.0 0.0 0.0		tructions	10	190,536

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

Form **8889**

Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Total Forms Filed =

15,192,287

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, it	requi	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	□Sel	f-only 🗌 Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	2,081,884
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	13,263,697
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	30,241
5	Subtract line 4 from line 3. If zero or less, enter -0	5	13,261,350
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	12,996,663
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	1,589,083
8	Add lines 6 and 7	8	13,004,380
9	Employer contributions made to your HSAs for 2020	-	
10	Qualified HSA funding distributions	44	11,880,545
11	Add lines 9 and 10	11	11,697,367
12	Subtract line 11 from line 8. If zero or less, enter -0	12 13	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	2,008,708
Part		rate F	ISAs complete
· a. c	a separate Part II for each spouse.	ii ato i	io, io, oompiote
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	8,892,156
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess		
	contributions (and the earnings on those excess contributions) included on line 14a that were		
	withdrawn by the due date of your return. See instructions	14b	74,945
С	Subtract line 14b from line 14a	14c	8,863,349
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	8,587,922
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the	16	392,109
47-	dotted line	16	032,103
1/a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	253,199
Part			
18	Last-month rule	18	10,817
19	Qualified HSA funding distribution	19	*
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	15,828
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	15,828

Form **8889**

Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8889 for instructions and the latest information.

2020 Attachment Sequence No. 52

OMB No. 1545-0074

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Total Forms Filed = 15,192,287

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

	have HSAs, see instructions		
Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions	□Sel	f-only
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	6,544,761
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others, see the instructions for the amount to enter	3	76,203,376
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	41,804
5	Subtract line 4 from line 3. If zero or less, enter -0	5	76,168,647
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	71,958,594
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	1,652,977
8	Add lines 6 and 7	8	73,611,571
9	Employer contributions made to your HSAs for 2020		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	31,495,062
12	Subtract line 11 from line 8. If zero or less, enter -0	12	43,528,841
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13	5,948,959
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	a separate Part II for each spouse.		
14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	20,964,989
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were	4.415	400 700
_	withdrawn by the due date of your return. See instructions	14b	129,789
. C	Subtract line 14b from line 14a	14c	20,835,199
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	20,381,213
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	453,986
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	63.608
Part			
	completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	15,646
19	Qualified HSA funding distribution	19	*
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and		
	enter "HSA" and the amount on the dotted line	20	25,210
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form	_	
	1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	2,523
For Pa	perwork Reduction Act Notice, see your tax return instructions. Cat. No. 37621P	1	Form 8889 (2020)

Form **8903**(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Domestic Production Activities Deduction

► Attach to your tax return.

▶ Go to www.irs.gov/Form8903 for instructions and the latest information.

OMB No. 1545-1984

Attachment Sequence No. **143**

Name(s) as shown on return Identifying number Total Forms Filed = 11,708 Note: Do not complete column (a), unless you have oil-related (b) (a) production activities. Enter amounts for all activities in column (b), All activities Oil-related production activities including oil-related production activities. Domestic production gross receipts (DPGR) 1.018 2 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3 2 1,018 3 3 Enter deductions and losses allocable to DPGR (see instructions) . 12 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4 4 1,018 5 1,018 **6** Subtract line 5 from line 1 6 7 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) . . . 7 8 Add lines 6 and 7. Estates and trusts, go to line 9. All others, skip line 8 9 Amount allocated to beneficiaries of the estate or trust (see 9 10a Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a). All others, enter amount from line 8, column (a). If zero or less, enter -0- here . 10a b Qualified production activities income. Estates and trusts, subtract line 9, column (b), from line 8, column (b). All others, enter amount from line 8, column (b). If zero or less, enter -0- here; skip lines 11 through 21, and enter -0- on line 22 10b 1,588 Income limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the All others. Enter your taxable income figured without the domestic production activities 11 1,588 12 Enter the smaller of line 10b or line 11. If zero or less, enter -0- here; skip lines 13 through 21, 12 1,018 **13** Enter 9% of line 12 13 1,018 **14a** Enter the smaller of line 10a or line 12 14a **b** Reduction for oil-related qualified production activities income. Multiply line 14a by 3% . . . 14b 15 1,018 16 1,011 17 Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see 17 18 **18** Add lines 16 and 17. Estates and trusts, go to line 19. All others, skip line 19 and go to line 20

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37712F

Form **8903** (Rev. 12-2018)

1,017

1,017

1,017

10.117

11,133

19

20

21

23

24

19 Amount allocated to beneficiaries of the estate or trust (see instructions)

20 Estates and trusts, subtract line 19 from line 18. All others, enter amount from line 18 . . .

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **8903**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Domestic Production Activities Deduction

► Attach to your tax return.

► Go to www.irs.gov/Form8903 for instructions and the latest information.

OMB No. 1545-1984

Attachment Sequence No. **143**

Identifying number Name(s) as shown on return Total Forms Filed = 11,708 Note: Do not complete column (a), unless you have oil-related (a) (b) production activities. Enter amounts for all activities in column (b), All activities Oil-related production activities including oil-related production activities. Domestic production gross receipts (DPGR) 18,166,674 2 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3 2 17,961,332 Enter deductions and losses allocable to DPGR (see instructions) . 3 28,426 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4 4 17,989,758 5 176,916 6 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) . . . 7 Add lines 6 and 7. Estates and trusts, go to line 9. All others, skip line 8 Amount allocated to beneficiaries of the estate or trust (see 9 10a Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a). All others, enter amount from line 8, column (a). If zero or less, enter -0- here . 10a **b Qualified production activities income.** Estates and trusts, subtract line 9, column (b), from line 8, column (b). All others, enter amount from line 8, column (b). If zero or less, enter -0- here; skip lines 11 through 21, and enter -0- on line 22 10b 229,604 11 Income limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the • All others. Enter your taxable income figured without the domestic production activities 11 110.731 12 Enter the smaller of line 10b or line 11. If zero or less, enter -0- here; skip lines 13 through 21, 12 54,458 4.901 14a Enter the smaller of line 10a or line 12 **b** Reduction for oil-related qualified production activities income. Multiply line 14a by 3% . . . 14b 15 4,897 16 902,443 17 Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see 17 18 Add lines 16 and 17. Estates and trusts, go to line 19. All others, skip line 19 and go to line 20 18 19 Amount allocated to beneficiaries of the estate or trust (see instructions) 19 20 Estates and trusts, subtract line 19 from line 18. All others, enter amount from line 18 . . . 922,555 **21** Form W-2 wage limitation. Enter 50% of line 20 461,277 21 4,236 22 23 Domestic production activities deduction from cooperatives. Enter deduction from Form 23 63,377 24 25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on the applicable line of your return (see instructions) 67,614

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 37712F

Form **8903** (Rev. 12-2018)

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **8910**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

Alternative Motor Vehicle Credit

OMB No. 1545-1998

► Attach to your tax return.

► Go to www.irs.gov/Form8910 for instructions and the latest information.

Attachment Sequence No. **68**

Name(s) shown on return Tota	al Forms Filed =	18,503	Identifying r	number
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Note:

- Use this form to claim the credit for certain alternative motor vehicles.
- Claim the credit for certain plug-in electric vehicles on Form 8936.

Par	Tentative Credit					
	a separate column for each vehicle. If you need more columns, us onal Forms 8910 and include the totals on lines 7 and 11.	е	(a) Vehicle 1		(b) Vehicle	2
1	Year, make, and model of vehicle	1				
2	Vehicle identification number (see instructions)	2				
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3				
4	Tentative credit (see instructions for amount to enter)	4	18,197		*	
	If you did NOT use your vehicle for business or investment poration, skip Part II and go to Part III. All others, go to Part III. Credit for Business/Investment Use Part of Vehice	: II.	oses and did not hav	e a cr	edit from a partne	ership
5	Business/investment use percentage (see instructions)	5		%		o,
6	Multiply line 4 by line 5	6				
7	Add columns (a) and (b) on line 6			7	3,030	
8	Alternative motor vehicle credit from partnerships and S corpor	ations	(see instructions) .	8	*	
9	Business/investment use part of credit. Add lines 7 and 8. Part stop here and report this amount on Schedule K. All others, report III, line 1r	rt this	amount on Form 3800,	9	3,333	
Part	Credit for Personal Use Part of Vehicle					
10	If you skipped Part II, enter the amount from line 4. If you completed Part II, subtract line 6 from line 4	10				
11	Add columns (a) and (b) on line 10			11	18,186	
12	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 1	8 .		12		
13	Personal credits from Form 1040, 1040-SR, or 1040-NR (see in	nstruct	ions)	13	2,690	
14	Subtract line 13 from line 12. If zero or less, enter -0- and stop personal use part of the credit			14	18.499	

18,183

15

box. If line 14 is smaller than line 11, see instructions

Personal use part of credit. Enter the **smaller** of line 11 or line 14 here and on Schedule 3 (Form 1040), line 6. Check box **c** on that line and enter "8910" in the space next to that

15

Form **8910**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

Alternative Motor Vehicle Credit

► Attach to your tax return. ► Go to www.irs.gov/Form8910 for instructions and the latest information. OMB No. 1545-1998

Attachment Sequence No. 68

Name(s) shown on return Total Forms Filed = 18,503

Identifying number

N	Oto:	•

- Use this form to claim the credit for certain alternative motor vehicles.
- Claim the credit for certain plug-in electric vehicles on Form 8936.

Par	Tentative Credit			
	separate column for each vehicle. If you need more columns, use onal Forms 8910 and include the totals on lines 7 and 11.	(a) Vehicle 1	(b) Vehicle 2	
1	Year, make, and model of vehicle	1		
2	Vehicle identification number (see instructions)	2		
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3		
_4	Tentative credit (see instructions for amount to enter)	4	99,746	*

Next: If you did NOT use your vehicle for business or investment purposes and did not have a credit from a partnership or S corporation, skip Part II and go to Part III. All others, go to Part II.

Part	Credit for Business/Investment Use Part of Vehicle		
5	Business/investment use percentage (see instructions) 5	%	%
6	Multiply line 4 by line 5		
7	Add columns (a) and (b) on line 6	7	4,864
8	Alternative motor vehicle credit from partnerships and S corporations (see instructions) .	8	*
9	Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1r	9	5,449
Part	Credit for Personal Use Part of Vehicle		
10	If you skipped Part II, enter the amount from line 4. If you completed Part II, subtract line 6 from line 4		
11	Add columns (a) and (b) on line 10	11	94,925
12	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18	12	
13	Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions)	13	7,827
14	Subtract line 13 from line 12. If zero or less, enter -0- and stop here. You cannot claim the personal use part of the credit	14	460,334
15	Personal use part of credit. Enter the smaller of line 11 or line 14 here and on Schedule 3 (Form 1040), line 6. Check box c on that line and enter "8910" in the space next to that box. If line 14 is smaller than line 11, see instructions	15	48,221
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No. 37720F		Form 8910 (Rev. 1-2021)

Form **8911**(Rev. February 2021)
Department of the Treasury

Internal Revenue Service

Alternative Fuel Vehicle Refueling Property Credit

► Attach to your tax return.

► Go to www.irs.gov/Form8911 for instructions and the latest information.

OMB No. 1545-0123

Attachment Sequence No. **151**

Form **8911** (Rev. 2-2021)

Name(s) shown on return Identifying number Total Forms Filed = 30.420 **Total Cost of Refueling Property** Part I Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax 30.412 Credit for Business/Investment Use Part of Refueling Property 2 Business/investment use part (see instructions) 2,353 3 3 Section 179 expense deduction (see instructions) 4 4 5 5 6 6 Maximum business/investment use part of credit (see instructions) . . . 3,623 Enter the **smaller** of line 5 or line 6 7 7 2,353 8 Alternative fuel vehicle refueling property credit from partnerships and S corporations (see Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations, 9 stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part 2,361 Credit for Personal Use Part of Refueling Property Part III 10 Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a credit 10 11 Multiply line 10 by 30% (0.30) 11 12 12 Maximum personal use part of credit (see instructions) . . . 13 Enter the **smaller** of line 11 or line 12 . . . 13 28.524 14 Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. 14 • Other filers. Enter the regular tax before credits from your return. Credits that reduce regular tax before the alternative fuel vehicle refueling property credit: 15a Certain allowable credits (see instructions) 15b 15c 18,260 Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not file 16 16 28.523 17 Tentative minimum tax (see instructions): • Individuals. Enter the amount from Form 6251, line 9. 17 • Other filers. Enter the tentative minimum tax from your alternative minimum tax form or schedule. Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are 18 28,519 19 Personal use part of credit. Enter the smaller of line 13 or line 18 here and on Schedule 3 (Form 1040), line 6; or the appropriate line of your return. If line 18 is smaller than line 13, see instructions 28.519

Cat. No. 37721Q

For Paperwork Reduction Act Notice, see separate instructions.

^{*} Data not shown because of the small number of sample returns on which they are based.

Form **8911**

(Rev. February 2021)
Department of the Treasury
Internal Revenue Service

Alternative Fuel Vehicle Refueling Property Credit

► Attach to your tax return.

► Go to www.irs.gov/Form8911 for instructions and the latest information.

OMB No. 1545-0123

Attachment Sequence No. **151**

Name(s) shown on return Identifying number Total Forms Filed = 30.420 **Total Cost of Refueling Property** Part I Total cost of qualified alternative fuel vehicle refueling property placed in service during the tax 63.852 **Credit for Business/Investment Use Part of Refueling Property** 2 Business/investment use part (see instructions) 23,537 3 Section 179 expense deduction (see instructions) 3 4 4 5 6 Maximum business/investment use part of credit (see instructions) . . . 95,840 7 6,511 8 Alternative fuel vehicle refueling property credit from partnerships and S corporations (see 8 Business/investment use part of credit. Add lines 7 and 8. Partnerships and S corporations, 9 stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part 6,756 Part III **Credit for Personal Use Part of Refueling Property** 10 Subtract line 2 from line 1. If zero, stop here; do not file this form unless you are claiming a credit 10 11 11 12 12 Maximum personal use part of credit (see instructions) 13 Enter the **smaller** of line 11 or line 12 13 10,181 14 Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2. 14 • Other filers. Enter the regular tax before credits from your return. 15 Credits that reduce regular tax before the alternative fuel vehicle refueling property credit: 15a 15b 15c 74,417 Net regular tax. Subtract line 15c from line 14. If zero or less, enter -0- and stop here; do not file 16 16 2.099.458 17 Tentative minimum tax (see instructions): • Individuals. Enter the amount from Form 6251, line 9. 17 1,694,373 • Other filers. Enter the tentative minimum tax from your alternative minimum tax form or schedule. 18 Subtract line 17 from line 16. If zero or less, stop here; do not file this form unless you are 18 405,132 19 Personal use part of credit. Enter the smaller of line 13 or line 18 here and on Schedule 3 (Form 1040), line 6; or the appropriate line of your return. If line 18 is smaller than line 13, see instructions 9.801 Form **8911** (Rev. 2-2021) For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 37721Q

* Data not shown because of the small number of sample returns on which they are based.

Form **8917**(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **60**

Name(s) shown on return

Total Forms Filed =

1,303,172

Your social security number



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) (b) Student's social secunumber (as shown on page 1)			(c) Adjusted qualific	ed			
	First name	Last name	_	1 of your tax return)		5	instructions)	
		Student 1		1,297,865			1,297,865 — 23,979	
		Student 2		23,979			_ *	0
	-	Student 3	Student 4		_ 0	_		
2	Add the amounts on line 1	, column (c), and enter the to	otal	 		2	1,297,865	
3	Enter the amount from your 1040-SR	our "total income" line of l	Form 1040 or	-		-		
4	(Form 1040), lines 23 throu	of the amounts on your 201 ugh 33, plus any write-in adjunent to Schedule 1 (Form 10	ustments you					
	Schedule 1 (Form 1040 or	er the total of the amounts or 1040-SR), lines 10 through 2 entered on the dotted line ne 1040-SR), line 22.	20, plus any					
	• For later years: See www references above for 2019	v.irs.gov/Form8917 to find ou have changed	ut if the line					
5		3.* If the result is more than eduction for tuition and fees		if married fill	ng jointly),	5	1,284,146 +/-	
		5, 2555-EZ, or 4563, or you'r our Income on the Amount o						
6	Tuition and fees deduct filing jointly)?	ion. Is the amount on line 8	5 more than \$65,00	00 (\$130,000	if married			
	Yes. Enter the smaller	of line 2, or \$2,000.						
		} .				6	1,294,534	
	No. Enter the smaller	of line 2, or \$4,000.						

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.

Form **8917**(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Tuition and Fees Deduction

► Attach to Form 1040 or 1040-SR.

► Go to www.irs.gov/Form8917 for the latest information.

1,303,172

OMB No. 1545-0074

Attachment Sequence No. **60**

Name(s) shown on return

Total Forms Filed =

Your social security number



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)		(b) Student's social se number (as shown on			
	First name	Last name		1 of your tax retur		instructions)
		Student 1				10,817,699
		Student 2	1			— 229,926 — *
		Student 3	Student 4			
2	Add the amounts on line 1	, column (c), and enter the t			2	11,048,293
3	Enter the amount from you	our "total income" line of	Form 1040 or			
•	(Form 1040), lines 23 throu	of the amounts on your 201 igh 33, plus any write-in adj next to Schedule 1 (Form 1	ustments you			
	Schedule 1 (Form 1040 or	r the total of the amounts o 1040-SR), lines 10 through ntered on the dotted line no 1040-SR), line 22.	20, plus any			
	• For later years: See www references above for 2019	.irs.gov/Form8917 to find of have changed	out if the line			
,		.* If the result is more than eduction for tuition and fees		if married filing jointly	, 5	71,717,832 +/-
		, 2555-EZ, or 4563, or you' our Income on the Amount o				
i	Tuition and fees deductifiling jointly)?	on. Is the amount on line	5 more than \$65,00	00 (\$130,000 if married	d	
	Yes. Enter the smaller	of line 2, or \$2,000.			6	2 476 420
	No. Enter the smaller	of line 2, or \$4,000.				3,176,138
	Also enter this amount or	line 21 of the 2019 and 20	120 Schedule 1 (For	m 1040 or 1040-SR) o	r	

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.

Form **8956**(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles)

► Attach to your tax return.

63.847

▶ Go to www.irs.gov/Form8936 for instructions and the latest information.

(a) Vehicle 1

OMB No. 1545-2137

Attachment Sequence No. **69**

(b) Vehicle 2

Identifying number

NI	~ +~.

• Use this form to claim the credit for certain plug-in electric vehicles.

Total Forms Filed =

• Claim the credit for certain alternative motor vehicles on Form 8910.

Use a separate column for each vehicle. If you need more columns,

use additional Forms 8936 and include the totals on lines 12 and 19.

Tentative Credit

1	Year, make, and model of vehicle	1		
2	Vehicle identification number (see instructions)	2		
3	Enter date vehicle was placed in service (MM/DD/YYYY)	3		
4a	If the vehicle is a two-wheeled vehicle, enter the cost of the vehicle. If the vehicle has at least four wheels, see instructions	4a		
b	Phase-out percentage (see instructions)	4b	%	%
с	Tentative credit. Multiply line 4a by line 4b	4c		
	If you did NOT use your vehicle for business or investment eart II and go to Part III. All others, go to Part II. Credit for Business/Investment Use Part of			m a partnership or S corporation,
5	Business/investment use percentage (see instructions)	5	%	%
6	Multiply line 4c by line 5. If the vehicle has at least four wheels, leave lines 7 through 10 blank and go to line 11	6		
7	Section 179 expense deduction (see instructions) .	7		
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 10% (0.10)	9		
10	Maximum credit per vehicle	10	2,500	2,500
11	For vehicles with four or more wheels, enter the amount from line 6. If the vehicle is a two-wheeled vehicle, enter the smaller of line 9 or line 10	11		
12	Add columns (a) and (b) on line 11		12	851
13	Qualified plug-in electric drive motor vehicle credit from p (see instructions)			1,233
14	Business/investment use part of credit. Add lines S corporations, stop here and report this amount on Sch			

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

2,083

2020 Line Item Estimates—All figures are estimates based on samples.

Amounts of selected lines filed (in thousands of dollars)

Form **8936**(Rev. January 2021)
Department of the Treasury

Qualified Plug-in Electric Drive Motor Vehicle Credit

(Including Qualified Two-Wheeled Plug-in Electric Vehicles)

OMB No. 1545-2137

Departn	anuary 2021) nent of the Treasury Revenue Service	ation.	Attachment			
Name(s	s) shown on return	Total Forms Filed = 63,847			Ide	ntifying number
	this form to claim the credit for	im the credit for certain plug-in electric veh certain alternative motor vehicles on Form re Credit				
		in for each vehicle. If you need more colum 8936 and include the totals on lines 12 and		(a) Vehicle 1		(b) Vehicle 2
1	Year, make, ar	nd model of vehicle	1			
2	Vehicle identifi	cation number (see instructions)	2			
3	Enter date veh	icle was placed in service (MM/DD/YYYY)	3			
4a		s a two-wheeled vehicle, enter the cost of the vehicle has at least four wheels, see	4a			
b	Phase-out per	centage (see instructions)	4b		%	%
С	Tentative cred	it. Multiply line 4a by line 4b	4c			
skip P	Part II and go to I	use your vehicle for business or investment Part III. All others, go to Part II.			lit from a	partnership or S corporation
Part	Credit f	or Business/Investment Use Part of	Vehicle 			
5	Business/inves	stment use percentage (see instructions)	5		%	%
6		by line 5. If the vehicle has at least four lines 7 through 10 blank and go to line 11	6			
7	Section 179 ex	spense deduction (see instructions) .	7			
8	Subtract line 7	from line 6	8			
9	Multiply line 8	by 10% (0.10)	9			
10	Maximum cred	dit per vehicle	10	2	2,500	2,500
11	amount from li	ith four or more wheels, enter the ne 6. If the vehicle is a two-wheeled the smaller of line 9 or line 10	11			
12	Add columns (a) and (b) on line 11			12	3,430
13	Qualified plug-	in electric drive motor vehicle credit from p	artnersh	ips and S corporations		

Note: Complete Part III to figure any credit for the personal use part of the vehicle.

Business/investment use part of credit. Add lines 12 and 13. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 1y

(see instructions)

13

3,529

6,958

Form 8936 (Rev. 1-2021) Page **2**

Part	Credit for Personal Use Part of Vehicle				
			(a) Vehicle 1		(b) Vehicle 2
15	If you skipped Part II, enter the amount from line 4c. If you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18	15			
16	Multiply line 15 by 10% (0.10)	16			
17	Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 from line 10	17			
18	For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17	18			
19	Add columns (a) and (b) on line 18			19	62,142
20	Enter the amount from Form 1040, 1040-SR, or 1040-NR	line	18	20	
21	Personal credits from Form 1040, 1040-SR, or 1040-NR (see ir	structions)	21	24,503
22	Subtract line 21 from line 20			22	62,477
23	Personal use part of credit. Enter the smaller of lin Schedule 3 (Form 1040), line 6. Check box c on that line next to that box. If line 22 is smaller than line 19, see instr	and e	enter "8936" in the space	23	61,793

Form **8936** (Rev. 1-2021)

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 8936 (Rev. 1-2021) Page 2 Part III **Credit for Personal Use Part of Vehicle** (a) Vehicle 1 (b) Vehicle 2 If you skipped Part II, enter the amount from line 4c. If 15 you completed Part II, subtract line 6 from line 4c. If the vehicle has at least four wheels, leave lines 16 and 17 blank and go to line 18 15 16 Multiply line 15 by 10% (0.10) 16 17 Maximum credit per vehicle. If you skipped Part II, enter \$2,500. If you completed Part II, subtract line 11 17 18 For vehicles with four or more wheels, enter the amount from line 15. If the vehicle is a two-wheeled vehicle, enter the smaller of line 16 or line 17 . . . 18 19 Add columns (a) and (b) on line 18 19 367,134 20 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 18 20 21 Personal credits from Form 1040, 1040-SR, or 1040-NR (see instructions) 21 61,135 22 Subtract line 21 from line 20 22 4,743,868 23 Personal use part of credit. Enter the smaller of line 19 or line 22 here and on Schedule 3 (Form 1040), line 6. Check box c on that line and enter "8936" in the space

23

313,118

Form **8936** (Rev. 1-2021)

next to that box. If line 22 is smaller than line 19, see instructions

Department of the Treasury

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information. ► Attach to your tax return.

Attachment Sequence No. 938

OMB No. 1545-2195

Internal Revenue Service For calendar year 2020 or tax year beginning , 2020, and ending If you have attached continuation statements, check here **Number of continuation statements** Name(s) shown on return 2 Taxpayer identification number (TIN) Total Forms Filed = 521.878 3 Type of filer **a** Specified individual **b** Partnership **c** Corporation **d** Trust If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) **b** TIN Foreign Deposit and Custodial Accounts Summary Part I \$ 450,713 2 3 \$ 110.114 Were any foreign deposit or custodial accounts closed during the tax year? 5 Other Foreign Assets Summary 1 \$ 159.649 ☐ Yes 3 Were any foreign assets acquired or sold during the tax year? □ No Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) Part III (c) Amount reported on Where reported (a) Asset category (b) Tax item form or schedule (d) Form and line (e) Schedule and line 1 Foreign deposit and \$ 211.812 a Interest custodial accounts **b** Dividends \$ 77.473 c Royalties \$ 78 d Other income \$ 9.461 29,468 e Gains (losses) \$ 2,225 **Deductions** g Credits \$ 5.855 21,356 2 Other foreign assets a Interest **b** Dividends \$ 23,490 \$ 2,012 c Royalties d Other income \$ 36,703 e Gains (losses) \$ 20,397 7,624 \$ Deductions g Credits \$ 5,384 Part IV **Excepted Specified Foreign Financial Assets** (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 1. Number of Forms 3520 2. Number of Forms 3520-A 3. Number of Forms 5471 4. Number of Forms 8621 5. Number of Forms 8865 Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) If you have more than one account to report in Part V, attach a continuation statement for each additional account. See instructions. Type of account Deposit Custodial 2 Account number or other designation **a** Account opened during tax year **b** Account closed during tax year 3 Check all that apply **c** Account jointly owned with spouse $\mathbf{d} \ \square$ No tax item reported in Part III with respect to this asset 4 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which (b) Foreign currency exchange rate used (c) Source of exchange rate used if not from U.S.

to convert to U.S. dollars

Treasury Department's Bureau of the Fiscal Service

account is maintained

Department of the Treasury

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information. ► Attach to your tax return.

OMB No. 1545-2195

IIILEIII	ai nevenue service For calei	luar year 2020 or tax year	beginning , 2020,	and ending , 20	Sequence No. 938
ı	f you have attached conti	nuation statements, c	heck here Number	r of continuation statements	3
1	Name(s) shown on return	n Total Forms Filed	521,878	2 Taxpayer identificatio	n number (TIN)
3	Type of filer a Specified individu	ual b 🗌 Partr	nership c \square Co	rporation d \square Trus	st
4			· · · · · · · · · · · · · · · · · · ·	ime and TIN of the specified ind	ividual who closelv holds
				of the specified person who is a	
	trust. (See instructions for	definitions and what to d	o if you have more than one	specified individual or specified	person to list.)
	a Name			b TIN	
Pa	rt Foreign Deposit	and Custodial Acco	ounts Summary		
1					•
2					\$ 306,366,549
3	Number of custodial acc	counts (reported in Part	V)		•
4	Maximum value of all cu				\$ 94,511,910
5				?	
	rt II Other Foreign A		elecca daming the tax year.		1 100 110
1					•
_ <u>-</u>					
3	Were any foreign assets	acquired or sold during	, the tay year?	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	·	nancial Assets (see instruc	
Га	Summary of Tax			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule		
				(d) Form and line	(e) Schedule and line
1	Foreign deposit and	a Interest	\$ 1,265,415		
	custodial accounts	b Dividends	\$ 1,730,785		
		c Royalties	\$ 13,898		
		d Other income	\$ 365,221		
		e Gains (losses)	\$ 1,573,582		
		f Deductions	\$ 33.600		
		g Credits	\$ 70,807		
2	Other foreign assets	a Interest	\$ 628,481		
		b Dividends	\$ 2,444,792		
		c Royalties	\$ 39,204		
		d Other income	\$ 2,833,957		
		e Gains (losses)	\$ 11,817,969		
		f Deductions	\$ 354,650		
		g Credits	\$ 182,199		
Par	t IV Excepted Specif	fied Foreign Financia	al Assets (see instruction	ns)	
				orms, enter the number of suc	h forms filed. You do
	need to include these asset			orno, ornor the harrison or suc	in forms mod. Tod do
	Number of Forms 3520		ber of Forms 3520-A	3. Number of F	orms 5471
	Number of Forms 8621		ber of Forms 8865		
Pa	Detailed Informations)	tion for Each Foreig	n Deposit and Custodia	al Account Included in the	Part I Summary
If vo	u have more than one acco	ount to report in Part V.	attach a continuation stater	ment for each additional accor	unt. See instructions.
1	Type of account	☐ Deposit ☐		2 Account number or other of	
•	Type of decoding	_ Dopooli _	Castodiai	2 / ROOGAIN HAMBON OF OUTON	acoignation
3	Check all that apply	a ☐ Account opened c ☐ Account jointly ow		Account closed during tax year No tax item reported in Part III w	
4	Maximum value of accor				
5				ccount into U.S. dollars?	
- 6	If you answered "Yes" to			occani into olo. dollaro:	
U	(a) Foreign currency in		gn currency exchange rate	used (c) Source of evolution	e rate used if not from U.S.
	account is maintained		rt to U.S. dollars		Bureau of the Fiscal Service
	Danier de Danier de Ant No	tice are the concrete inc	atructions	O-t N- 077524	Form 8038 (2020)

Form **8959**

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

 \blacktriangleright If any line does not apply to you, leave it blank. See separate instructions.

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

► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Seguence No. 71

Name(s) shown on return

Total Forms Filed = 6.077.02

Attachment Sequence No. 71

Your social security number

aume(Total Forms Filed = 6,077,015		Tour social	Jecuii	y namber
Par	t I Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
		1 5,825	,917		
2	Unreported tips from Form 4137, line 6	2 *			
3	Wages from Form 8919, line 6	3 2,33	35		
4	Add lines 1 through 3	4 5,825	,974		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er) \$200,000	₅ 6,065	,302		
3	Subtract line 5 from line 4. If zero or less, enter -0			6	4,649,268
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). En	ter here and	go to		
	Part II			7	4,647,289
ar	t II Additional Medicare Tax on Self-Employment Income			'	
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	B 1,414	,/23		
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately \$125,000				
	Single, Head of household, or Qualifying widow(er) \$200,000	9 5,920	,688		
)	Enter the amount from line 4	0			
1	Subtract line 10 from line 9. If zero or less, enter -0	1,409	,447		
2	Subtract line 11 from line 8. If zero or less, enter -0			12	1,194,312
3	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.0	09). Enter he	ere and		
	go to Part III			13	1,193,979
art	Additional Medicare Tax on Railroad Retirement Tax Act (RRTA)	ompensat	ion		
4	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14	0.4	20		
	,	4 2,1	39		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately	5 000			
		5 5,862			455
6	Subtract line 15 from line 14. If zero or less, enter -0		_	16	455
7	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line				455
	Enter here and go to Part IV			17	455
art	IV Total Additional Medicare Tax				
8	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lin				5,169,751
	(Form 1040-PR or 1040-SS filers, see instructions), and go to Part V			18	3,103,731
	t V Withholding Reconciliation				
9	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	· · · · · · · · · · · · · · · · · · ·		9,447		
)		20			
1	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
_			1,253		
2	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional control of the subtract line 21 from line 19. If zero or less, enter -0 This is your Additional control of the subtract line 21 from line 19. If zero or less, enter -0 This is your Additional control of the subtract line 21 from line 19. If zero or less, enter -0			20	
	withholding on Medicare wages			22	4,339,513
3	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation fr		· .		4 770
	14 (see instructions)		_	23	1,770
4	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c				4 2 40 550
	1040-SS filers, see instructions)		:	24	4,340,550

Form **8959** (2020)

Form **8959**

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

 \blacktriangleright If any line does not apply to you, leave it blank. See separate instructions.

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

► Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment Sequence No. 71

Name(s) shown on return

Total Forms Filed = 6.077.015

Your social security number

	Total Forms Filed = 6,077,015				
Part	Additional Medicare Tax on Medicare Wages		I		
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	2,312,044,627		
2	Unreported tips from Form 4137, line 6	2	*		
3	Wages from Form 8919, line 6	3	100,715		
4	Add lines 1 through 3	4	2,312,157,369		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately	_	1 420 046 692		
_	Single, Head of household, or Qualifying widow(er) \$200,000	5	1,429,016,682		4 0 40 440 000
	Subtract line 5 from line 4. If zero or less, enter -0			6	1,042,440,920
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009).			7	9,381,992
Part	Part II	• •		1	3,001,002
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
o	had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.)	8	307,278,747		
9	Enter the following amount for your filing status:			-	
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying widow(er) \$200,000	9	1,395,600,210		
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11	160,999,734		
12	Subtract line 11 from line 8. If zero or less, enter -0			12	219,904,446
13		4.0=0.400			
	go to Part III			13	1,979,138
Part I	· · ·	Con	npensation		
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14		548,100		
45	(see instructions)	14			
15	Enter the following amount for your filing status: Married filing jointly				
	Married filing jointly				
	Single, Head of household, or Qualifying widow(er) \$200,000	15	1,381,588,132		
16	Subtract line 15 from line 14. If zero or less, enter -0			16	193,949
	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line				
	Enter here and go to Part IV			17	1,746
Part I	V Total Additional Medicare Tax			-	
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040),				
	(Form 1040-PR or 1040-SS filers, see instructions), and go to Part V			18	11,362,876
Part '	Withholding Reconciliation				
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	42,144,008		
	Enter the amount from line 1	20			
	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax	.	22 504 050		
	withholding on Medicare wages	21	33,524,650		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional on Medicare wages.			22	9 672 000
00	withholding on Medicare wages			22	8,672,909
	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation 14 (see instructions)			23	7,991
	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25, 1040-SS filers, and instructions)	•			8,680,900
	1040-SS filers, see instructions)			24	Form 8959 (2020)

Form **8960**

Department of the Treasury Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts Attach to your tax return.

► Attach to your tax return.

► Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2020

Attachment
Sequence No. 72

Name(s) shown on your tax return

Total Forms Filed = 6,827,426

Part I Investment Income Section 6013(g) election (see instructions) Boxes checked = 344

Part	Investment Income ☐ Section 6013(g) election (see instructions) Boxes	s checked = 344		
	☐ Section 6013(h) election (see instructions) Boxe			
	☐ Regulations section 1.1411-10(g) election (see in	nstructions) Bo	xes checke	d = 13,906
1	Taxable interest (see instructions)		1	5,581,058
2	Ordinary dividends (see instructions)		2	4,838,674
3	Annuities (see instructions)		3	120,283
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see			,
	instructions)	4a 2,879,	830	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b 1,936,	199	
С	Combine lines 4a and 4b		40	1,719,837
5a	Net gain or loss from disposition of property (see instructions)	5a 4,920,9	941	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b 464,9	22	
С	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c 17,92	20	
d	Combine lines 5a through 5c		50	I 4,818,159
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			
7	Other modifications to investment income (see instructions)		7	540,006
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	6,311,909
Part				
9a	Investment interest expenses (see instructions)	9a 490,04	.9	
b	State, local, and foreign income tax (see instructions)	9b 2,247,2		
C	Miscellaneous investment expenses (see instructions)	9c 173,02		
d	Add lines 9a, 9b, and 9c			2,422,477
10	Additional modifications (see instructions)			
11	Total deductions and modifications. Add lines 9d and 10			
Part	Tax Computation		!!	2,404,001
	•		0.17	
12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, estates and trusts, complete lines 18a–21. If zero or less, enter -0			5,791,749
	Individuals:		12	5,701,710
40		140 00050	70	
13	Modified adjusted gross income (see instructions)	13 6,825,8		
14	Threshold based on filing status (see instructions)	14 6,827,42		
15	Subtract line 14 from line 13. If zero or less, enter -0	15 6,788,10		5,759,674
16	Enter the smaller of line 12 or line 15		16	3,739,074
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). En	ter here and in		- F 601 966
	on your tax return (see instructions)		17	5,691,866
	Estates and Trusts:	1 1		
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
С	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0	19c		
20	Enter the smaller of line 18c or line 19c		20)
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.1)			<u> </u>
41	include on your tax return (see instructions)			1
	inolado on your tax return (see instructions)	<u> </u>	2	<u> </u>

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

Cat. No. 59474M

Form **8960** (2020)

^{*} Data not shown because of the small number of sample returns on which they are based.

8960

Department of the Treasury

Net Investment Income Tax— Individuals, Estates, and Trusts

► Attach to your tax return.

Attachment

OMB No. 1545-2227

Sequence No. **72** Internal Revenue Service (99) ▶ Go to www.irs.gov/Form8960 for instructions and the latest information. Name(s) shown on your tax return Your social security number or EIN Total Forms Filed = 6,827,426 Part I Investment Income Section 6013(q) election (see instructions) ☐ Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) 1 72,683,412 2 2 212,307,474 3 3 4,590,651 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see 4a 4a 763,353,105 Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b -697,597,544 С 65,755,561 989,661,695 Net gain or loss from disposition of property (see instructions) 5a 5a Net gain or loss from disposition of property that is not subject to net -218,436,421 5b Adjustment from disposition of partnership interest or S corporation stock (see -47,488,530 d 5d 723,736,745 Adjustments to investment income for certain CFCs and PFICs (see instructions) . . . 6 6 1,593,285 7 4,470,620 7 1,085,137,749 8 Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. Part II Investment Expenses Allocable to Investment Income and Modifications 15,177,169 9a 5,801,996 1,257,786 С Miscellaneous investment expenses (see instructions) 9c 9d 22,236,950 10 10 459,200 Total deductions and modifications. Add lines 9d and 10 22,696,150 11 11 Part III Tax Computation 12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 1,074,441,275 12 Individuals: 13 Modified adjusted gross income (see instructions) 4,488,666,280 Threshold based on filing status (see instructions) 14 14 1,599,373,502 15 Subtract line 14 from line 13. If zero or less, enter -0- **15** | 2,896,966,500 930.486.669 16 16 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 35,358,499 **Estates and Trusts:** 18a Deductions for distributions of net investment income and deductions under 18b Undistributed net investment income. Subtract line 18b from 18a (see instructions).

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

20

21

Cat. No. 59474M

18c 19a

19b

19c

Form **8960** (2020)

20

Subtract line 19b from line 19a. If zero or less, enter -0-

Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and

Highest tax bracket for estates and trusts for the year (see instructions) . . .

^{*} Data not shown because of the small number of sample returns on which they are based.

25

26

27

28

29

Part III

2020 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Premium Tax Credit (PTC)

OMB No. 1545-0074

Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. Department of the Treasury ► Go to www.irs.gov/Form8962 for instructions and the latest information. Sequence No. 73 Name shown on your return Total Forms Filed = 4,630,532 You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box Part I **Annual and Monthly Contribution Amount** 4,630,532 Tax family size. Enter your tax family size. See instructions. 2a Modified AGI. Enter your modified AGI. See instructions 2a 4,597,484 Enter the total of your dependents' modified AGI. See instructions 2b 25,185 b 4.480.539 Household income. Add the amounts on lines 2a and 2b. See instructions 3 3 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the 4 appropriate box for the federal poverty table used. a Alaska b Hawaii c Other 48 states and DC 4,630,532 4 5 Household income as a percentage of federal poverty line (see instructions) Did you enter 401% on line 5? (See instructions if you entered less than 100%.) **No.** Continue to line 7. Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount. 4,442,557 7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions 7 Annual contribution amount. Multiply line 3 by **b** Monthly contribution amount. Divide line 8a 8a 4,289,996 line 7. Round to nearest whole dollar amount by 12. Round to nearest whole dollar amount 4.283.943 Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.

	☐ Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☐ No. Continue to line 10.								
10	See the inst	ructions to determine	e if you can use line 11	or must complete line	es 12 through 23.				
		ontinue to line 11. Co tinue to line 24.	ompute your annual P	TC. Then skip lines 12	2–23	-	nes 12–23. Compute nd continue to line 24.		
C	Annual alculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)		
11	Annual Totals	2,227,155	2,195,682	2,219,781	2,143,916	2,142,915	2,233,013		
	Monthly alculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21–32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21–32, column C)		
12	January					1,403,268	1,486,575		
13	February					1,427,128	1,514,224		
14	March					1,420,782	1,506,547		
15	April					1,430,358	1,506,449		
16	May					1,440,346	1,521,101		
17	June					1,437,382	1,511,049		
18	July					1,447,970	1,518,720		
19	August					1,443,870	1,511,218		
20	September					1,431,497	1,504,750		
21	October					1,402,713	1,467,394		
22	November					1,381,173	1,445,155		
23	December					1,316,888	1,386,540		
24	Total premiu	ım tax credit. Enter t	he amount from line 1	1(e) or add lines 12(e) t	hrough 23(e) and ente	r the total here 24	4,152,618		

Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here

Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and

on Schedule 3 (Form 1040), line 8. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24,

Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here

Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2

Repayment of Excess Advance Payment of the Premium Tax Credit

Repayment limitation (see instructions)

(Form 1040), line 2

4.364.853

2,223,362

1,748,223

1,594,839

25

26

28

Form **8962**

Premium Tax Credit (PTC)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form8962 for instructions and the latest information. Sequence No. **73**

Form **8962** (2020)

Cat. No. 37784Z

Name	shown on your r						Your soci	al security number		<u> </u>
		Tot	al Forms Filed =	4,630,	532					
		PTC if your filing status			qualify for ar	n exception. See	e instructi	ons. If you qualify, ch	eck the	e box ▶□
Pai	t Annı	ual and Monthly	Contribution A	mount						
1	Tax family s	ize. Enter your tax fa	amily size. See instru	ctions					1	9,087
2a		31. Enter your modifie					2a	138,329,106	-	
b		tal of your dependen					2b	183,780		440.047.000
3	Household i	income. Add the amo	ounts on lines 2a and	d 2b. See insti	ructions .				3	148,215,693
4		erty line. Enter the fe box for the federal p				_		tions. Check the 8 states and DC	4	
5	Household is	ncome as a percentaç	ge of federal poverty	line (see instru	ctions) .				5	%
6		er 401% on line 5? (\$ ntinue to line 7.	See instructions if yo	u entered less	than 1009	%.)				
	Yes. Yo	ou are not eligible to report your excess a			nt of the P	TC was made	e, see th	e instructions for		
7	Applicable fi	igure. Using your line	5 percentage, locate	your "applica	ble figure"	on the table in	the inst	ructions	7	2,336,760
8a		oution amount. Multiply li						nt. Divide line 8a		
Ju		to nearest whole dollar a		784,076		•		ole dollar amount	8b	732,175
Par	t II Pren	nium Tax Credit	t Claim and Rec	onciliation	of Adv	ance Paym	ent of	Premium Tax	Cre	dit
9	Are you allo	cating policy amount	ts with another taxpa	yer or do you	want to us	e the alternati	ve calcu	lation for year of m	ıarriag	je? See instructions.
	Yes. Skip	o to Part IV, Allocation o	of Policy Amounts, or Pa	art V, Alternative	: Calculation	for Year of Mar	riage.	No. Continue to	line 1	10.
10	See the inst	ructions to determin	e if you can use line	11 or must co	mplete line	es 12 through	23.			
	_	ontinue to line 11. Continue to line 24.	ompute your annual	PTC. Then sk	cip lines 12	2–23				es 12–23. Computed continue to line 24.
С	Annual alculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Ar contributio	n amount	(d) Annual management of the premium ass (subtract (c) from zero or less, expenses of the premium and the prem	istance om (b); if	(e) Annual premium credit allowed (smaller of (a) or (р	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11	Annual Totals	23,151,864	24,557,735	4,229	,606	20,518,	630	19,481,654	,	19,728,556
		(a) Monthly enrollment		(c) Mc	onthly	(d) Monthly m				(f) Monthly advance
С	Monthly alculation	premiums (Form(s) 1095-A, lines 21–32, column A)	SLCSP premium (Form(s) 1095-A, lines 21–32, column B)	(amount fro	om line 8b re marriage	premium ass (subtract (c) fr zero or less, e	sistance om (b); if	credit allowed (smaller of (a) or (lb	payment of PTC (Form(s) 1095-A, lines 21–32, column C)
12	January							1,069,872	\Box	1,100,480
13	February							1,094,102		1,129,569
14	March							1,095,344		1,125,214
15	April							1,087,361		1,110,223
16	May							1,087,956		1,114,996
17	June							1,080,721		1,107,327
18	July							1,087,473		1,118,522
19	August							1,081,021		1,112,554
20	September							1,064,339		1,095,093
21	October							1,047,596		1,071,240
22	November							1,018,625		1,045,181
23	December							985,846	\perp	1,012,347
24	Total premiu	um tax credit. Enter t	the amount from line	11(e) or add I	ines 12(e) ⁻	through 23(e)	and ente	er the total here	24	32,175,312
25	•	lyment of PTC. Enter		**	.,	• ,,			25	32,797,208
26	•	n tax credit. If line 24	•	,						
		e 3 (Form 1040), line ne blank and continu							000	2 440 200
Day									26	2,149,299
Par		ayment of Exce						o difforence la arra	07	2 774 924
27		ance payment of PTC.	-					e umerence nere	27	2,771,824 1,762,275
28		limitation (see instru	•						28	1,102,213
29	(Form 1040)	ance premium tax o	credit repayment. Er 						29	1,709,599

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

SSN

2020 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form 8962 (2020)

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30 (a) Policy Number (Form 1095-A, line 2) (b) SSN of other taxpayer (c) Allocation start month (d) Allocation stop month

Alloca	ation 1											
30	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start n	nonth	(d) Allocation stop month					
	Allocation percentage applied to monthly amounts (e) Premium Percentage (f) SLCSP		SP Percentage	(g) Ad	vance Payment of the PTC Percentage							
Alloca	ation 2											
31	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start n	nonth	(d) Allocation stop month					
	Allocation percentag applied to monthly amounts	applied to monthly		SP Percentage	(g) Ad	Advance Payment of the PTC Percentage						
ΔΙΙας	ation 3											
32	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start n	nonth	(d) Allocation stop month					
	Allocation percentage applied to monthly amounts		mium Percentage	(f) SLCS	(f) SLCSP Percentage		vance Payment of the PTC Percentage					
۸lloc	ation 4											
33	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SSN of other taxp	ayer	(c) Allocation start n	nonth	(d) Allocation stop month					
	Allocation percentag applied to monthly amounts	e (e) Pre	mium Percentage	(f) SLCS	SP Percentage	(g) Advance Payment of the PTC Percentage						
34	Have you completed all policy amount allocations? Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24. No. See the instructions to report additional policy amount allocations.											
Part	V Alternative (Calculation for	Year of Marriage									
Compl	ete line(s) 35 and/or 36	to elect the alternat		-	-	election, s	see the instructions for line 9.					
35	Alternative entries for your SSN	(a) Alternative fan	(b) Alternative contribution ar	, ,	Alternative start mon	th (d	Alternative stop month					
36	Alternative entries for your spouse's	(a) Alternative fan	nily size (b) Alternative contribution ar	, , ,	Alternative start mon	th (d	Alternative stop month					

Form **8962** (2020)

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 8	3962 (2020)								Page 2		
Part		f Policy Amoun	ts								
	lete the following inform	ation for up to four p	oolicy am	ount allocations	s. See instruc	ctions	s for allocation details				
	ation 1	1005 1 11 0)							1.0		
30	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start n	nonth	(d) Allocation stop month		
	Allocation percentag applied to monthly amounts	e (e) Pre	mium Pe	ercentage	(f) S	LCSI	P Percentage	(g) A	dvance Payment of the PTC Percentage		
Alloc	ation 2										
31	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start m	nonth	(d) Allocation stop month		
	Allocation percentag applied to monthly amounts	e (e) Pre	mium Pe	ercentage	(f) S	LCSI	P Percentage	(g) A	dvance Payment of the PTC Percentage		
ΔΙΙος	ation 3										
32	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start m	nonth	(d) Allocation stop month		
	Allocation percentage (e) applied to monthly amounts		emium Percentage		(f) S	(f) SLCSP Percentage		(g) Advance Payment of the PTC Percentage			
Alloc	ation 4										
33	(a) Policy Number (Fo	orm 1095-A, line 2)	(b) SS	SN of other taxpa	ayer		(c) Allocation start m	nonth	(d) Allocation stop month		
	Allocation percentag applied to monthly amounts	e (e) Pre	(e) Premium Percentage		(f) SLCSP Percentage			(g) Advance Payment of the PTC Percentage			
34	Have you completed all policy amount allocations? Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.										
		ctions to report add	'		cations.						
			ive calcu	ılation for year c				election	, see the instructions for line 9.		
35	Alternative entries for your SSN	(a) Alternative fan	nily size	(b) Alternative contribution an	, ,	(c)	Alternative start mon	th	(d) Alternative stop month		
36	Alternative entries for your spouse's SSN	(a) Alternative fan	nily size	(b) Alternative contribution an		(c)	Alternative start mon	th	(d) Alternative stop month		
		<u> </u>							Form 8962 (2020)		

2020 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form **8990**(Rev. May 2020)
Department of the Treasury
Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

► Attach to your tax return.

▶ Go to www.irs.gov/Form8990 for instructions and the latest information.

OMB No. 1545-0123

Taxpay	er name(s) shown on tax return Total Forms Filed = 140,958	Identific	cation r	number	
If Forr	m 8990 relates to an information return for a foreign entity (for example, Form 5471	I), enter:			
Name	of foreign entity ►				
Emplo	oyer identification number, if any ►				
	ence ID number				
Par					
	is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B new yer is a partner or shareholder of a pass-through entity subject to section 163(j).	ed to be complete	ed befor	re Part	I when the
Secti	on I—Business Interest Expense				
1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1 58,82	2		
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2 5,799	a		
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3 30,54			
4	Floor plan financing interest expense. See instructions	4 74			
5	Total business interest expense. Add lines 1 through 4			5	88,480
Secti	on II – Adjusted Taxable Income				
	Taxable Income				
6	Taxable income. See instructions			6	77,647
	Additions (adjustments to be made if amounts are taken into				
7	Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	7 972			
8	Any business interest expense not from a pass-through entity. See instructions	7 972 8 55,30			
9	Amount of any net operating loss deduction under section 172	9 1,351			
10	Amount of any qualified business income deduction allowed under section 199A	10 36,51			
11	Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business. See instructions	11 9,608	3		
12	Amount of any loss or deduction items from a pass-through entity. See instructions	12 19,53	3		
13	Other additions. See instructions	13 1,532	2		
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14 54,06	66		
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15 6,98	1		
<u>16</u>	Total. Add lines 7 through 15		<u>. ▶</u>	16	136,917
	Reductions (adjustments to be made if amounts are taken in	to account on lir	ne 6)		
17	Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	17 (1,18	(0		
18	Any business interest income not from a pass-through entity. See instructions	18 (194)		
19	Amount of any income or gain items from a pass-through entity. See instructions	19 (18,67	'4)		
20	Other reductions. See instructions	20 (101)		
21	Total. Combine lines 17 through 20			21	(18,852)
22	Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-)	. ▶	22	131,871

(Rev. May 2020) Department of the Treasury

Limitation on Business Interest Expense Under Section 163(j)

► Attach to your tax return.

OMB No. 1545-0123

Internal	Revenue Service	atest inf	ormation.		Ш.	
Taxpay	rer name(s) shown on tax return Total Forms Filed = 140,958			Identific	ation r	number
	m 8990 relates to an information return for a foreign entity (for example, Form 54	71), ent	er:			
	e of foreign entity >					
	oyer identification number, if any ► ence ID number ►					
	t I Computation of Allowable Business Interest Expense					
Part I	I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B r	eed to l	be complete	d befor	e Part	I when the
taxpa	ayer is a partner or shareholder of a pass-through entity subject to section 163(j).					
Secti	ion I-Business Interest Expense					
1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	2,875,80	68		
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2	405,83	7		
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3	891,44	.8		
4	Floor plan financing interest expense. See instructions	4	26,098			
5	Total business interest expense. Add lines 1 through 4				5	4,199,251
Secti	ion II—Adjusted Taxable Income					
	Taxable Income					
6	Taxable income. See instructions				6	130,125,497
	Additions (adjustments to be made if amounts are taken in	nto acco	ount on line	6)		
7	Any item of loss or deduction that is not properly allocable to a trade or					
	business of the taxpayer. See instructions	7	2,936,79	96		
8	Any business interest expense not from a pass-through entity. See instructions		1,532,9			
9	Amount of any net operating loss deduction under section 172	9	9,569,8	26		
10	Amount of any qualified business income deduction allowed under section 199A	10	6,727,5	43		
11	Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business. See instructions	11	3,459,1	52		
12	Amount of any loss or deduction items from a pass-through entity. See instructions	12	29,721,6	693		
13	Other additions. See instructions	13	2,628,6	91		
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14	49,973,9	953		
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15	49,693,9	935		
16	Total. Add lines 7 through 15			. ▶	16	156,244,541
	Reductions (adjustments to be made if amounts are taken	into acc	count on lin	e 6)		
17	Any item of income or gain that is not properly allocable to a trade or business					
	of the taxpayer. See instructions	17	(11,568,			
18	Any business interest income not from a pass-through entity. See instructions	18	(161,21	<u> </u>		
19	Amount of any income or gain items from a pass-through entity. See instructions	19	(63,985, ₄	116)		
20	Other reductions. See instructions	20	(3,079,9			
21	Total. Combine lines 17 through 20				21	(78,794,688)
22	Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter-			<u>. </u>	22	208,483,155
For Pa	aperwork Reduction Act Notice, see the instructions. Cat. No. 3	7814C			Form	n 8990 (Rev. 5-2020)

Form 8990 (Rev. 5-2020) Page **2**

Sect	ion III-Business Interest Income				
23	Current year business interest income. See instructions	23	934		
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24	11,688		
25	Total. Add lines 23 and 24		▶	25	12,299
Sect	ion IV—163(j) Limitation Calculations				
	Limitation on Business Interest Expens	е			
26	Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions	26	130,060		
27	Business interest income (line 25)	27	100,000		
28	Floor plan financing interest expense (line 4)	28			
29	Total. Add lines 26, 27, and 28		▶	29	131,539
	Allowable Business Interest Expense				
30	Total current year business interest expense deduction. See instructions			30	80,880
	Carryforward				
31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or least or least of the subtract line 29 from line 5.)	ess, e	enter -0)	31	17,700
Par					
	Il is only completed by a partnership that is subject to section 163(j). The partnership		ms below are alloc	ated t	o the partners
ana	are not carried forward by the partnership. See the instructions for more informatio	n.			
	Excess Business Interest Expense				
32	Excess business interest expense. Enter amount from line 31			32	
	Excess Taxable Income (If you entered an amount on line 32, s	kip lin	es 33 through 37.))	
33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)			33	
34	Subtract line 33 from line 26. (If zero or less, enter -0)			34	
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-			35	
36	Excess taxable income. Multiply line 35 by line 22			36	
	Excess Business Interest Income				
37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from li enter -0)			37	
Part					
	III is only completed by S corporations that are subject to section 163(j). The S corporat the instructions for more information.	ion ite	ems below are alloc	ated to	the shareholders.
	Excess Taxable Income				
38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)			38	
39	Subtract line 38 from line 26. (If zero or less, enter -0)			39	
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-	·.)		40	
41	Excess taxable income. Multiply line 40 by line 22			41	
	Excess Business Interest Income				
42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from li	ne 25	i. (If zero or less,		
	enter -0)			42	

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 8	3990 (Rev. 5-2020)				Page 2
Sect	tion III—Business Interest Income				
23	Current year business interest income. See instructions	23	426,780		
24	Excess business interest income from pass-through entities (total of Schedule	0.4	0.005.554		
25	A, line 44, column (g), and Schedule B, line 46, column (d))	24	6,265,554	25	6,692,333
	tion IV—163(j) Limitation Calculations			20	
	Limitation on Business Interest Expens				
26	Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions	26	102,701,733		
27	Business interest income (line 25)	27		_	
28 29	Floor plan financing interest expense (line 4)	28	•	29	109,420,164
	Allowable Business Interest Expense			20	100,420,104
30	Total current year business interest expense deduction. See instructions			30	3,525,906
	Carryforward				
31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or I	ess, e	nter -0)	31	693,311
Par			,		
	II is only completed by a partnership that is subject to section 163(j). The partnersh		ns below are alloc	cated	to the partners
and	are not carried forward by the partnership. See the instructions for more information	n.			
	Excess Business Interest Expense				
32	Excess business interest expense. Enter amount from line 31			32	
	Excess Taxable Income (If you entered an amount on line 32, s	kip lin	es 33 through 37.)	
33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)			33	
34	Subtract line 33 from line 26. (If zero or less, enter -0)			34	
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-			35	
36	Excess taxable income. Multiply line 35 by line 22			36	
	Excess Business Interest Income				
37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from li		•		
Par	enter -0)			37	
Part	III is only completed by S corporations that are subject to section 163(j). The S corporations	ion ite	ms below are alloc	ated to	the shareholders.
See	the instructions for more information.				
	Excess Taxable Income				
38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)			38	
39 40	Subtract line 38 from line 26. (If zero or less, enter -0)			39	
40 41	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0- Excess taxable income. Multiply line 40 by line 22	•		40	.
	Excess Business Interest Income	<u> </u>			
42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from li	na 25	(If zero or less		
74	enter -0)			42	
	•				n 8990 (Rev. 5-2020)

SCHEDULE A

(a) Name of partnership

2020 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Excess Business Interest Expense

Summary of Partner's Section 163(j) Excess Items

(b) EIN

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

Form 8990 (Rev. 5-2020) Page 3

(f) Current year

excess

(g) Current year

	(a) Name of partnership	(b) EIN	(c) Current year	(d) Prior year carryforward	(e) Total ((c) plus (d))	excess taxable income	excess business interest income	as paid or accrued (see instructions)	expense carryforward ((e) minus (h))
43									
44	Total ▶								
SCHE	DULE B Summary of S	Corporation S	hareholder's E	xcess Taxable	Income and Ex	cess Business I	nterest Income		
	xpayer that is required to complecting Part I.	ete Part I and is a	shareholder in an S	S corporation that I	nas excess taxable i	income or excess b	usiness interest inc	ome should comple	ete Schedule B
	(a) Nan	ne of S corporation			(b) EIN	(c) Current yea taxable inc		(d) Current y business inte	
45									
46				•					

Form **8990** (Rev. 5-2020)

(h) Excess business

interest expense treated excess business interest

Form **8990** (Rev. 5-2020)

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form 89	90 (Rev. 5-2020)										Page 3		
			ion 163(j) Exces										
Any ta	axpayer that owns an interest in a	a partnership subje					re completing I	Part I.					
			Exce	Excess Business Inte		pense	(f) Current year		(f) Current year		(g) Current year	(h) Excess business interest expense treated	(i) Current year excess business interest
	(a) Name of partnership	(b) EIN	(c) Current year	(d) Po year carry		(e) Total ((c) plus (d))	exces taxable in		excess business interest income	as paid or accrued (see instructions)	expense carryforward ((e) minus (h))		
43													
44	Total ▶												
SCH	EDULE B Summary of S		hareholder's E	cess Ta	xable I	ncome and E	xcess Busin	ness Ir	terest Income)			
	axpayer that is required to completing Part I.	lete Part I and is a	shareholder in an S	corporation control	on that h	as excess taxab	le income or ex	cess bu	isiness interest ind	come should comple	ete Schedule B		
	(a) Nar	ne of S corporation				(b) EIN		ırrent yea xable inc		(d) Current y business inte			
45													

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(Rev. December 2020) Department of the Treasury Internal Revenue Service

U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

▶ Go to www.irs.gov/Form8992 for instructions and the latest information.

OMB No. 1545-0123

Attachment Sequence No. **992**

Name of person filing this return Total Forms Filed = 14,920	A Identifying	number	
Name of U.S. shareholder	B Identifying	number	
Part I Net Controlled Foreign Corporation (CFC) Tested Income			
1 Sum of Pro Rata Share of Net Tested Income			
If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total			
from Form 8992, Schedule A, line 1, column (e).		1	9,341
If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount			
from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder.			
2 Sum of Pro Rata Share of Net Tested Loss			
If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Form 8992, Schedule A, line 1, column (f).		2	(8,581)
If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		_	(0,00:)
from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder.			
3 Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here		3	14,878
Part II Calculation of Global Intangible Low-Taxed Income (GILTI)			
1 Net CFC Tested Income. Enter amount from Part I, line 3		1	7,816
2 Deemed Tangible Income Return (DTIR)			
If the U.S. shareholder is not a member of a U.S. consolidated group, multiply the			£ 700
total from Form 8992, Schedule A, line 1, column (g), by 10% (0.10).		2	5,782
If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder.			
3a Sum of Pro Rata Share of Tested Interest Expense			
If the U.S. shareholder is not a member of a U.S. consolidated			
	359		
If the U.S. shareholder is a member of a U.S. consolidated			
group, leave line 3a blank.			
b Sum of Pro Rata Share of Tested Interest Income			
If the U.S. shareholder is not a member of a U.S. consolidated	005		
group, enter the total from Form 8992, Schedule A, line 1, column (i).	905		
If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3b blank.			
c Specified Interest Expense			
If the U.S. shareholder is not a member of a U.S. consolidated group, subtract line			
3b from line 3a. If zero or less, enter -0		3с	1,044
If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount			
from Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder.			
4 Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0		4	5,385
5 GILTI. Subtract line 4 from line 1		5 Form	7,809 8992 (Rev. 12-2020)

(Rev. December 2020) Department of the Treasury Internal Revenue Service

U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

► Go to www.irs.gov/Form8992 for instructions and the latest information.

OMB No. 1545-0123

Attachment Sequence No. **992**

Name of person filing this return Total Forms Filed = 14,920	A Identifying number
Name of U.S. shareholder	B Identifying number
Part I Net Controlled Foreign Corporation (CFC) Tested Income	
1 Sum of Pro Rata Share of Net Tested Income	
If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total	4 242 242
from Form 8992, Schedule A, line 1, column (e).	1 4,342,049
If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder.	
2 Sum of Pro Rata Share of Net Tested Loss	
If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total	
from Form 8992, Schedule A, line 1, column (f).	2 (3,530,519)
If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount	
from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder.	0 044 500
3 Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here Part II Calculation of Global Intangible Low-Taxed Income (GILTI)	3 811,530
Net CFC Tested Income. Enter amount from Part I, line 3	1 3,446,098
2 Deemed Tangible Income Return (DTIR)	3,113,000
If the U.S. shareholder is not a member of a U.S. consolidated group, multiply the	
total from Form 8992, Schedule A, line 1, column (g), by 10% (0.10).	2 734,759
If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount	
from Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder. 3a Sum of Pro Rata Share of Tested Interest Expense	
If the U.S. shareholder is not a member of a U.S. consolidated	
	213,600
If the U.S. shareholder is a member of a U.S. consolidated	
group, leave line 3a blank.	
b Sum of Pro Rata Share of Tested Interest Income	
If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Form 8992, Schedule A, line 1, column (i).	67,876
If the U.S. shareholder is a member of a U.S. consolidated	
group, leave line 3b blank.	
c Specified Interest Expense	
If the U.S. shareholder is not a member of a U.S. consolidated group, subtract line	470.004
3b from line 3a. If zero or less, enter -0	3c 176,331
If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder.	
4 Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0	4 595,731
5 GILTI. Subtract line 4 from line 1	5 2,850,367
For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 37816Y	Form 8992 (Rev. 12-2020)

2020 Line Item Estimates—All figures are estimates based on samples. Number of returns filed for selected lines

Form **8994**(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

Employer Credit for Paid Family and Medical Leave

► Attach to your tax return.

► Go to www.irs.gov/Form8994 for instructions and the latest information.

OMB No. 1545-2282

Attachment Sequence No. **994**

Name(s) shown on return

Total Forms Filed = 6,692

or Pa	aperwork Reduction Act Notice, see separate instructions. Cat. No. 37804G	Forn	n 8994 (Rev. 1-2021)
3	Add lines 1 and 2. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4j	3	6,692
2	Employer credit for paid family and medical leave from partnerships and S corporations (see instructions)	2	1,402
1	Enter the total paid family and medical leave credit figured for wages paid during your tax year to your qualifying employee(s) while on family and medical leave (if you use the Paid Family and Medical Leave Credit Worksheet, the total from column (d)). See instructions for the adjustment you must make to your deduction for salaries and wages	1	5,290
D	If you employed at least one qualifying employee who was not covered by the Family and Medical Lea in your written policy and otherwise comply with "non-interference" language? See instructions. Yes. No. Stop. Do not file Form 8994 (see instructions for an exception that may apply to a partnership of the property o		•
С	Did you pay family and medical leave to at least one qualifying employee during the tax year? See instruction Yes. No. Stop. Do not file Form 8994 (see instructions for an exception that may apply to a partnership of the stop of the		
В	Does the written policy provide paid family and medical leave of at least 50% of the wages normal employee? See instructions. Yes. No. Stop. Do not file Form 8994 (see instructions for an exception that may apply to a partnership of the second s		, , ,
Α	Do you have a written policy providing for at least 2 weeks of annual paid family and medical least employee(s) to whom wages are paid (prorated for any part-time employees)? See instructions. Yes. No. Stop. Do not file Form 8994 (see instructions for an exception that may apply to a partnership of		

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

Form **8994**(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

Employer Credit for Paid Family and Medical Leave

► Attach to your tax return.

► Go to www.irs.gov/Form8994 for instructions and the latest information.

OMB No. 1545-2282

Attachment Sequence No. **994**

26,943

Form **8994** (Rev. 1-2021)

illeillai i	neverlue Service	3			· ·
Name(s)	shown on return	Total Forms Filed =	6,692	Identifying	number
A	employee(s) to	o whom wages are paid (prorated for	ast 2 weeks of annual paid family and medic any part-time employees)? See instructions. ns for an exception that may apply to a partners		
В	employee? Se	ee instructions.	medical leave of at least 50% of the wages n		
С	☐ Yes.	•	e qualifying employee during the tax year? See in a for an exception that may apply to a partners		
D	in your written Yes.	n policy and otherwise comply with "n	who was not covered by the Family and Medica on-interference" language? See instructions. ns for an exception that may apply to a partners		
1	qualifying emple Leave Credit	pployee(s) while on family and medic Worksheet, the total from column (figured for wages paid during your tax year to yeal leave (if you use the Paid Family and Medd)). See instructions for the adjustment you means to the second of the secon	ical nust	26,427
2	Employer cred	dit for paid family and medical leave fro	m partnerships and S corporations (see instruction	ons) 2	517

Add lines 1 and 2. Partnerships and S corporations, report this amount on Schedule K. All others,

Cat. No. 37804G

report this amount on Form 3800, Part III, line 4j

For Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

► Attach to your tax return.

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

OMB No. 1545-2294

2020
Attachment Sequence No. 55

Name(s) shown on return

Total Forms 8995 Filed =

35,951,550

Total Forms 8995A Filed =

Your taxpayer identification number 3,426,224

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii	Number of forms with trade, business, or aggregations = 31,253,266			
iii	Number of forms with aggregation business operations = 127,091			
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 28,285,796		
3	Qualified business net (loss) carryforward from the prior year	3 (8,296,696) 4 18,114,319		
4 5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	19,613,491
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 10,399,097		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (216,552)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 10,244,652		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	9,468,996
10	Qualified business income deduction before the income limitation. Add lines 5 and	d 9	10	27,096,084
11	Taxable income before qualified business income deduction	11 32,934,747	_	
12	Net capital gain (see instructions)	12 16,569,826	-	
13 14	Subtract line 12 from line 11. If zero or less, enter -0		14	32,276,796
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also			<u>52,215,150</u>
	the applicable line of your return		15	22,728,624
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	(12,276,002)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0	<u> </u>	17	(226,261)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 37806C

Form **8995** (2020)

Qualified Business Income Deduction Simplified Computation

20**20**

OMB No. 1545-2294

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

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

Attachment Sequence No. **55**

Name(s) shown on return

Total Forms 8995 Filed =

35,951,550

Total Forms 8995A Filed =

Your taxpayer identification number 3,426,224

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c)	Qualified business income or (loss)
i				
ii	Number of forms with trade, business, or aggregations = 31,253,266			
iii	Number of forms with aggregation business operations = 127,091			
iv				
v				_
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 236,816,334		
3	Qualified business net (loss) carryforward from the prior year	3 (333,072,080)	-	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 433,152,474	-	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	184,709,747
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 10,720,911		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior		-	
	year	7 (2,895,012)		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 11,648,302		
9			9	2,329,563
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	187,039,309
11	Taxable income before qualified business income deduction	11 4,975,906,961		, ,
12		12 1,089,639,579		
13	Subtract line 12 from line 11. If zero or less, enter -0			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	796,650,743
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also et the applicable line of your return		15	165,628,961
16	the applicable line of your return		16	(553,064,695)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 ar		10	(000,00 4 ,090)
.,	zero, enter -0		17	(3,820,955)
For Pri	·	No. 37806C		Form 8995 (2020)

Name

2020 Line Item Estimates—All figures are estimates based on samples.

Number of returns filed for selected lines

-orm **8997**

Initial and Annual Statement of Qualified Opportunity Fund (QOF) Investments

► Go to www.irs.gov/Form8997 for the latest information.

► Attach to your tax return.

OMB No. 1545-0123

2020

Attachment Sequence No. 997

Department of the Treasury Internal Revenue Service

Total Forms Filed = 19,520

Tax identification number (see instructions)

(a)					
Qualified Opportunity Fund (QOF) EIN	(b) Date QOF investment acquired (MM/DD/YYYY)	(c) Description of QOF investment (for example, 100 shares or 25% interest)	(d) Special gain code	Deferred gair (e) Amount of short-term deferred gain remaining in QOF	n held in QOF (f) Amount of long-term deferred gain remaining in QOF
				2,628	11,791
		from continuation sheet			
art II C	Current Tax Ye	olumns (e) and (f)	F		
(a) Qualified Opportunity Fund (QOF) EIN	(b) Date QOF investment acquired (MM/DD/YYYY)	(c) Description of interest acquired (for example, 100 shares or 25% interest)	(d) Special gain code	Deferred gain i (e) Amount of short-term deferred gain remaining in QOF	rvested in QOF (f) Amount of long-tern deferred gain remaining in QOF
				3,585	8,177
1 Enter t	the totals, if any,	from continuation sheet	•		
		olumns (e) and (f). See instructions for reporting on Fo			
Are you a fo Yes. Yes. Yes. No. Sk	oreign eligible tax ou may not elect kip the next ques foreign eligible t	ules Regarding the Waiver of Certain Treaty Expayer whose tax year began after March 13, 2020? So to defer tax on an eligible gain by investing in a QOF unlestion and go to Part III. axpayer, see the instructions to determine if you are rafter December 21, 2017, and all tax years that began	See instruction ess you checo equired to a	k "Yes" in response ttach a written state	to the next questio ment for the porti
13, 2020.		on Future Inclusions by a Foreign Eligible Ta			
arch 13, 2	2020, Only) by irrevocably v	vaive any benefits available under an applicable U.S. i	ncome tax o	convention that wou	ld exempt gains
	deferring by inv	esting in a QOF from being subject to federal income	ומא מו ווופ ווו	THE OF ITICIASION: OF	

Initial and Annual Statement of Qualified Opportunity Fund (QOF) Investments • Go to www.irs.gov/Form8997 for the latest information.

► Attach to your tax return.

OMB No. 1545-0123 Attachment Sequence No. **997**

Department of the Treasury Internal Revenue Service

Name

Total Forms Filed = 19,520

Tax identification number (see instructions)

		estment Holdings Due to Deferrals Prior to Beg a last year's ending QOF investment holdings, atta			
					n held in QOF
(a) Qualified Opportunity Fund (QOF) EIN	(b) Date QOF investment acquired (MM/DD/YYYY)	(c) Description of QOF investment (for example, 100 shares or 25% interest)	(d) Special gain code	(e) Amount of short-term deferred gain remaining in QOF	(f) Amount of long-term deferred gain remaining in QOF
				1,361,222	13,029,963
1 Enter ti	ne totals, if any	, from continuation sheet	•		
		columns (e) and (f)	▶		
art II C	urrent Tax Y	ear Capital Gains Deferred by Investing in QOF	!		
(a)	(b)	(c)	(d)		nvested in QOF
Qualified Opportunity Fund (QOF) EIN	Date QOF investment acquired (MM/DD/YYYY)	Description of interest acquired (for example, 100 shares or 25% interest)	Special gain code	(e) Amount of short-term deferred gain remaining in QOF	(f) Amount of long-term deferred gain remaining in QOF
				1,202,023	7,551,034
f Enter ti	ne totals, if any	, from continuation sheet	•		
		olumns (e) and (f). See instructions for reporting on Form			
		Rules Regarding the Waiver of Certain Treaty Bo			
		xpayer whose tax year began after March 13, 2020? Se to defer tax on an eligible gain by investing in a QOF unle:			
		stion and go to Part III.	ss you chec	k res in response	to the flext question
		taxpayer, see the instructions to determine if you are re	quired to at	tach a written state	ment for the portion
		after December 21, 2017, and all tax years that began			
aiver of Tr	eaty Benefits 020, Only)	s on Future Inclusions by a Foreign Eligible Tax	payer (fo	r Tax Years Begi	nning After
Do you here	by irrevocably with the deferring by invited	waive any benefits available under an applicable U.S. in vesting in a QOF from being subject to federal income t			, ,
		ral of the eligible gain in Part II and on Form 8949.			
■ No. Yo	u may not elec	t to defer tax on an eligible gain by investing in a QOF. I	Do not rep	ort the deferral of	any otherwise

Cat. No. 37821R

Form 8997 (2020)

Part III Q	OF Investme	ents for Which Gain Is Included During Current Tax	Year		
(a)	(b)	(c)	(d)	Deferred ga	
Qualified Opportunity Fund (QOF) EIN	Date QOF sold or disposed (MM/DD/YYYY)	Description of inclusion event (for example, sale of 100 shares, gift of 25% interest, or distribution of \$1,000, etc.)	Special gain code	(e) Amount of previously deferred short-term gain now included in taxable income	(f) Amount of previously deferred long-term gain now included in taxable income
				46	386
1 Enter ti	ne totals if any	, from continuation sheet	—		
			. •		
		columns (e) and (f). See instructions for reporting on Form 89 posed of any investment(s) and didn't receive a Form 109		porting the disposition	on from the OOE or
other third	party. See the	Instructions for Form 8949 for reporting requirements of an	ıy gain o	or loss.	
Part IV T	otal QOF Inv	estment Holdings at Year End Due to Deferrals (se			
(a) Qualified	(b) Date QOF	(c) Description of interest acquired	(d) Special	Deferred gain investe	d in QOF investment (f)
Opportunity Fund (QOF) EIN	investment acquired (MM/DD/YYYY)	(for example, 100 shares or 25% interest)	gain code	Amount of short-term deferred gain invested in QOF	Amount of long-term deferred gain invested in QOF
				4,719	15,250
1 Enter the	ne totals. if anv	, from continuation sheet	. ▶		
2 Enter th	ne totals from o	columns (e) and (f)	. ▶		Form 8997 (2020)

Form **8997** (2020)

2020 Line Item Estimates—All figures are estimates based on samples. Amounts of selected lines filed (in thousands of dollars)

				Deferred ga	
Qualified Date QOF Opportunity sold or disposed	(b) Date QOF sold or disposed (MM/DD/YYYY)		(d) Special gain code	(e) Amount of previously deferred short-term gain now included in taxable income (g) (g) (h) (f) Amount of previously deferred long gain now included in taxable income	
				48,003	650,204
		, from continuation sheet			
P. Enter the Check this other third	he totals from c s box if you dis I party. See the	, from continuation sheet	1099-B report any gain	or loss.	on from the QOF
P Enter the Check this other third	he totals from c s box if you dis I party. See the	columns (e) and (f). See instructions for reporting on Form posed of any investment(s) and didn't receive a Form Instructions for Form 8949 for reporting requirements of	1099-B report any gain	or loss. uctions)	
2 Enter t Check this other third art IV T (a) Qualified Opportunity	he totals from costs box if you distorated party. See the	columns (e) and (f). See instructions for reporting on Form posed of any investment(s) and didn't receive a Form Instructions for Form 8949 for reporting requirements constructions for Form 8949 for reporting requirements of the structure of the section of the	1099-B report any gain (see instr	or loss. uctions)	ed in QOF investment
Check this other third IT IV T (a) Qualified Deportunity Fund (QOF)	s box if you dist party. See the total QOF Inv. (b) Date QOF investment acquired	columns (e) and (f). See instructions for reporting on Form posed of any investment(s) and didn't receive a Form Instructions for Form 8949 for reporting requirements of estment Holdings at Year End Due to Deferrals (c) Description of interest acquired	1099-B report any gain (see instruction (d) Special gain	or loss. uctions) Deferred gain investe (e) Amount of short-term deferred gain	ed in QOF investment (f) Amount of long-ter deferred gain
Check this other third (a) Qualified Opportunity (aOP)	s box if you dist party. See the total QOF Inv. (b) Date QOF investment acquired	columns (e) and (f). See instructions for reporting on Form posed of any investment(s) and didn't receive a Form Instructions for Form 8949 for reporting requirements of estment Holdings at Year End Due to Deferrals (c) Description of interest acquired	1099-B report any gain (see instruction (d) Special gain	Or loss. Uctions) Deferred gain investe (e) Amount of short-term deferred gain invested in QOF	ed in QOF investment (f) Amount of long-ter deferred gain invested in QOF
Check this other third int IV T (a) Qualified Opportunity und (QOF)	s box if you dist party. See the total QOF Inv. (b) Date QOF investment acquired	columns (e) and (f). See instructions for reporting on Form posed of any investment(s) and didn't receive a Form Instructions for Form 8949 for reporting requirements of estment Holdings at Year End Due to Deferrals (c) Description of interest acquired	1099-B report any gain (see instruction (d) Special gain	Or loss. Uctions) Deferred gain investe (e) Amount of short-term deferred gain invested in QOF	ed in QOF investment (f) Amount of long-ter deferred gain invested in QOF
Check this other third art IV T (a) Qualified Deportunity Fund (QOF)	s box if you dist party. See the total QOF Inv. (b) Date QOF investment acquired	columns (e) and (f). See instructions for reporting on Form posed of any investment(s) and didn't receive a Form Instructions for Form 8949 for reporting requirements of estment Holdings at Year End Due to Deferrals (c) Description of interest acquired	1099-B report any gain (see instruction (d) Special gain	Or loss. Uctions) Deferred gain investe (e) Amount of short-term deferred gain invested in QOF	ed in QOF investment (f) Amount of long-tern deferred gain invested in QOF
Check this other third IT IV T (a) Qualified Deportunity Fund (QOF)	s box if you dist party. See the total QOF Inv. (b) Date QOF investment acquired	columns (e) and (f). See instructions for reporting on Form posed of any investment(s) and didn't receive a Form Instructions for Form 8949 for reporting requirements of estment Holdings at Year End Due to Deferrals (c) Description of interest acquired	1099-B report any gain (see instruction (d) Special gain	Or loss. Uctions) Deferred gain investe (e) Amount of short-term deferred gain invested in QOF	ed in QOF investment (f) Amount of long-ter deferred gain invested in QOF