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## **2021 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2021 tax return.**

**To save you time, selected information from your 2020 tax return has been entered in this organizer. Please line through any information that does not apply to your 2021 tax return.**

**In some cases, 2020 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2021 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting so just below your signature at the end of the returned copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

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## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

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Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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Questions (Page 1 of 5)

The following questions pertain to the 2021 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Did your marital status change? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you married? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, do you and your spouse want to file separate returns? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse serve in the military or were you or your spouse on active duty? .....     | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents:

|  |                          |                          |
|--|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Include non-child dependents for whom you provided more than half the support.   |                          |                          |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 18 with unearned income more than \$1,100? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Healthcare:

|   |                          |                          |
|---|--------------------------|--------------------------|
| Did you obtain healthcare coverage through the Marketplace? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1095-A.   |                          |                          |
| If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? .....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents required to file a tax return? .....   | <input type="checkbox"/> | <input type="checkbox"/> |



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?  Yes  No
- Were you eligible for employer-sponsored healthcare coverage?  Yes  No
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?  Yes  No  
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?  Yes  No  
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts?  Yes  No  
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?  Yes  No  
If Yes, how many months were you covered? \_\_\_\_\_
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?  Yes  No

Education:

- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?  Yes  No
- Did you or your spouse pay any student loan interest?  Yes  No
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?  Yes  No
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?  Yes  No  
If Yes, include all Forms 1099-Q.  
If Yes, were the amounts withdrawn used for qualified tuition expenses?  Yes  No

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?  Yes  No  
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?  Yes  No
- Did you or your spouse make any large purchases, such as motor vehicles and boats?  Yes  No
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?  Yes  No
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?  Yes  No
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?  Yes  No  
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?  Yes  No
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?  Yes  No



Investments:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements.  |                          |                          |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details.   |                          |                          |
| Did you or your spouse close any open short sales? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make a qualified charitable distribution directly from an IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____   |                          |                          |

Personal Residence:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did your address change? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address.  |                          |                          |
| If Yes, did you move to a different home because of a change in the location of your job? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$750,000? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Did you or your spouse take out a home equity loan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____   |                          |                          |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA.  |                          |                          |





**Sale of Your Home:**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you sell your home? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1099-S? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include Form 1099-S.   |                          |                          |
| Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever rent out the property? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever use any portion of the home for business purposes? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both |                          |                          |

**Gifts:**

|   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse forgive any indebtedness to any individual, trust or entity? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**Foreign Matters:**

|   |                          |                          |
|---|--------------------------|--------------------------|
| Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse create or transfer money or property to a foreign trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse own any foreign financial assets? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did the corporation cease to be an S corporation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you or your spouse transfer any share of stock in the corporation? .....  | <input type="checkbox"/> | <input type="checkbox"/> |



Miscellaneous:

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,300 during the year for domestic services performed in or around your home to individuals who could be considered household employees? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any bartering transactions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive an economic impact payment? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the amount of any economic impact payment received. _____  |                          |                          |
| If Yes, did you or your spouse repay any of the economic impact payment received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the amount of the economic impact payment repaid. _____  |                          |                          |
| Did you or your spouse receive any advanced child tax credit payments? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, attach all IRS Letters 6419 and enter the amount of the payments received. _____   |                          |                          |
| If self-employed, were you unable to work due to contracting COVID-19, being in quarantine or isolation due to COVID-19, caring for an individual who contracted COVID-19 or was in quarantine due to COVID-19, or due to caring for a son or daughter because the child's school or childcare provider was closed or unavailable due to COVID-19 precautions? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse take out a Payroll Protection Program loan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date and total amount of the Payroll Protection Program loan(s) disbursed.<br>Date (Mo/Da/Yr) _____ Amount _____   |                          |                          |
| If Yes, did you or your spouse have any eligible expenses that were paid with the Payroll Protection Program loan(s)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, are these amounts included in the expenses reported for the business? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you or your spouse receive loan forgiveness or are you or your spouse seeking forgiveness? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness.<br>Date (Mo/Da/Yr) _____   |                          |                          |
| If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness.<br>Amount _____   |                          |                          |

Additional state pages have been included at the back of the organizer and should be reviewed.





2021

# Dependents and Wages

3A

## Dependent Information:

|   | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A |                        |           |                        |                          |                          |                          |
| B |                        |           |                        |                          |                          |                          |
| C |                        |           |                        |                          |                          |                          |
| D |                        |           |                        |                          |                          |                          |
| E |                        |           |                        |                          |                          |                          |
| F |                        |           |                        |                          |                          |                          |
| G |                        |           |                        |                          |                          |                          |
| H |                        |           |                        |                          |                          |                          |

Did dependent have income over \$4,300?

↓

|   | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A |                           |               |           |                         |
| B |                           |               |           |                         |
| C |                           |               |           |                         |
| D |                           |               |           |                         |
| E |                           |               |           |                         |
| F |                           |               |           |                         |
| G |                           |               |           |                         |
| H |                           |               |           |                         |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

## Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld |             |          |       |       |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
|    |                 |               | Federal      | FICA/TIER 1 | Medicare | State | Local |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |
|    |                 |               |              |             |          |       |       |



# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? 

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Taxpayer .....

Spouse .....

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_





2021

# Dividend Income

5B

## Dividend Information:

**Include copies of all Forms 1099-DIV or other documents for dividends received**

| TSJ          | Name of Payer | Box 1a<br>Total Ordinary<br>Dividends | Box 1b<br>Qualified<br>Dividends | Box 2a<br>Total Capital<br>Gain Distribution | U.S. Bond Interest<br>Amount or<br>Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A            |               |                                       |                                  |  |  |
| B            |               |                                       |                                  |  |  |
| C            |               |                                       |                                  |  |  |
| D            |               |                                       |                                  |  |  |
| E            |               |                                       |                                  |  |  |
| F            |               |                                       |                                  |  |  |
| G            |               |                                       |                                  |  |  |
| H            |               |                                       |                                  |  |  |
| I            |               |                                       |                                  |  |  |
| J            |               |                                       |                                  |  |  |
| K            |               |                                       |                                  |  |  |
| L            |               |                                       |                                  |  |  |
| M            |               |                                       |                                  |  |  |
| N            |               |                                       |                                  |  |  |
| <b>Total</b> |               |                                       |                                  |  |  |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code         | Tax-Exempt<br>Interest | 2020 Gross<br>Dividends<br>Amount |
|--------------|------------------------|-----------------------------------|
| A            |                        |                                   |
| B            |                        |                                   |
| C            |                        |                                   |
| D            |                        |                                   |
| E            |                        |                                   |
| F            |                        |                                   |
| G            |                        |                                   |
| H            |                        |                                   |
| I            |                        |                                   |
| J            |                        |                                   |
| K            |                        |                                   |
| L            |                        |                                   |
| M            |                        |                                   |
| N            |                        |                                   |
| <b>Total</b> |                        |                                   |

## Enter Any Additional Information:

|  |
|--|
|  |
|  |
|  |
|  |
|  |

**Note: List all items sold during the year on Form 7.**



# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer ID number \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, ZIP or postal code, and country \_\_\_\_\_  
Method of inventory \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Business Questions for 2021:

|  |                          |                          |
|--|--------------------------|--------------------------|
| Did you dispose of this business? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? .....   | (Mo/Da/Yr) _____         |                          |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? .....     | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

| 2021 Amount | 2020 Amount |
|-------------|-------------|
|             |             |

Health insurance premiums paid for yourself and your dependents .....

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |

Other Income:

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |

Other gross receipts or sales .....

Less returns and allowances .....

### Cost of Goods Sold:

| 2021 Amount | 2020 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |

Beginning inventory .....

Purchases less cost of items withdrawn for personal use .....

Cost of labor (do not include amounts paid to yourself) .....

Materials and supplies .....

Other costs of goods sold:

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Ending inventory .....







2021

# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2021:

|   |                          |                          |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### If you are an employer who provides vehicles for use by employees:

|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

Was your vehicle available for use during off-duty hours? .....

| Vehicle 1  |             |
|--|-------------|
| Description of vehicle .....   |             |
| Date placed in service ..... (Mo/Da/Yr)  |             |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Was your vehicle available for use during off-duty hours? .....  |             |
| 2021 Miles   | 2020 Miles  |
|  |             |
|  |             |
|  |             |
| 2021 Amount  | 2020 Amount |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |

| Vehicle 2  |             |
|--|-------------|
| Description of vehicle .....   |             |
| Date placed in service ..... (Mo/Da/Yr)  |             |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| Was your vehicle available for use during off-duty hours? .....  |             |
| 2021 Miles   | 2020 Miles  |
|  |             |
|  |             |
|  |             |
| 2021 Amount  | 2020 Amount |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year .....

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



2021

# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

| 2021 | 2020 |
|------|------|
|      |      |
|      |      |
|      |      |

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

| Yes | No |
|-----|----|
|     |    |
|     |    |

### Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

|   | Direct Expenses |             | Indirect Expenses |             |
|---|-----------------|-------------|-------------------|-------------|
|   | 2021 Amount     | 2020 Amount | 2021 Amount       | 2020 Amount |
| Casualty losses .....                       |                 |             |                   |             |
| Deductible mortgage interest paid to:       |                 |             |                   |             |
| Financial institutions .....                |                 |             |                   |             |
| Individuals .....                           |                 |             |                   |             |
| Real estate taxes .....                     |                 |             |                   |             |
| Insurance .....                             |                 |             |                   |             |
| Qualified mortgage insurance premiums ..... |                 |             |                   |             |
| Repairs and maintenance .....               |                 |             |                   |             |
| Utilities .....                             |                 |             |                   |             |
| Rent .....                                  |                 |             |                   |             |

### Other Expenses:

| Description | Direct Expenses |             | Indirect Expenses |             |
|-------------|-----------------|-------------|-------------------|-------------|
|             | 2021 Amount     | 2020 Amount | 2021 Amount       | 2020 Amount |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |
|             |                 |             |                   |             |

### Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
|   |                                     |  |



# Sales of Stocks, Securities, Capital Assets & Installment Sales

### Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

**Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

- Mutual fund transactions .....
- Exchange of any securities or investments for something other than cash .....
- Sales of inherited property .....
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale .....
- Commodity sales, short sales or straddles .....
- Reinvestment of the proceeds of gains in a qualified opportunity fund .....
- Sale of any investments in qualified opportunity funds .....
- Debts that became uncollectible .....
- Securities that became worthless .....
- Sale of any property where you will receive payments in future years .....

| Yes | No |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A   |                                  |          |                          |                      |
| B   |                                  |          |                          |                      |
| C   |                                  |          |                          |                      |
| D   |                                  |          |                          |                      |
| E   |                                  |          |                          |                      |
| F   |                                  |          |                          |                      |
| G   |                                  |          |                          |                      |
| H   |                                  |          |                          |                      |

|   | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A |                                      |                     |                      |                    |
| B |                                      |                     |                      |                    |
| C |                                      |                     |                      |                    |
| D |                                      |                     |                      |                    |
| E |                                      |                     |                      |                    |
| F |                                      |                     |                      |                    |
| G |                                      |                     |                      |                    |
| H |                                      |                     |                      |                    |

**Installment Sales:** **Do not include interest received in principal amount**

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2021 Principal Received | 2020 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |
|     |                      |                      |                         |                         |



# Sale of Your Home and Moving Expenses

## Sale or Exchange of Your Home:

**Include the closing statements from the purchase and sale of your former and new homes**

### Former Home Information:

TSJ ..... \_\_\_\_\_

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

### Original Cost and Cost of Improvements:

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
|             |        |
|             |        |
|             |        |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ ..... \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

**Mileage:**

| Miles |
|-------|
|       |
|       |
|       |

Number of miles from old home to new workplace (applicable only on some state returns) .....

Number of miles from old home to old workplace (applicable only on some state returns) .....

Number of automobile miles in move .....

### Transportation Expenses:

| Amount  |
|---|
| Costs of transportation of household goods and personal effects .....           |
| Costs of travel and lodging (do not include meals or automobile expenses) ..... |
| Automobile expenses (gasoline, oil, etc.) .....                                 |
| Meals (Pennsylvania only) .....   |





2021

# Pension, Annuity and Retirement Plan Information

9A

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2021 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2020 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |
|     |               |                          |                |                      |                    |                     |                          |

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

**Taxpayer**

**Spouse**

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

| 2021 Amount |
|-------------|
|             |
|             |
|             |
|             |

| 2021 Amount |
|-------------|
|             |
|             |
|             |
|             |



2021

# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ \_\_\_\_\_

Type of property \_\_\_\_\_

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Have you prepared or will you prepare all required Forms 1099? .....

Ownership percentage if not 100% .....

How many days was this property rented at fair market value? .....

How many days was this property used personally (including use by family members)? .....

| 2021 | 2020 |
|------|------|
| %    |      |
|      |      |

**Income:**

Rents received .....

Royalties received .....

| 2021 Amount | 2020 Amount |
|-------------|-------------|
|             |             |

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Miscellaneous income: Include all Forms 1099-MISC

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |

Other income:

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
|             |             |             |
|             |             |             |
|             |             |             |
|             |             |             |







2021

# Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: \_\_\_\_\_

Property and Equipment: Include a list if more space is needed

**Acquisitions:**

| X if not new | Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|-------------|--------------------------|------|
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |
|              |             |                          |      |

**Dispositions:**

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|--------------------------|------|----------------------|---------------|
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |
|             |                          |      |                      |               |

**Percentage Depletion Information:**

| Production Type | Royalty Income |             |
|-----------------|----------------|-------------|
|                 | 2021 Amount    | 2020 Amount |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |
|                 |                |             |



2021

# Rental and Royalty Vehicle and Other Listed Property

10C

Location of Property: \_\_\_\_\_

### Listed Property Questions for 2021:

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### If you are an employer who provides vehicles for use by employees:

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

### Vehicle:

Description of vehicle .....

Date placed in service (Mo/Da/Yr) .....

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

| Vehicle 1  |             |
|--|-------------|
|  |             |
|  |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 2021 Miles   | 2020 Miles  |
|  |             |
|  |             |
|  |             |
| 2021 Amount  | 2020 Amount |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |

| Vehicle 2  |             |
|--|-------------|
|  |             |
|  |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 2021 Miles   | 2020 Miles  |
|  |             |
|  |             |
|  |             |
| 2021 Amount  | 2020 Amount |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year .....

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc .....

Interest .....

Taxes .....

Fair market value of leased vehicle .....

Vehicle rentals/leases .....









# Farm Vehicle and Other Listed Property

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

### Listed Property Questions for 2021:

|   |                          |                          |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

### If you are an employer who provides vehicles for use by employees:

|  |                          |                          |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

### Vehicle:

Description of vehicle .....

Date placed in service . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

Was your vehicle available for use during off-duty hours? .....

| Vehicle 1  |             |
|--|-------------|
|  |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 2021 Miles   | 2020 Miles  |
|  |             |
|  |             |
|  |             |
| 2021 Amount  | 2020 Amount |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |

| Vehicle 2  |             |
|--|-------------|
|  |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 2021 Miles   | 2020 Miles  |
|  |             |
|  |             |
|  |             |
| 2021 Amount  | 2020 Amount |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |



# Miscellaneous Income, Adjustments and Alimony

**Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G**

**Miscellaneous Income and Adjustments:**

|  | TSJ _____   |             | TSJ _____   |             |
|--|-------------|-------------|-------------|-------------|
|  | 2021 Amount | 2020 Amount | 2021 Amount | 2020 Amount |
| Unemployment compensation received .....                 |             |             |             |             |
| Unemployment compensation repaid in 2021 .....           |             |             |             |             |
| Social security benefits received .....                  |             |             |             |             |
| Social security benefits repaid in 2021 .....            |             |             |             |             |
| Medicare premiums withheld .....                         |             |             |             |             |
| Tier 1 railroad retirement benefits received .....       |             |             |             |             |
| Tier 1 railroad retirement benefits repaid in 2021 ..... |             |             |             |             |
| Total lump sum social security received .....            |             |             |             |             |
| Lump sum taxable social security .....                   |             |             |             |             |
| Other federal withholding .....                          |             |             |             |             |
| Other state withholding .....                            |             |             |             |             |

**State and Local Income Tax Refunds:**

| TSJ | State | City | Tax Year | Income Tax Refund |       |
|-----|-------|------|----------|-------------------|-------|
|     |       |      |          | State             | Local |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |
|     |       |      |          |                   |       |

**Other Income:**

| TSJ | Nature and Source | 2021 Amount | 2020 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

**Alimony Paid or Received:**

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2021 Amount | 2020 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |
|     |                  |                                    |   |  |                   |             |             |





2021

# Miscellaneous Adjustments

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2021 Amount | 2020 Amount |
|----|-------------|-------------|
|    |             |             |
|    |             |             |

**Health Savings Accounts (HSAs)**

| TS | Description                                  | 2021 Amount | 2020 Amount |
|----|--|-------------|-------------|
|    | Contributions made for 2021                  |             |             |
|    | Distributions received from all HSAs in 2021 |             |             |

What type of coverage applies to your high deductible health plan?  Self only  Family

Were any HSA contributions listed above also shown on your Form W-2? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

Were all distributions from your HSA for unreimbursed medical expenses? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

Did you or your spouse enroll in Medicare? ..... 

|     |    |
|-----|----|
| Yes | No |
|     |    |

    If Yes, what month did you enroll? .....

    What month did your spouse enroll? .....

**Other Adjustments to Income:** Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2021 Amount | 2020 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |



# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

| TSJ | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |
|     |             |             |

Prescription medicines and drugs .....  
 Total medical insurance premiums paid \* .....  
 Long-term care expenses .....  
 Total insurance reimbursement .....  
 Number of miles traveled for medical care .....  
 Lodging .....  
 Doctors, dentists, etc. ....  
 Hospitals .....  
 Lab fees .....  
 Eyeglasses and contacts .....

Taxpayer long-term care insurance premiums paid .....  
 Spouse long-term care insurance premiums paid .....

| 2021 Amount | 2020 Amount |
|-------------|-------------|
|             |             |
|             |             |

\* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

### Other Medical Expenses:

| TSJ | Description | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

### Taxes Paid: Include copies of your tax bills

| TSJ | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |

Personal property taxes paid (include vehicle taxes) .....  
 General sales taxes paid on specified items .....

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2021 Amount | 2020 Amount |
|-----|-------------------|-------------|-------------|
|     |                   |             |             |
|     |                   |             |             |
|     |                   |             |             |

### Other Taxes Paid:

| TSJ | Description | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|-------------|
|     |             |             |             |
|     |             |             |             |
|     |             |             |             |

If you purchased or sold your home in 2021, did you include any taxes from your closing statement in the amounts above?  Yes  No



2021

# Itemized Deductions - Mortgage Interest and Points

14A

## Mortgage Questions for 2021:

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? . . . . . _____   |                          |                          |
| Did you purchase a new home or sell your former home during the year? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes.   |                          |                          |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US<br>during the 3 year period prior to the purchase of this home? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence<br>in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |

## Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? |    | 2021 Amount | 2020 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

## Other Home Mortgage Interest Paid:

| TSJ | Paid To |         | ID Number | 2021 Amount | 2020 Amount |
|-----|---------|---------|-----------|-------------|-------------|
|     | Name    | Address |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |
|     |         |         |           |             |             |

## Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? |    | 2021 Amount | 2020 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
|     |         | Yes                        | No |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |
|     |         |                            |    |             |             |

## Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|
|     |             |             |
|     |             |             |
|     |             |             |

## Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2021 Amount | 2020 Amount |
|-----|---------|-------------|-------------|
|     |         |             |             |
|     |         |             |             |
|     |         |             |             |



# Itemized Deductions - Contributions

**Cash Contributions:** Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2021 Amount | 2020 Amount |
|-----|---|-------------|-------------|
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |
|     |   |             |             |

| TSJ | Conservation Real Property | 2021 Amount | 2020 Amount |
|-----|----------------------------|-------------|-------------|
|     | 100% limit                 |             |             |
|     | 50% limit                  |             |             |

| TSJ | Description   | 2021 Miles | 2020 Miles |
|-----|---|------------|------------|
|     | Number of miles traveled performing volunteer work for qualified charitable organizations |            |            |

**Noncash Contributions Totaling \$500 or Less:** Include all documentation.

| TSJ | Description of Donated Property | 2021 Amount | 2020 Amount |
|-----|---------------------------------|-------------|-------------|
|     |                                 |             |             |
|     |                                 |             |             |

**Noncash Contributions Totaling More Than \$500:** Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A   |                      |               |                  |               |
| B   |                      |               |                  |               |
| C   |                      |               |                  |               |

|   | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A |                         |                              |                          |                       |
| B |                         |                              |                          |                       |
| C |                         |                              |                          |                       |

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value
- 2 - Catalog     4 - Other (Describe)

- 1 - Gift        3 - Exchange
- 2 - Inheritance    4 - Purchase

|   | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A |                         |                            |
| B |                         |                            |
| C |                         |                            |



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2020 but paid in 2021 .....  
Employer-provided dependent care benefits that were forfeited in 2021 .....  
2020 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

|  | 2021 Amount | 2020 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2021 .....     |             |             |
| Expenses incurred and not paid in 2021 ..... |             |             |

**Provider 2:**

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

|  | 2021 Amount | 2020 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2021 .....     |             |             |
| Expenses incurred and not paid in 2021 ..... |             |             |

### Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | 2021 Expenses Incurred | 2020 Expenses Incurred |
|------------------------|-----------|------------------------|------------------------|------------------------|
|                        |           |                        |                        |                        |
|                        |           |                        |                        |                        |
|                        |           |                        |                        |                        |

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

| First Name and Initial | Last Name | Social Security Number | 2021 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
|                        |           |                        |                         |
|                        |           |                        |                         |
|                        |           |                        |                         |



General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,300 or more in 2021? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Cash wages subject to additional Medicare tax withholding .....

Federal income tax withheld .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

Table with 2 columns: 2021 Amount, 2020 Amount. Rows correspond to the tax categories listed on the left.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 3 columns: State, Total Cash Wages Subject to FUTA, 2020 Amount.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2022

Table with 5 columns: Name of State, Total Taxable Wages, Contribution Paid to Unemployment Fund, X, 2020 Amount.



# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2021 taxes, do you want the excess:

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Refunded .....                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Applied to your 2022 estimated tax liability | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## Federal Estimated Tax Payments:

2021 1st Quarter Estimate ..... (Due 04-15-2021)  
 2021 2nd Quarter Estimate ..... (Due 06-15-2021)  
 2021 3rd Quarter Estimate ..... (Due 09-15-2021)  
 2021 4th Quarter Estimate ..... (Due 01-18-2022)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |
|            |                                      |             |

2020 overpayment applied to 2021 estimate .....

## Tax Planning Information for Tax Year 2022:

Do you expect any of the following to occur in 2022?

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| A change in your marital status .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions .....        | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

|  |
|--|
|  |
|  |
|  |
|  |
|  |



2021

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

| TSJ ____<br>State/City _____ |  |             |
|------------------------------|--|-------------|
| Amount Due                   | Date Paid<br>if Not Date Due<br>(Mo/Da/Yr) | Amount Paid |
|                              |  |             |
|                              |  |             |
|                              |  |             |
|                              |  |             |

2021 1st Quarter Estimate .....

2021 2nd Quarter Estimate .....

2021 3rd Quarter Estimate .....

2021 4th Quarter Estimate .....

If you have an overpayment of 2021 taxes, do you  
want the excess applied to your 2022 estimated tax liability?  Yes  No

2020 overpayment applied to 2021 estimate .....

Balance of prior year(s)' tax paid in 2021 plus  
amount paid with 2020 extensions .....

Estimated tax payments for 2020 paid in 2021 .....

## State and City Estimated Tax Payments:

| TSJ ____<br>State/City _____ |  |             |
|------------------------------|--|-------------|
| Amount Due                   | Date Paid<br>if Not Date Due<br>(Mo/Da/Yr) | Amount Paid |
|                              |  |             |
|                              |  |             |
|                              |  |             |
|                              |  |             |

2021 1st Quarter Estimate .....

2021 2nd Quarter Estimate .....

2021 3rd Quarter Estimate .....

2021 4th Quarter Estimate .....

If you have an overpayment of 2021 taxes, do you  
want the excess applied to your 2022 estimated tax liability?  Yes  No

2020 overpayment applied to 2021 estimate .....

Balance of prior year(s)' tax paid in 2021 plus  
amount paid with 2020 extensions .....

Estimated tax payments for 2020 paid in 2021 .....

## State and City Estimated Tax Payments:

| TSJ ____<br>State/City _____ |  |             |
|------------------------------|--|-------------|
| Amount Due                   | Date Paid<br>if Not Date Due<br>(Mo/Da/Yr) | Amount Paid |
|                              |  |             |
|                              |  |             |
|                              |  |             |
|                              |  |             |

2021 1st Quarter Estimate .....

2021 2nd Quarter Estimate .....

2021 3rd Quarter Estimate .....

2021 4th Quarter Estimate .....

If you have an overpayment of 2021 taxes, do you  
want the excess applied to your 2022 estimated tax liability?  Yes  No

2020 overpayment applied to 2021 estimate .....

Balance of prior year(s)' tax paid in 2021 plus  
amount paid with 2020 extensions .....

Estimated tax payments for 2020 paid in 2021 .....