

## 2021 Tax Organizer Personal Information

### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Filing status at the end of 2021

- Single     
  Married     
  Widowed - If widowed and your spouse died in 2021, enter the date of death \_\_\_\_\_  
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? \_\_\_\_\_

### Yes No

- Are you or your spouse blind?  
  Are you or your spouse disabled?  
  Are you or your spouse a full-time student?  
  Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
  At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  
  If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?  
  If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?  
  Was your earned income in 2021 less than your earned income in 2019?  
     If "Yes," enter the amount of your 2019 earned income. \_\_\_\_\_  
  Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?  
     If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.  
     Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

### Identification Information

#### Taxpayer's type of photo ID

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Spouse's type of photo ID

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2021 appointment is scheduled for \_\_\_\_\_

### Dependent and Other Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

**Yes**   **No**

Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

#### Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

#### Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2020	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

## **2021 Information Pertaining to the American Rescue Plan Act (ARPA)**

On March 11, 2021, the President of the United States signed into law the American Rescue Plan Act (ARPA) that authorized a third round of stimulus payments and advanced payment of the Child Tax Credit. The IRS issued notices that provided the amounts you received for these payments. This information is necessary to accurately complete your 2021 individual tax return. Information provided below explains what notice you received and how to obtain the information if you no longer have the notice or have yet to receive a letter.

### **Stimulus Payment (Economic Impact Payment (EIP))**

The third round of EIP or stimulus payments began mid-March 2021. Individuals could have received up to \$1,400 (\$2,800 for married couples filing a joint return). Qualifying dependents may have also received \$1,400. Unlike the first two payments, EIP3 was not limited to children under 17. Families may have received the payment based on all of the qualifying dependents claimed on the tax return. Most families received \$1,400 per person, meaning, a single person with no dependents may have received \$1,400 while a family of four may have received \$5,600. Notice 1444-C was sent following the payments and Letter 6475 will be issued in January 2022 with a combined total.

If you no longer have Notice 1444-C, or have not received Letter 6475, log in to your IRS Online Account to get the accurate amount of EIP3 received.

1. Go to [irs.gov](https://www.irs.gov).
2. Select "View Your Account Information."
3. Select "Log in to your Online Account" and follow the prompts provided.

### **Advance Child Tax Credit Payments**

Under ARPA, the maximum amount for the Child Tax Credit (CTC) was increased from \$2,000 to \$3,600 for each child 5 years old and under. For children ages 6 - 17, the maximum increased to \$3,000. In July 2021, eligible families that did not opt out began receiving advanced CTC payments up to \$300 per month for each child age 5 and under and up to \$250 for each child between the age of 6 and 17. IRS will issue Letter 6419 to provide the amount received per taxpayer and how many children were taken into account to determine the amount received.

If you no longer have Letter 6419, or have not yet received it, follow the directions above to log in to your online account to access the Child Tax Credit Update Portal or log directly in to the portal using the instructions below. For married couples filing a joint return, the taxpayer and spouse will both need to log in to get the amount apportioned to each taxpayer.

1. Go to [irs.gov](https://www.irs.gov).
2. Select "Child Tax Credit Update Portal."
3. Select "Manage Advance Payments" and follow the prompts provided.

### Healthcare Coverage Questionnaire

Name:

SSN:

**Healthcare Information**

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**YES    NO**

    Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

    Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

    Was your previous insurance policy canceled in 2021?

    Was coverage offered by your employer or your spouse's employer?

    Are you a member of a federally recognized Indian tribe?

    Are you eligible for services through an Indian healthcare provider?

    Are you a member of a healthcare sharing ministry?

    Did you live in the United States the entire year?

    Are you enrolled in TRICARE?

    Did you apply for CHIP coverage?

    Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

**Healthcare Coverage Questionnaire for taxpayer and spouse  
( for preparer use)**

**PRIMARY TAXPAYER**

  All Year     January     February     March     April     May     June     July     August     September     October     November     December  

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

**SPOUSE**

  All Year     January     February     March     April     May     June     July     August     September     October     November     December  

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Employer offered health coverage which was declined														
If YES, what would be the cost for SELF coverage?														
If YES, what would be the cost for FAMILY coverage?														
Would the FAMILY policy have covered the spouse?														

### Healthcare Coverage Questionnaire for Dependents ( for preparer use)

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?											

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?											

All Year   January   February   March   April   May   June   July   August   September   October   November   December

Insured through Marketplace (Exchange). MUST provide 1095-A														
Had health care coverage from another source														
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.														
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?											

**Income**

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2021 federal wages	2020 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2021 distribution	2020 distribution

- Yes     No    Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
- Yes     No    Did you use any of the distributions for disaster or coronavirus relief?

Income

Name:

SSN:

**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC

Payer name	2021 amount	2020 amount

**Form 1099-NEC Income**

Provide all copies of Form 1099-NEC

Payer name	2021 amount	2020 amount



Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

Account number Payer name	2021 ordinary dividends	2020 ordinary dividends	2021 qualified dividends	2020 qualified dividends

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income.

Account number Payer name	2021 interest	2020 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Table with 5 columns: Description of property, Date purchased, Date sold, Sales price, Cost. Multiple rows for data entry.

Installment Sale Income

Description of property:

Date acquired Date sold

Table with 4 columns: Description, 2021, Prior years. Rows include Selling price, Mortgages assumed, Cost of property sold, Depreciation allowed, Commissions and expense of sale, Gross profit percentage, Interest received, Principal payments received.

Property was sold to a related party [ ]

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2021 Taxpayer	2020 Taxpayer	2021 Spouse	2020 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Alimony received				
Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2021 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
Jury duty pay . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2021 Taxpayer	2020 Taxpayer	2021 Spouse	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____	_____	_____
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

This business started or was acquired during 2021.

This business was disposed of during 2021.

Select if this business is for:

Professional gambler

Exempt Notary income

Newspaper delivery and you are under 18 years of age

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," you filed Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes," was any portion of the loan forgiven?

**Income**

	2021	2020		2021	2020
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Returns & allowances . . . . .	_____	_____		_____	_____

**Expenses**

	2021	2020		2021	2020
Advertising . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Car & truck expenses . . . . .	_____	_____	Supplies . . . . .	_____	_____
Commissions & fees . . . . .	_____	_____	Taxes & licenses . . . . .	_____	_____
Contract labor . . . . .	_____	_____	Travel . . . . .	_____	_____
Depletion . . . . .	_____	_____	Total meals . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Insurance (other than health) . . . . .	_____	_____	Wages . . . . .	_____	_____
Interest - mortgage . . . . .	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Interest - other . . . . .	_____	_____	Other expenses (list) . . . . .	_____	_____
Legal & professional services . . . . .	_____	_____		_____	_____
Office expenses . . . . .	_____	_____		_____	_____
Pension & profit sharing plans . . . . .	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____	_____		_____	_____
Rent (other business property) . . . . .	_____	_____		_____	_____

**Cost of Goods Sold**

	2021		2021
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____
Purchases . . . . .	_____	Other costs . . . . .	_____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
Cost of labor . . . . .	_____		

There was a change in inventory method.

**Schedule E - Income or Loss from Rental Real Estate & Royalties**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Property Information**

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> This property was placed in service during 2021.      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property is your main home or second home.       | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals.  |
| <input type="checkbox"/> This property was disposed of during 2021.            |  |  |
| <input type="checkbox"/> This property was owned as a qualified joint venture. |  |  |

**Income**

	2021	2020		2021	2020
Rent Income . . . . .	_____	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____	_____

**Expenses**

	Rental unit expenses		Rental <u>and</u> homeowner expenses		
Advertising . . . . .	_____	_____	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .	_____	_____	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	_____	_____	
Commissions . . . . .	_____	_____	_____	_____	
Insurance . . . . .	_____	_____	_____	_____	
Legal & professional fees . . . . .	_____	_____	_____	_____	
Management fees . . . . .	_____	_____	_____	_____	
Mortgage interest . . . . .	_____	_____	_____	_____	
Other interest . . . . .	_____	_____	_____	_____	
Repairs . . . . .	_____	_____	_____	_____	
Supplies . . . . .	_____	_____	_____	_____	If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes . . . . .	_____	_____	_____	_____	
Utilities . . . . .	_____	_____	_____	_____	
Depletion . . . . .	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	



### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Information

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

- This farm was disposed of during 2021.
- Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm.
- Yes  No You filed Forms 1099 for the individuals.
- Yes  No You received a Paycheck Protection Program (PPP) loan for this business.
- Yes  No If "Yes," was any portion of the loan forgiven?

#### Income

	2021	2020		2021	2020
Sale of livestock / other items . . . . .	_____	_____	Crop insurance proceeds:		
Cost of items bought for resale . . . . .	_____	_____	Amount received in 2021 . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2022		
Total cooperative distributions . . . . .	_____	_____	Amount deferred from 2020 . . . . .	_____	_____
(Provide 1099-PATR)			Custom hire income . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	Beginning inventory for accrual . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:			Ending inventory for accrual . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
CCC loans forfeited . . . . .	_____	_____	Other income . . . . .	_____	_____

#### Expenses

	2021	2020		2021	2020
Car & truck expenses . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Taxes . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Utilities . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	Other expenses (list) . . . . .	_____	_____
Insurance (other than health) . . . . .	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other . . . . .	_____	_____		_____	_____
Non-W-2 labor hired . . . . .	_____	_____		_____	_____
W-2 wages paid . . . . .	_____	_____		_____	_____
Pension & profit-sharing plans . . . . .	_____	_____		_____	_____
Rent - vehicles, machinery, & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____		_____	_____

**Form 4835 - Farm Rental Income and Expenses**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2021

**Income**

	2021	2020		2021	2020
Income from production of livestock, grains, and other crops . . . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2021 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2022		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2020 . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____			

**Expenses**

	2021	2020		2021	2020
Car & truck expenses . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Other expenses (list)		
Freight & trucking . . . . .	_____	_____	_____	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery & equip . . . . .	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____	_____



### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |  |  |
|--|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Was this vehicle available for use during off-duty hours?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was another vehicle is available for personal use?</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you have evidence to support your deduction?</p> <p><input type="checkbox"/> <input type="checkbox"/> If "Yes," is the evidence written?</p> |
|--|--|

Number of miles the vehicle was driven during 2021	2021	2020	Total number of miles the vehicle was driven in prior years	2021	2020
Business . . . . .	_____	_____	Business . . . . .	_____	_____
Commuting . . . . .	_____	_____	Total . . . . .	_____	_____
Other . . . . .	_____	_____			

Expenses	2021	2020	Expenses	2021	2020
Garage rent . . . . .	_____	_____	Repairs . . . . .	_____	_____
Gas . . . . .	_____	_____	Tires . . . . .	_____	_____
Insurance . . . . .	_____	_____	Tolls . . . . .	_____	_____
Licenses . . . . .	_____	_____	Lease addback . . . . .	_____	_____
Oil . . . . .	_____	_____	Other expenses		_____
Parking fees . . . . .	_____	_____	_____	_____	_____
Rental fees . . . . .	_____	_____	_____	_____	_____
Interest . . . . .	_____	_____	_____	_____	_____
Property tax . . . . .	_____	_____			

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions:

- How many days during the year was the area used? \_\_\_\_\_
- How many hours per day was the area used? \_\_\_\_\_
- The daycare facility was in operation for the entire year

Expenses	Office expenses		Home expenses	
	2021	2020	2021	2020
Mortgage interest . . . . .	_____	_____	_____	_____
Real estate taxes . . . . .	_____	_____	_____	_____
Excess mortgage interest . . . . .	_____	_____	_____	_____
Excess real estate taxes . . . . .	_____	_____	_____	_____
Insurance . . . . .	_____	_____	_____	_____
Rent . . . . .	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____
Utilities . . . . .	_____	_____	_____	_____
Other expenses . . . . .	_____	_____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

# Asset Listing for 2021

Name:

SSN:

**Assets for:**

Description of property	Date acquired	Cost/Basis	Date disposed of	Sales price	Expense of sale

### Household Employment

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes** **No**

- Did you pay any one household employee cash wages of \$2,300 or more in 2021?
- Did you withhold federal income tax during 2021 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2021 by April 18, 2022?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2021	2020
Total cash wages subject to Social Security tax . . . . .	_____	_____
Total cash wages subject to Medicare tax . . . . .	_____	_____
Total cash wages subject to Additional Medicare tax withholding . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____
Qualified sick leave wages . . . . .	_____	_____
Qualified family leave wages . . . . .	_____	_____
Qualified health plan expenses . . . . .	_____	_____

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes** **No**

- Did you pay any one household employee cash wages of \$2,300 or more in 2021?
- Did you withhold federal income tax during 2021 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2021 by April 18, 2022?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2021	2020
Total cash wages subject to Social Security tax . . . . .	_____	_____
Total cash wages subject to Medicare tax . . . . .	_____	_____
Total cash wages subject to Additional Medicare tax withholding . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____
Qualified sick leave wages . . . . .	_____	_____
Qualified family leave wages . . . . .	_____	_____
Qualified health plan expenses . . . . .	_____	_____

Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

	2021	2020
Health insurance premiums (paid by you, not through work) . . . . .	_____	_____
Long-term care premiums (you) . . . . .	_____	_____
Long-term care premiums (your spouse) _____		
Long-term care premiums (dependents) _____		
Mileage driven for medical purposes . . _____		
Out of pocket medical and dental expenses (list) . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Charitable Contributions**

	2021	2020
Donations to charity (cash) . . . . .	_____	_____
Disaster relief contributions . . . . .	_____	_____
Miles driven for charitable purposes _____		
Donations to charity (noncash) . . . . .	_____	_____
If noncash donations are greater than \$500, list below.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Taxes Paid**

	2021	2020
State and local income taxes . . . . .	_____	_____
General sales tax (vehicle, boat, home, etc.) . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Personal property taxes . . . . .	_____	_____
Other taxes (list) _____		
_____	_____	_____
_____	_____	_____

**Other Miscellaneous Deductions**

	2021	2020
Amortizable bond premiums . . . . .	_____	_____
Federal estate tax . . . . .	_____	_____
Gambling losses . . . . .	_____	_____
Impairment-related work expenses _____		
Claim repayments . . . . .	_____	_____
Unrecovered pension investments _____		
Schedule K-1 . . . . .	_____	_____
Ordinary loss debt instrument . . . . .	_____	_____
Excess deduction on termination _____		

**For state purposes ONLY**

**Job Expenses & Certain Miscellaneous Deductions**

	2021	2020
Necessary job expenses you paid that were not reimbursed by your employer (list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Union dues . . . . .	_____	_____
Tax preparation fees . . . . .	_____	_____
Other nonpersonal expenses related to taxable income (list)		
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere . . . . .	_____	_____
Home equity interest . . . . .	_____	_____

**Interest Paid**

	2021	2020
Home mortgage interest paid (attach Form 1098) . . . . .	_____	_____
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.		
Home mortgage interest paid to an individual . . . . .	_____	_____
Paid to:		
Name _____		
Address _____		
City, State, ZIP _____		
SSN or EIN _____		
Home mortgage insurance premiums _____	_____	_____
Investment interest . . . . .	_____	_____

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	2021 Mortgage interest received	2020 Mortgage interest received	2021 Mortgage insurance premiums	2020 Mortgage insurance premiums	2021 Real estate taxes paid	2020 Real estate taxes paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Employee Business Expenses**

- You are a qualified performing artist.
- You are a fee-based state or local government official.
- You are a disabled employee with impairment-related work expenses.
- You are a reservist.
- You are a member of the clergy.
- You used your personal vehicle for your job during 2021

	NOT reimbursed by your employer 2021	2020	Reimbursed by your employer not included in box 1 of your W-2 2021	2020
Parking fees, tolls, local transportation . . . . .	_____	_____	_____	_____
Meals . . . . .	_____	_____	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____	_____	_____
Other business expenses . . . . .	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Casualties and Thefts**

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Education Expenses**

Provide all copies of Form 1098-T

Student name _____		Student name _____	
Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____		Student name _____	
Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____		Student name _____	
Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Job-related Moving Expenses**

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

	2020	2021
Number of miles from old home to old workplace . . . . .	_____	_____
Number of miles from old home to new workplace . . . . .	_____	_____
Expenses to transport and store household goods and personal effects . . . . .	_____	_____
Travel and lodging expense while traveling to your new home . . . . .	_____	_____

