

## 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?

#### 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://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://irs.gov).
2. Select "Child Tax Credit Update Portal."
3. Select "Manage Advance Payments" and follow the prompts provided.



### Healthcare Coverage Questionnaire for Taxpayer and Spouse (for preparer use)

**PRIMARY TAXPAYER**

	All Year	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? 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	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? 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	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? 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	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? 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	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Insured through Marketplace (Obamacare)? 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? _____												

### Child and Dependent Care

Name:

SSN:

#### Child Care Provider's Information

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b> State, ZIP _____		
<b>Foreign only</b> Province/State, Country, Postal code _____		
<input type="checkbox"/> Check here if the care provider is your household employee (Schedule H)		

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b> State, ZIP _____		
<b>Foreign only</b> Province/State, Country, Postal code _____		
<input type="checkbox"/> Check here if the care provider is your household employee (Schedule H)		

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b> State, ZIP _____		
<b>Foreign only</b> Province/State, Country, Postal code _____		
<input type="checkbox"/> Check here if the care provider is your household employee (Schedule H)		

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b> State, ZIP _____		
<b>Foreign only</b> Province/State, Country, Postal code _____		
<input type="checkbox"/> Check here if the care provider is your household employee (Schedule H)		

## Wages and Salaries

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

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

**Provide all copies of Form W-2**

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2021	2020		2021	2020
Wages, tips, other compensation _____			State _____ State ID _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State ID _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2021	2020		2021	2020
Wages, tips, other compensation _____			State _____ State ID _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State ID _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					



2021

### Interest Income

Name:

SSN:

Provide all Form(s) 1099-INT relating to interest income

TSJ	Name of payer Account number ID and address of payer (if seller-financed mortgage)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest

**Dividend Income**

Name:

SSN:

Provide all Form(s) 1099-DIV relating to dividend income

TSJ	Name of payer Account number	Ordinary	Qualified	Capital gains	Federal income tax withheld	Foreign tax paid	Section 199A Dividends

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

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

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

**General Business Information**

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Business code \_\_\_\_\_

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

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

You started or acquired this business during 2021.

Some investment is NOT at risk.

You disposed of this property during 2021.

Select if this business is for:

- Professional gambler  Paper route excluded from SE
- Exempt Notary income  Clergy Schedule C

Did you receive a Paycheck Protection Program (PPP) loan for this business?  Yes  No  
 If "Yes," was any portion of the loan forgiven?  Yes  No

Did you make any payments in 2021 that would require you to file Forms 1099?  Yes  No  
 If "Yes," did you or will you file all required Forms 1099 for the individuals?  Yes  No

**Income**

	2021	2020
Gross receipts or sales . . . . .		
Returns and allowances . . . . .		
Other income . . . . .		

**Cost of Goods Sold**

Inventory method, if not cost  Lower of cost or market  Other

Change of inventory method  Yes  No

	2021	2020
Inventory at beginning of year . . . . .		
Purchases (less cost of items withdrawn for personal use) . . . . .		
Cost of labor . . . . .		
Materials and supplies . . . . .		
Other costs (list on detail worksheet) . . . . .		
Inventory at end of year . . . . .		

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS \_\_\_\_\_

Business name \_\_\_\_\_

Profession or product \_\_\_\_\_

2021

2020

Advertising . . . . . \_\_\_\_\_

Car and truck expenses . . . . . \_\_\_\_\_

Commissions and fees . . . . . \_\_\_\_\_

Contract labor . . . . . \_\_\_\_\_

Depletion . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_

Interest - mortgage (paid to banks, etc.) . . . . . \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_

Legal and professional services . . . . . \_\_\_\_\_

Office expenses . . . . . \_\_\_\_\_

Pension and profit sharing plans . . . . . \_\_\_\_\_

Rent or lease (vehicles, machinery, and equipment) . . . . . \_\_\_\_\_

Rent (other business property) . . . . . \_\_\_\_\_

Repairs and maintenance . . . . . \_\_\_\_\_

Supplies . . . . . \_\_\_\_\_

Taxes and licenses (including real estate taxes) . . . . . \_\_\_\_\_

Travel . . . . . \_\_\_\_\_

Total meals . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Wages . . . . . \_\_\_\_\_

Family health coverage payments for taxpayer, spouse or dependents . . . . . \_\_\_\_\_

Other expenses (list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Casualties and Thefts

Name:

SSN:

[Redacted Name and SSN]

FEMA code \_\_\_\_\_

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

Property location \_\_\_\_\_

Property was  Personal  Business  Income-producing  Employee income-producing

Date property was acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost of property damaged or stolen . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date property was damaged or stolen . . . . . \_\_\_\_\_

**Theft Loss Deduction for Ponzi-Type Investment Scheme**

**Part I Computation of Deduction**

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

**Part II Required Statements and Declarations**

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

FEMA code \_\_\_\_\_

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

Property location \_\_\_\_\_

Property was  Personal  Business  Income-producing  Employee income-producing

Date property was acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost of property damaged or stolen . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date property was damaged or stolen . . . . . \_\_\_\_\_

**Theft Loss Deduction for Ponzi-Type Investment Scheme**

**Part I Computation of Deduction**

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

**Part II Required Statements and Declarations**

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Installment Sale Income

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

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

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_

	2021	Prior years
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 <input type="checkbox"/>		

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_

	2021	Prior years
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 <input type="checkbox"/>		

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_

	2021	Prior years
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 <input type="checkbox"/>		

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

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

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

**General Property Information**

TS \_\_\_\_\_

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

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

**Select the property type**

- Single family residence     
  Vacation / short-term rental     
  Land     
  Self-rental  
 Multi-family residence     
  Commercial     
  Royalties     
  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 \_\_\_\_\_

- This property was placed in service during 2021.  
 This property is your main home or second home.       Yes    No      Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.  
 This property was disposed of during 2021.       Yes    No      You filed Forms 1099 for the individuals.  
 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

TS \_\_\_\_\_ Employer ID number \_\_\_\_\_

Principal product \_\_\_\_\_

- Checkboxes for farm disposal, payments to individuals, 1099 forms, PPP loan, and loan forgiveness.

Income

Table with columns for 2021 and 2020. Rows include: Sale of livestock / other items, Cost of items bought for resale, Sale of products you raised, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, Custom hire income, Beginning inventory for accrual, Ending inventory for accrual, Other income.

Expenses

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

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ Payer's Federal ID Number:

Payer's name:

Payer's address:

City:

U.S. only State, ZIP:

Foreign only Province/State, Country, Postal code:

Payer's phone: Account number:

Table with columns for 2021 and 2020. Rows include Unemployment compensation, Unemployment compensation repaid in current year, State/local tax refunds/credits, Tax year, Federal tax withheld, RTAA payments, Taxable grants, Agriculture, Trade/business, Market gain, State, State ID, State unemployment, State withholding, and Unemployment benefits are from railroad.

TSJ Payer's Federal ID Number:

Payer's name:

Payer's address:

City:

U.S. only State, ZIP:

Foreign only Province/State, Country, Postal code:

Payer's phone: Account number:

Table with columns for 2021 and 2020. Rows include Unemployment compensation, Unemployment compensation repaid in current year, State/local tax refunds/credits, Tax year, Federal tax withheld, RTAA payments, Taxable grants, Agriculture, Trade/business, Market gain, State, State ID, State unemployment, State withholding, and Unemployment benefits are from railroad.

Form 1099-MISC - Miscellaneous Income

Name:

SSN:

Provide all copies of Form 1099-MISC

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

Table with 4 columns: Description, 2021, 2020, 2021, 2020. Rows include Rents, Royalties, Other income, Federal tax withheld, Fishing boat proceeds, Medical and health care payments, etc.

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

Table with 4 columns: Description, 2021, 2020, 2021, 2020. Rows include Rents, Royalties, Other income, Federal tax withheld, Fishing boat proceeds, Medical and health care payments, etc.

Form 1099-NEC - Nonemployee Compensation

Name:

SSN:

Provide all copies of Form 1099-NEC

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

	2021	2020		2021	2020
Non-employee compensation . . . . .	_____	_____	<input type="checkbox"/> Payer made direct sales of \$5000 or more of consumer products.	_____	_____
Federal tax withheld . . . . .	_____	_____		_____	_____
State _____ State ID _____	_____	_____	State _____ State ID _____	_____	_____
State tax withheld . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
State income . . . . .	_____	_____	State income . . . . .	_____	_____
Name of locality _____	_____	_____	Name of locality _____	_____	_____
Local tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Local income . . . . .	_____	_____	Local income . . . . .	_____	_____

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

	2021	2020		2021	2020
Non-employee compensation . . . . .	_____	_____	<input type="checkbox"/> Payer made direct sales of \$5000 or more of consumer products.	_____	_____
Federal tax withheld . . . . .	_____	_____		_____	_____
State _____ State ID _____	_____	_____	State _____ State ID _____	_____	_____
State tax withheld . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
State income . . . . .	_____	_____	State income . . . . .	_____	_____
Name of locality _____	_____	_____	Name of locality _____	_____	_____
Local tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Local income . . . . .	_____	_____	Local income . . . . .	_____	_____

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's Address: \_\_\_\_\_

	2021	2020		2021	2020
Non-employee compensation . . . . .	_____	_____	<input type="checkbox"/> Payer made direct sales of \$5000 or more of consumer products.	_____	_____
Federal tax withheld . . . . .	_____	_____		_____	_____
State _____ State ID _____	_____	_____	State _____ State ID _____	_____	_____
State tax withheld . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
State income . . . . .	_____	_____	State income . . . . .	_____	_____
Name of locality _____	_____	_____	Name of locality _____	_____	_____
Local tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Local income . . . . .	_____	_____	Local income . . . . .	_____	_____

**Pension, Annuities, Retirement, Etc. Distributions**

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

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

**Social Security Benefit Statement or Railroad Retirement Board Payments**

TS _____	2021	2020	TS _____	2021	2020
Net benefits . . . . .	_____	_____	Net benefits . . . . .	_____	_____
Medicare premiums . . . . .	_____	_____	Medicare premiums . . . . .	_____	_____
Federal Income tax withheld . . . . .	_____	_____	Federal Income tax withheld . . . . .	_____	_____

**Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.**

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2021	2020		2021	2020
Disability indicator . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State ID _____	_____	_____
Report disability income as wages on 1040. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .	_____	_____
Gross distribution . . . . .	_____	_____	State distribution . . . . .	_____	_____
Taxable amount . . . . .	_____	_____	Name of locality _____	_____	_____
Total distribution . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld . . . . .	_____	_____
Capital gain included in taxable amount above . . . . .	_____	_____	Local distribution . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____	State _____ State ID _____	_____	_____
Employee contributions or insurance premiums . . . . .	_____	_____	State income tax withheld . . . . .	_____	_____
Distribution code(s) . . . . .	_____	_____	State distribution . . . . .	_____	_____
IRA/SEP/SIMPLE . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____	_____	_____
Your percentage of total distribution _____	_____	_____	Local income tax withheld . . . . .	_____	_____
			Local distribution . . . . .	_____	_____

**Yes No**

- Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
- Were any of these distributions for disaster or coronavirus relief?

100% of the taxable amount enter above is a Qualified Charitable Distribution (QCD) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Enter an amount in this field if only part of the taxable amount entered above is a QCD . . . . .	_____	_____
100% of the taxable amount entered above is for Health Savings Account (HSA) funding . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Enter an amount in this field if only part of the taxable amount entered above is for HSA funding . . . . .	_____	_____
Enter the amount of distribution used for insurance premiumns for public safety officers . . . . .	_____	_____

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

Other Miscellaneous Deductions	
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	

Interest Paid	
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 . . . . .	

For state purposes ONLY	
Job Expenses & Certain Miscellaneous Deductions	
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 . . . . .	

### Mortgage Interest

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

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

**Provide all copies of Form 1098**

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_

Product \_\_\_\_\_

Recipient/Lender information: Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Foreign only** Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

	2021	2020		2021	2020
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Date mortgage began . . . . .	_____		<input type="checkbox"/> Mortgage interest is for primary residence		
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_

Product \_\_\_\_\_

Recipient/Lender information: Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Foreign only** Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

	2021	2020		2021	2020
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Date mortgage began . . . . .	_____		<input type="checkbox"/> Mortgage interest is for primary residence		
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_

Product \_\_\_\_\_

Recipient/Lender information: Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Foreign only** Province/State \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

	2021	2020		2021	2020
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Date mortgage began . . . . .	_____		<input type="checkbox"/> Mortgage interest if for primary residence		
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		



## Employee Business Expense

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

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

### Employee Business Expense

TSJ \_\_\_\_\_ Occupation \_\_\_\_\_

Select if you are:

- A qualifying performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed forces reservist (travel related expenses only)
- A member of the clergy

#### Part I - Employee Business Expense and Reimbursements

	2021	2020
Parking fees, tolls, and local transportation, including train, bus, etc. . . . .	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
Meals . . . . .	_____	_____
DOT meals . . . . .	_____	_____
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses . . . . .	_____	_____
Meals . . . . .	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee . . . . .	_____	_____
Portion of total expenses that is for an Armed Forces reservist . . . . .	_____	_____

### Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2021	2020	2021	2020
Enter the date vehicle was placed in service . . . . .	_____	_____	_____	_____
Total miles vehicle was driven during 2021 . . . . .	_____	_____	_____	_____
Business miles . . . . .	_____	_____	_____	_____
Average daily roundtrip commuting distance . . . . .	_____	_____	_____	_____
Commuting miles included in total miles above . . . . .	_____	_____	_____	_____
Taxes . . . . .	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc. . . . .	_____	_____	_____	_____
Vehicle rentals . . . . .	_____	_____	_____	_____
Inclusion amount . . . . .	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .	_____	_____	_____	_____
Enter cost or other basis . . . . .	_____	_____	_____	_____
Enter section 179 deduction . . . . .	_____	_____	_____	_____
Enter depreciation percentage . . . . .	_____	_____	_____	_____

- If your employer provided a vehicle, was personal use during off duty hours permitted?       Yes     No
- Do you or your spouse have another vehicle available for personal use? . . . . .       Yes     No
- Do you have evidence to support your deduction? . . . . .       Yes     No
- If "Yes," is the evidence written? . . . . .       Yes     No

## Auto Expense Worksheet

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

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

### General Information

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Was this vehicle available for use during off-duty hours?  Yes  No

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

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

**Enter the number of miles your vehicle was used for:**

2021

2020

Prior year total

Business . . . . . \_\_\_\_\_

Commuting . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

Business

Total

### Expenses

2021

2020

Garage rent . . . . . \_\_\_\_\_

Gas . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_

Licenses . . . . . \_\_\_\_\_

Oil . . . . . \_\_\_\_\_

Parking fees . . . . . \_\_\_\_\_

Rental fees . . . . . \_\_\_\_\_

Interest . . . . . \_\_\_\_\_

Property tax . . . . . \_\_\_\_\_

Repairs . . . . . \_\_\_\_\_

Tires . . . . . \_\_\_\_\_

Tolls . . . . . \_\_\_\_\_

Lease addbacks . . . . . \_\_\_\_\_

Other expenses (list):

Apply business %

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residential Energy Credits

Name:

SSN:

TSJ \_\_\_\_\_

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs . . . . . \_\_\_\_\_

Qualified solar water heating property costs . . . . . \_\_\_\_\_

Qualified small wind energy property costs . . . . . \_\_\_\_\_

Qualified geothermal heat pump property costs . . . . . \_\_\_\_\_

Qualified biomass fuel property costs . . . . . \_\_\_\_\_

Was qualified fuel cell property installed on or in your main home in U.S.?  Yes  No

Address of main home \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Qualified fuel cell property costs . . . . . \_\_\_\_\_

Kilowatt capacity of qualified fuel cell property entered above . . . . . \_\_\_\_\_

Amount of unused credit from 2020 Form 5695, line 16 . . . . . \_\_\_\_\_

Part II - Nonbusiness Energy Property Credit

Were improvements or costs made to your main home located in the US?  Yes  No

Address of main home \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Were improvements or costs related to the construction of this main home?  Yes  No

Enter the nonbusiness energy property credit that you took in:

2006 \_\_\_\_\_ 2010 \_\_\_\_\_ 2013 \_\_\_\_\_ 2016 \_\_\_\_\_ 2019 \_\_\_\_\_

2007 \_\_\_\_\_ 2011 \_\_\_\_\_ 2014 \_\_\_\_\_ 2017 \_\_\_\_\_ 2020 \_\_\_\_\_

2009 \_\_\_\_\_ 2012 \_\_\_\_\_ 2015 \_\_\_\_\_ 2018 \_\_\_\_\_

Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain . . . . . \_\_\_\_\_

Exterior doors that meet or exceed Energy Star 6.0 requirements . . . . . \_\_\_\_\_

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain . . . . . \_\_\_\_\_

Exterior windows and skylights that meet or exceed Energy Star 6.0 requirements . . . . . \_\_\_\_\_

Enter the amount of window expense you claimed in:

2006 \_\_\_\_\_ 2010 \_\_\_\_\_ 2013 \_\_\_\_\_ 2016 \_\_\_\_\_ 2019 \_\_\_\_\_

2007 \_\_\_\_\_ 2011 \_\_\_\_\_ 2014 \_\_\_\_\_ 2017 \_\_\_\_\_ 2020 \_\_\_\_\_

2009 \_\_\_\_\_ 2012 \_\_\_\_\_ 2015 \_\_\_\_\_ 2018 \_\_\_\_\_

Residential Energy Property Costs

Energy efficient building property costs . . . . . \_\_\_\_\_

Qualified natural gas, propane, or oil furnace or hot water boiler . . . . . \_\_\_\_\_

Advanced main air circulating fan used in a natural gas, propane, or oil furnace . . . . . \_\_\_\_\_

### Education Credits

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

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

**Provide all Form(s) 1098-T**

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? .....  Yes

Was the student enrolled at least half-time for at least one academic period that began in 2021 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? .....

Did the student complete the first four years of post-secondary education before 2021? .....

Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? .....

Is the student pursuing a degree? .....

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2021	2020
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free education assistance received in 2021 allocable to the academic period	_____	_____
Tax-free education assistance received in 2022 (and before 2021 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2021 if the refund is received before the 2021 return is filed	_____	_____

Did the student receive Form 1098-T from this institution for 2021?  Yes  No

Did the student receive Form 1098-T from this institution for 2020 with box 7 checked?  Yes  No

EIN \_\_\_\_\_

Educational Institution Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? .....  Yes

Was the student enrolled at least half-time for at least one academic period that began in 2021 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? .....

Did the student complete the first four years of post-secondary education before 2021? .....

Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? .....

Is the student pursuing a degree? .....

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2021	2020
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free education assistance received in 2021 allocable to the academic period	_____	_____
Tax-free education assistance received in 2022 (and before 2021 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2021 if the refund is received before the 2021 return is filed	_____	_____

Did the student receive Form 1098-T from this institution for 2021?  Yes  No

Did the student receive Form 1098-T from this institution for 2020 with box 7 checked?  Yes  No

EIN \_\_\_\_\_

Educational Institution Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_