2021 Tax Organizer Personal Information

Personal Information									
		Name			s	SN	Has IP PIN	Dat	e of birth
Taxpayer									
Spouse									
Name of pe	erson to wi	nom all information should be addressed, if not the	ne taxpayer		1	'			
Street add	dress, cit	y, state, and ZIP							
	1	Occupation		Daytime phone	Evening	phone		Cell p	hone
Taxpayer									
Spouse									
Taxpayer	email			,					
Spouse email									
Filing status at the end of 2021 Single Married Midrowed - 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 tuming 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									
Driv	er's licer			Spouse's type of photo Driver's license	Sta	ate-issued	•		
Photo ID r	number			Photo ID number					
State phot	to ID was	s issued		State photo ID was issued	I				
Date phot	to ID was	issued		Date photo ID was issued					
Date phot	to ID exp	ires		Date photo ID expires					
Accoun	nt Infori	mation for Deposits and Withdra	wals						
		Name of bank	Bank	Bank	Type of a				count for
			routing number	account number	Checking	Savings	Depo	osits	Withdrawals
Appoin	tment I	nformation							
Your 2021	appoint	ment is scheduled for							

Pirst and last name Has Relationship Months In PIN Normal Date of birth Disabled Full Expe	Pin Relationship Months Date of birth Disabled Full-time Expenses	Name:		Dependent	and Other In	omiane	711		SSN	i.
SSN IP PIN Relationship In home Date of birth Disabled Student Experiment	SSN IP PN Relationship In nome Date of birth Disabled Iting Expenses		n						33.1	
Point No	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				Relationship	in	Date of birth	Disabled	time	Childcare Expenses
Section 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									
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Spouse	Spouse	res No ☐ ☐ Did you receive If "Yes," ent the amount	advance payment ter the amount eac received as show	ch taxpayer received n on IRS Letter 6419	and the number of a , box 2. Or, provide	children tak	en into account t			
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 Estimates Federal Date paid Amount Date paid Date paid Date paid Amount Date paid	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 Pate and A									
Name of care provider Address SSN or EIN Amount Amount Estimates Federal Date paid Amount Date paid Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Date paid Amount Date paid Date pai	Name of care provider Address SSN or EIN Amount Parameter Federal Date paid Amount Date p	Spouse								
Name of care provider Address SSN or EIN Amount	Name of care provider Address SSN or EIN Amount Pa Bestimates Federal Pa Bestim	□ □ ¥		filed a laint nature wit		6:1:		uh	41:	
Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount verpayment applied om 2020 rst quarter	Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount verpayment applied om 2020 rst quarter econd quarter purth quarter		·	-		you filing a	joint retum with	the same s	pouse thi	s year?
Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Date paid Amount Date paid Amount Date paid	Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount verpayment applied om 2020 irst quarter econd quarter hird quarter ourth quarter	Child and Other Deper	·	-	h your spouse, are	you filing a	joint return with	I		s year?
Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Amount Date paid Date paid Amount Date paid Amount Date paid	Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount verpayment applied om 2020 irst quarter econd quarter hird quarter ourth quarter	Child and Other Deper	·	-	h your spouse, are	you filing a	joint return with	I		
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Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount verpayment applied om 2020 rst quarter	Federal Resident State Resident City Date paid Amount Date paid Amount Date paid Amount verpayment applied om 2020 rst quarter econd quarter Date paid Amount	Child and Other Deper	·	-	h your spouse, are	you filing a	joint return with	I		
Date paid Amount Date paid Amount Date paid Amount Date paid Amount Compayment applied om 2020 rst quarter	Date paid Amount Date paid Amount Date paid Amount Date paid Amount verpayment applied om 2020 rst quarter econd quarter purth quarter	Child and Other Deper	·	-	h your spouse, are	you filing a	joint return with	I		
irst quarter	om 2020 irst quarter econd quarter hird quarter ourth quarter	Child and Other Deper	ndent Care Exp	penses	h your spouse, are		joint return with	SSN or E	EIN	Amount Pai
	econd quarter nird quarter burth quarter	Name of care provider	ndent Care Exp	Denses	h your spouse, are	ident State		SSN or E	EIN	Amount Pai
	ourth quarter	Name of care provider Stimates Verpayment applied om 2020	ndent Care Exp	Denses	h your spouse, are	ident State		SSN or E	EIN	Amount Pai
	ourth quarter	Name of care provider Stimates Verpayment applied om 2020 rst quarter	ndent Care Exp	Denses	h your spouse, are	ident State		SSN or E	EIN	Amount Pai
		Name of care provider Name of care provider Estimates verpayment applied om 2020 rst quarter econd quarter	ndent Care Exp	Denses	h your spouse, are	ident State		SSN or E	EIN	Amount Pai
	cational payments	Name of care provider Name of care provider Estimates verpayment applied om 2020 rst quarter econd quarter nird quarter	ndent Care Exp	Denses	h your spouse, are	ident State		SSN or E	EIN	Amount Pai

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.
- 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.
- 2. Select "Child Tax Credit Update Portal."
- 3. Select "Manage Advance Payments" and follow the prompts provided.

Healthcare Coverage Questionnaire

Name:	SSN:

Name:				S	SN:
Heal	lthcar	e Information			
		Member of household	Covered	Covered less	No healthcare
		for healthcare purposes	the entire year	than 12 months	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?			
-		overage for any part of the year:			
	Where	was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other			
If you	ı didn'ı	t have coverage part or all of the year:			
Ans	wer YE	S 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 d that resulted in substantial damage to your property 	isaster		
		Filed for bankruptcy in the last six months			
		Incurred unreimbursed medical expenses in the last 24 months that res	ulted in substantial o	lebt	
		• Experienced unexpected increases in essential expenses due to caring ill, disabled, or aging family member	g for an		

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

PRIMARY TAXPAYER													
	All Year	January	February	March	April	May	June	-duly	August	August_September_October November December	October	November D	ecember
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	Eebruary	March.	April	Мау	June	July	August	August_ September_October November December	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?													
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August_ September_October_November December August_ September_October_November December August_September_October November December July yluly July Healthcare Coverage Questionnaire for Dependents June June June (for preparer use) May May May AGI of that retum? AGI of that return? April April April March March March All Year January February February February January January _ 0 9 All Year All Year YES YES Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. Had health care coverage from another source Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. Had health care coverage from another source Had health care coverage from another source Insured through Marketplace (Exchange). MUST provide 1095-A Insured through Marketplace (Exchange). MUST provide 1095-A Insured through Marketplace (Exchange). MUST provide 1095-A Required to file a return? Required to file a return?

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AGI of that retum?

9

YES

Required to file a retum?

yes, provide number.

Was exempt from health care mandate. Has Exemption Certificate Number? If

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Income		
Name:	SSN	
	2011	
Wages & Salaries Provide all copies of Form W-2		
	2021 federal	2020 federal
Employer name	wages	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 contribu	utions?
Yes No Did you use any of the distributions for disaster or coronavirus relief?	acadelible contribe	ations:

	Income		
Name:			SSN:
Form 1099-Misc Income			
Provide all copies of Form 1099-MISC		2021	2020
	Payer name	amount	amount
	i ayor name	umount	umount
			_
			_
			_
Form 1099-NEC Income			
Provide all copies of Form 1099-NEC			
	Payer name	2021 amount	2020 amount
	i ayer name	amount	amount
			_
			_

Income

Name:				SSN	:
Dividend Income					
Provide all copies of Form 1099-DIV and of	ther statements that report divide	nd income.			
		2021	2020	2021	2020
Account number		ordinary dividends	ordinary dividends	qualified dividends	qualified
Payer name		aiviaenas	aiviaenas	aiviaenas	dividends
		<u> </u>			
		<u> </u>			
Provide all copies of Form 1099-INT, Form	1099-OID and other statements	that report interest in	ocome.		
Provide all copies of Form 1099-INT, Form Account number	1099-OID and other statements	that report interest in	ocome.	2021 interest	2020 interest
rovide all copies of Form 1099-INT, Form	1099-OID and other statements	that report interest in	icome.	2021 interest	2020 interest
rovide all copies of Form 1099-INT, Form ccount number	1099-OID and other statements	that report interest in	icome.	2021 interest	2020 interest
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rovide all copies of Form 1099-INT, Form ccount number	1099-OID and other statements	that report interest in	acome.	2021 interest	2020 interest
Provide all copies of Form 1099-INT, Form account number	1099-OID and other statements	that report interest in	icome.	2021 interest	2020 interest
Interest Income Provide all copies of Form 1099-INT, Form Account number Payer name	1099-OID and other statements	that report interest in	icome.	2021 interest	2020 interest
Provide all copies of Form 1099-INT, Form Account number	1099-OID and other statements	that report interest in	icome.	2021 interest	2020 interest
Provide all copies of Form 1099-INT, Form Account number	1099-OID and other statements	that report interest in	acome.	2021 interest	2020 interest
Provide all copies of Form 1099-INT, Form Account number	1099-OID and other statements	that report interest in	icome.	2021 interest	2020 interest

Sale of Capital Assets

Name:			SS	SN:
Sale of Capital Assets (not reported on Form 1099-B)				
Provide all brokerage statements	Date	Date	Sales	
Description of property	purchased	sold	price	Cost
			-	
				_
				_
			-	
			-	
				<u> </u>
				_
				_
Installment Sale Income				
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		· · · · · · <u> </u>		
Principal payments received		· · · · · ·		
Property was sold to a related party				

Other Income and Adjustments

ther Income				
	2021 Taxpayer	2020 Taxpayer	2021 Spouse	2020 Spous
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				
In annular record according (attack Forms 1000 C)				
Jnemployment compensation repaid in 2021				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Jury duty pay				
ABLE distributions				
The distributions				
Other income:				
Other income: Adjustments				
Adjustments	2021 Taxpayer	2020 Taxpayer	2021 Spouse	2020 Spous
	2021 Taxpayer			
Adjustments Educator expenses (If you are an educator, enter the amount you paid for	2021 Taxpayer	Taxpayer		
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) · · · · · · · · · · · · · · · · · · ·	2021 Taxpayer	Taxpayer	Spouse	
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) · · · · · · · · · · · · · · · · · · ·	2021 Taxpayer	Taxpayer	Spouse	
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	Taxpayer	Spouse	
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	Taxpayer	Spouse	2020 Spous
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	Taxpayer	Spouse	
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	Taxpayer	Spouse	
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) · · · · · · · · · · · · · · · · · · ·	2021 Taxpayer	Taxpayer	Spouse	
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	Taxpayer	Spouse	
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	Taxpayer	Spouse	

Schedule C - Profit or Loss from Business SSN: Name: **General Business Information** Business name Employer ID number Professional product or service Business address, city, state, ZIP Accrual Other (specify) Accounting Method: Cash This business started or was acquired during 2021. This business was disposed of during 2021. Select if this business is for: Exempt Notary income Professional gambler Newspaper delivery and you are under 18 years of age A clergy Yes 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 2020 2021 2021 2020 Gross receipts or sales Other income Returns & allowances **Expenses** 2021 2020 2021 2020 Repairs & maintenance Advertising Car & truck expenses Supplies _ Commissions & fees Taxes & licenses Contract labor Depletion _ Total meals _ Employee benefit programs Insurance (other than health) Family health coverage payments Interest - mortgage 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 SSN: Name: **General Property Information** Property description Address, city, state, ZIP Select the property type ☐ Vacation / short-term rental Land Self-rental Single family residence 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. Payments of \$600 or more were paid to an individual who is Yes No This property is your main home or second home. 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 Royalties from oil, gas, mineral, copyright or patent **Expenses** Rental unit expenses Rental and homeowner expenses Advertising If this Schedule E is for a a multi-unit dwelling and you Auto & travel lived in one unit and rented out the other units, use the Cleaning & maintenance "Rental and homeowner Commissions expenses" column to show expenses that apply to the entire property. Use the "Rental unit Legal & professional fees expenses" column to show Management fees expenses that pertain ONLY to the rental portion of the property. Mortgage interest Other interest 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. Other expenses (list)

Income or Loss from Partnerships, S Corporations, and Fiduciaries

Name: SS	SN:
Partnerships, S Corporations, Estates and Trusts	
Provide all copies of Schedule K-1 and attachments	
Frovide all copies of Schedule K-1 and attachments	
Entity name	EIN
	
	-
	

2021 Schedule F - Profit or Loss from Farming SSN: Name: **General Information** Principal product Employer ID number This farm was disposed of during 2021. No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm. No You filed Forms 1099 for the individuals. Yes No You received a Paycheck Protection Program (PPP) loan for this business. ☐ Yes If "Yes," was any portion of the loan forgiven? Income 2020 2021 2020 2021 Crop insurance proceeds: Sale of livestock / other items Amount received in 2021 · · · · . Cost of items bought for resale You elect to defer to 2022 Sale of products you raised Amount deferred from 2020 . . . Total cooperative distributions Custom hire income (Provide 1099-PATR) Total agricultural payments Beginning inventory for accrual . . Commodity Credit Corporation (CCC) loans: Ending inventory for accrual . . . CCC loans reported You used unit-livestock-price or farm-price inventory method. CCC loans forfeited Other income **Expenses** 2020 2020 2021 2021 Car & truck expenses Repairs & maintenance Seeds & plants purchased Conservation expenses _ Storage & warehousing _ Custom hire (machine work) Supplies purchased ___ Employee benefit programs Feed purchased Utilities _ Fertilizers & lime Veterinary, breeding, & medicine . . Family health coverage payments Freight & trucking 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 SSN: Name: **General Infomation** 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: Amount received in 2021 Total cooperative distributions Total agricultural payments You elect to defer to 2022 Commodity Credit Corporation (CCC) loans: Amount deferred from 2020 . . CCC loans reported Other income CCC loans forfeited **Expenses** 2020 2021 2021 2020 Car & truck expenses Seeds & plants purchased Storage & warehousing Conservation expenses _ Supplies purchased _ Custom hire (machine work) Employee benefit programs 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 SSN: Name: **Auto Expense** Name of business vehicle is used for Description of vehicle Date vehicle was placed in service Yes No Yes No Was this vehicle available for use during off-duty hours? Do you have evidence to support your deduction? Was another vehicle is available for personal use? If "Yes." is the evidence written? Number of miles the vehicle Total number of miles the vehicle 2021 2020 2021 2020 was driven during 2021 was driven in prior years Total Commuting 2021 2020 2021 2020 **Expenses** Tolls Lease addback Other expenses **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 Office expenses Home expenses **Expenses** 2021 Mortgage interest In the "Office expenses" column, enter those expenses that Real estate taxes pertain exclusively to your office; Excess mortgage interest in the "Home expenses" column, enter those expenses that Excess real estate taxes pertain to the entire dwelling. Insurance Repairs & maintenance Other expenses

Asset Listing for 2021

Name: SSN:

Assets for:					
Description of property	Date acquired	Cost/Basis	Date disposed of	Sales price	Expense of sale
Description of property	acquired	COSUBASIS	uisposeu oi	price	Oi Sale

Household Employment SSN: Name: Employer Identification Number TSJ No Yes Did you pay any one household employee cash wages of \$2,300 or more in 2021? П Did you withhold federal income tax during 2021 for any household employee? П 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 TSJ Employer Identification Number Yes No Did you pay any one household employee cash wages of \$2,300 or more in 2021? П 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? П 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? 2020

Schedule A - Itemized Deductions

Name:				SSN:	
Medical and Dental Expenses			Charitable Contributions		
modical and Domai Exponess	2021	2020		2021	2020
Health insurance premiums (paid by you, not through work)			Donations to charity (cash)		
Long-term care premiums (you) · · · _			Disaster relief contributions		
Long-term care premiums (your spouse) _			Miles driven for charitable purposes		
Long-term care premiums (dependents)			Donations to charity (noncash)		
Mileage driven for medical purposes Out of pocket medical and dental expenses (list)			If noncash donations are greater than		
			Other Miscellaneous Deduction	ns	
			Amortizable bond premiums		
			Federal estate tax		
			Gambling losses		
			Impairment-related work expenses _		
Taxes Paid			Claim repayments		
State and local income taxes			Unrecovered pension investments		
General sales tax (vehicle, boat, home, etc.) · · · · · —			Schedule K-1		
Real estate taxes			Ordinary loss debt instrument		
Personal property taxes			Excess deduction on termination		
Other taxes (list)			For state purpo Job Expenses & Certain Misce		ctions
			Necessary job expenses you paid that employer (list)		
Interest Paid					
Home mortgage interest paid (attach Form 1098)					
Some of your home mortgage loan w used to buy, build, or improve your ho					
Home mortgage interest paid to an individual			Union dues		
Paid to:			Tax preparation fees		
Name			Other nonpersonal expenses related to	taxable income (I	ist)
Address					
City, State, ZIP					
SSN or EIN			Investment expenses not		
Home mortgage insurance premiums			entered elsewhere		
Investment interest			Home equity interest		

2021 Other Information SSN: Name: **Mortgage Interest** Provide all copies of Form 1098 2021 2020 2021 2020 Mortgage Mortgage Mortgage Mortgage 2021 2020 Real estate interest interest insurance insurance Real estate Lender's name received received premiums premiums taxes paid taxes paid **Employee Business Expenses** You are a qualified performing artist. You are a member of the clergy. You are a fee-based state or local government official. You used your personal vehicle for your job during 2021 You are a disabled employee with impairment-related work expenses. You are a reservist. NOT reimbursed Reimbursed by your employer not included in box 1 of your W-2 by your employer 2021 2021 2020 Parking fees, tolls, local transportation Overnight business travel expenses (Do not include meals & entertainment) · · · · · · · · **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 SSN: Name: **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 Expenses to transport and store household goods and personal effects Travel and lodging expense while traveling to your new home

Detail Worksheet

Name:	SSN

Description	2021	2020