

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 6765 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 |
|----------------------------|---------------|--------------|----------------------|---------------|----------|--------------------------|-----------------------|
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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 |
|-----------------------|---------|------------|-------------|
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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 6765, 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:

Healthcare Information

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

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

| Employer name | 2021 federal wages |
|---------------|--------------------|
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Retirement

Provide all copies of Form 1099-R

| Payer name | 2021 distribution |
|------------|-------------------|
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- 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 |
|------------|----------------|
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Form 1099-NEC Income

Provide all copies of Form 1099-NEC

| Payer name | 2021 amount |
|------------|----------------|
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Other Income and Adjustments

Name: _____

SSN: _____

Other Income

| | 2021 Taxpayer | 2021 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 | 2021 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 | 2021 |
|-----------------------------------|-------|------------------------------|
| Gross receipts or sales | _____ | Other income _____ |
| Returns & allowances | _____ | _____ |

Expenses

| | 2021 | 2021 |
|---|-------|---|
| 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 | _____ | <input type="checkbox"/> 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"/> This property is your main home or second home. | <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 was disposed of during 2021. | |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> Yes <input type="checkbox"/> No You filed Forms 1099 for the individuals |

Income

| | 2021 | | 2021 |
|-----------------------|------|---|------|
| 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 | | | |
| Taxes | | | |
| Utilities | | | |
| Depletion | | | |
| Other expenses | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method: Cash Accrual Other: _____

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.

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

Expenses

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

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2021

Income

| | 2021 | 2021 |
|--|-------|---|
| Income from production of livestock, grains, & 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 | 2021 |
|--|-------|--|
| 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 |
| 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 | _____ | _____ |

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical & dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses & contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

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

Interest Paid

Home mortgage interest paid (attach Form 1098)
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

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

| Lender's name | Mortgage interest received | Mortgage insurance premiums | Real estate taxes paid |
|---------------|----------------------------|-----------------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Employee Business Expenses

- | | |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |
| <input type="checkbox"/> You are a fee-based state or local government official | <input type="checkbox"/> You used your personal vehicle for your job during 2021 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses | |
| <input type="checkbox"/> You are a reservist | |

| | NOT reimbursed by your employer | Reimbursed by your employer not included in box 1 of your W-2 |
|--|---------------------------------|---|
| 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.

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 expenses while traveling to your new home _____