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2021 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

1040-INDIVIDUAL TAX RETURN ENGAGEMENT LETTER

SUBJECT: Preparation of Your 2021 Individual Income Tax Returns

Dear Client:

Thank you for selecting Boal & Associates PC to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your 2021 federal and all state income tax returns that you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. We've enclosed an "Organizer" to help you gather the information required for a complete return. If you use the Organizer, it will help you avoid overlooking important information and contribute to efficient preparation of your returns. That helps keep the cost of our services as low as possible.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparing your income tax returns.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In order to avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in your return. Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions," that is, certain arrangements the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed.

The law also imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please call us.

In regard to the Safe Harbor requirements for the Qualified Business Income (QBI) deduction for rental properties, for tax years beginning after 2018, contemporaneous records MUST be maintained. Taxpayers must keep contemporaneous records, including time reports, logs, or similar documents regarding the following: hours of all services

performed, description of all services performed, dates on which such services were performed, and who performed the services.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge of 1.5% per month may be added to all accounts not paid within thirty (30) days.

We will retain copies of records you supplied to us along with our work papers for your engagement for a period of seven years. After seven years, our work papers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

We understand that it is your company's policy to capitalize assets that cost \$2,500 or more. All capitalized assets will be depreciated in accordance with the company's depreciation policy. Assets that cost less than \$2,500 will be expenses in the period purchased. Amounts paid for assets with an estimated useful life of 12 months or less with a value of less than \$2,500 are expensed in the period purchased as well. Management will periodically review these levels and make modifications as necessary.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,
Boal & Associates PC

(Both spouses must sign for preparation of joint returns)

ACCEPTED BY: (TAXPAYER) _____

(SPOUSE) _____

DATE: _____

PLEASE NOTICE:

*****ESTIMATED TAX PAYMENTS*****

If you made any 2021 estimated tax payments, please note this in your organizer in the section provided OR write in your estimated payments including dates paid for both Federal and State in the space provided below. If we recommended 2021 estimated tax payments but you did NOT make those payments, please note this by placing zeros in the section below.

Federal:

Quarter 1	Amount Paid_____	Date Paid_____	Check #_____
Quarter 2	Amount Paid_____	Date Paid_____	Check #_____
Quarter 3	Amount Paid_____	Date Paid_____	Check #_____
Quarter 4	Amount Paid_____	Date Paid_____	Check #_____

State:

Quarter 1	Amount Paid_____	Date Paid_____	Check #_____
Quarter 2	Amount Paid_____	Date Paid_____	Check #_____
Quarter 3	Amount Paid_____	Date Paid_____	Check #_____
Quarter 4	Amount Paid_____	Date Paid_____	Check #_____

*****3RD STIMULUS PAYMENT*****

The IRS started sending the third Economic Impact Payments (EIP) to eligible individuals on March 12, 2021. Please indicate the full amount of your third EIP. \$_____

*****ADVANCED CHILD TAX CREDIT*****

The IRS will send letter 6419 in January 2022 detailing the total amount of advance Child Tax Credit payments that were sent to each household during 2021. Our office will need this letter to complete your tax return. If you can't locate this letter, please contact IRS.gov for a duplicate.

*****HEALTH INSURANCE*****

If you received health insurance through the Marketplace, please provide form 1095-A with your tax documents. You can receive a copy of your 1095-A by calling your local health department.

2021 BUSINESS MILEAGE WORKSHEET

FOR CLIENTS WITH BUSINESS, FARM, OR EMPLOYEE BUSINESS USE OF VEHICLES

	Vehicle 1	Vehicle 2	Vehicle 3
1. Business miles	_____	_____	_____
Commuting miles	_____	_____	_____
Other personal miles	_____	_____	_____
Total miles driven during 2021	_____	_____	_____
2. Do you have another vehicle available for personal use?	Yes/No	Yes/No	Yes/No
3. Do you have evidence to support the mileage breakdown provided above?	Yes/No	Yes/No	Yes/No
4. Is the evidence written?	Yes/No	Yes/No	Yes/No

Please complete the above information on this sheet **OR** in the section provided in the organizer.

The business standard mileage rate for 2021 was 56 cents a mile.

CHARITABLE CONTRIBUTION SHEET

Charitable contributions of any amount are no longer deductible unless you have a proper receipt. There have been recent court cases where the courts have disallowed significant deductions for charitable contributions where the taxpayers did not have a proper receipt. Since a receipt is required before we are allowed to take a deduction for the contribution, please review the following documentation requirements and indicate whether or not you have the required documentation. If an item is not applicable, please just indicate N/A in either the yes or no column.

1. **Contributions made in cash** – The law requires that you have a receipt, letter, or other written communication from the charity (showing the name of the charity, the date and the amount of the contribution) documenting all charitable contributions made in cash. Please see additional requirements below if the contribution is \$250 or more.

Do you have the above required documentation for charitable cash contributions? Yes____ No____

2. **Contributions made by check, debit card, or charge card** – For charitable contributions made by check, the law requires that you either have a receipt as outlined above for "contributions made in cash," a copy of the cancelled check, or some other bank record (e.g., a bank statement). For contributions made by debit card or by charge card, you are required to either have a receipt as outlined above for "contributions made in cash," or a bank record (e.g., bank statement, credit card statement, etc.). Please see additional requirements below if the contribution is \$250 or more.

Do you have the above required documentation for charitable contributions made by check, debit card, or charge card? Yes____ No____

3. **Contributions of \$250 or More** – For all charitable contributions by individuals of \$250 or more (contributions of cash, by check, by debit or credit card, or of property), the law requires a receipt (written acknowledgement) from the charity to which you made the donation stating the date and amount of the contribution as well as a statement as to whether you received anything in return for your contribution. If you received goods or services in return for the contribution, the receipt must include a description and an estimate value of the goods or services received in return for the contribution. If the goods or services received consist solely of intangible religious benefits, the receipt must include a statement to that effect.

For all charitable contributions of \$250 or more, do you have the above required documentation?

Yes____ No____

4. **Contributions of vehicles, boats, or airplanes of more than \$500** – If you are claiming a deduction of more than \$500 for a vehicle, a boat, or an airplane you contributed to charity, the law requires that you obtain a Form 1098-C or other written acknowledgement containing the same information shown on Form 1098-C from the charity in order to deduct your contribution.

Do you have a Form 1098-C documenting your charitable contribution of a vehicle, boat, or airplane?

Yes____ No____

5. **Contribution of clothing or household items** – Generally, a deduction is not allowed for a charitable contribution of clothing or household items unless the items are in good used condition or better. Household items generally include furniture, furnishings, electronics, appliances, or other similar items.

Were your contributions of clothing & other items in good used condition or better? Yes____ No____

1099 CHECKLIST – FOR BUSINESS & RENTAL PROPERTY OWNERS

1. Did you make any payments in 2021 that would require you to file Form(s) 1099?

Yes _____ No _____

2. If yes, did you or will you file all required Forms 1099?

Yes _____ No _____

Please call us if you have any questions concerning the Form 1099 filing requirements. In addition, if you have not filed all required 1099s, we can help you meet your filing responsibilities. However, unless you engage us to do so, we do not routinely file Forms 1099 as part of preparing your income tax returns.

DOCUMENTING BUSINESS TRAVEL, ENTERTAINMENT, GIFT AND LISTED PROPERTY EXPENSES

The law disallows an otherwise allowable deduction for any expense for traveling (including meals and lodging), entertainment, gifts, or "listed property" (e.g., passenger vehicles and computers [unless used exclusively at your place of business]), unless the expense is substantiated by adequate records or by sufficient evidence corroborating your own statements.

In addition, the regulations generally require you to maintain documentary evidence (such as receipts or paid bills) for 1) any lodging expenditure, and 2) any other expenditure of \$75 or more. For business travel, the documentation should include the amount, date, place, and business purpose of the travel. For business entertainment expenses, the documentation should include the amount, date, place, and business purpose of the entertainment as well as the business relationship of the person or persons entertained. For business gifts, the documentation should include the amount, date, description of gift, business purpose of gift, and business relationship of recipient of the gift. For listed property, the documentation should include the amount (e.g., cost), business or investment use based on mileage, etc., date of the expenditure, and business or investment purpose of the property.

Do you have the required documentation for any deductions claimed for business travel, entertainment, gift or listed property expenses? Yes _____ No _____



CODE OF ETHICS

Through the years, many of our clients have asked us to counsel a friend, relative, or colleague concerning tax preparation and financial planning. We consider it a privilege, and have been happy to accommodate those wishes. If and when you introduce someone to our practice, we would like for you to be aware of the standards on which we have built this business.

First, confidentiality is the foundation of our business. Each of our client relationships is distinctly separate and privacy is essential. In addition, our practice is a people-oriented business in which courteous service is expected. Finally, we never give counsel or advice without thoroughly understanding the needs of the client.

Our purpose here is to let you know that, if and when you refer a friend, relative, or colleague, you will feel comfortable with the professional standards of this office.

PRIVACY POLICY

We collect certain personal information about you – but only when that information is provided by you or is obtained by us with your authorization. We use that information to prepare your personal income tax returns and may also provide various tax and financial planning services to you at your request.

Parties to Whom We Disclose Information

As a general rule, we do not disclose personal information about our clients or former clients to anyone. However, to the extent permitted by law and any applicable state Code of Professional Conduct, certain nonpublic information about you may be disclosed in the following situations:

To comply with a validly issued and enforceable subpoena or summons.

In the course of a review of our firm's practices under the authorization of a state or national licensing board, or as necessary to properly respond to an inquiry or complaint from such a licensing board of organization.

In conjunction with a prospective purchase, sale, or merger of all or part of our practice, provided that we take appropriate precautions (for example, through a written confidentiality agreement) so the prospective purchaser or merger partner does not disclose information obtained in the course of the review.

As a part of any actual or threatened legal proceedings or alternative dispute resolution proceedings either initiated by or against us, provided we disclose only the information necessary to file, pursue, or defend against the lawsuit and take reasonable precautions to ensure that the information disclosed does not become a matter of public record.

To provide information to affiliates of the firm and nonaffiliated third parties who perform services or functions for us in conjunction with our services to you, but only if we have a contractual agreement with the other party which prohibits them from disclosing or using the information other than for the purposes for which it was disclosed. (Examples of such disclosures include using an outside service bureau to process tax returns or engaging a records-retention agency to store prior year records.)

Confidentiality and Security of Nonpublic Personal Information

Except as otherwise described in this notice, we restrict access to nonpublic personal information about you to employees of our firm and other parties who must use that information to provide services to you. Their right to further disclose and use the information is limited by the policies of our firm, applicable law, our Code of Professional Conduct, and nondisclosure agreements where appropriate. We also maintain physical, electronic, and procedural safeguards in compliance with applicable laws and regulations to guard your personal information from unauthorized access, alteration, or premature destruction.



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

Personal Information:

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

Dependents:

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

Healthcare:

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



Healthcare (continued):

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? _____	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include all Forms 1099-Q.	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, were the amounts withdrawn used for qualified tuition expenses?	<input type="checkbox"/>	<input type="checkbox"/>

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or theft losses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. _____ Gallons _____ Type	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>



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Investments:

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

Retirement or Severance:

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

Personal Residence:

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



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Sale of Your Home:

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

Gifts:

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

Foreign Matters:

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



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Miscellaneous:

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

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



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Personal Information

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Taxpayer:

First Name and Initial		Last Name		Social Security Number	
Occupation		Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)		
Driver's License or State-Issued ID Number		Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification			

Spouse:

First Name and Initial		Last Name		Social Security Number	
Occupation		Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)		
Driver's License or State-Issued ID Number		Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification			

Contact Information:

Street Address			Apartment Number		
City		State		ZIP or Postal Code	
Foreign Province or County					
Foreign Country					
Taxpayer Daytime/Work Phone		Taxpayer Evening/Home Phone		Taxpayer Foreign Phone	
Taxpayer Cell Phone		Taxpayer Fax Number			
Spouse Daytime/Work Phone		Spouse Evening/Home Phone		Spouse Foreign Phone	
Spouse Cell Phone		Spouse Fax Number			
Taxpayer Email Address					
Spouse Email Address					
Preferred Method of Contact					

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No		
Taxpayer		Spouse	
Yes	No	Yes	No

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit [IRS.gov](https://www.irs.gov) to retrieve it or apply.

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



2021

Dependents and Wages

3A

Dependent Information:

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

Did dependent have income over \$4,300?



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

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

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

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

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

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

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



2021

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2020, your account information is already included below.

	Yes	No
Would you like any refunds owed to you directly deposited?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings
Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.			<input type="checkbox"/>

	Yes	No
Would you like any refunds owed to you directly deposited?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> HSA Savings
Is this a business account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Account owner	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.			<input type="checkbox"/>



5A

Include copies of all Forms 1099-INT or other documents for interest received

Total

Address of Individual from Whom Mortgage Interest Was Received

Worksheet: Interest
Form IRS-1099INT



2021

Dividend Income

5B

Dividend Information:

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

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

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

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

Enter Any Additional Information:

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



2021

Business Income and Cost of Goods Sold

6

Name of Business: _____

Principal Business or Profession: _____

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

Business Questions for 2021:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr) _____	<input type="checkbox"/>	<input type="checkbox"/>
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2021 Amount	2020 Amount
Health insurance premiums paid for yourself and your dependents _____		

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2021 Amount	2020 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Other Income:

Other gross receipts or sales _____

Less returns and allowances _____

Cost of Goods Sold:

Beginning inventory _____
 Purchases less cost of items withdrawn for personal use _____
 Cost of labor (do not include amounts paid to yourself) _____
 Materials and supplies _____
 Other costs of goods sold: _____

2021 Amount	2020 Amount

Description	2021 Amount	2020 Amount

Ending inventory _____



6A

Principal Business or Profession: _____

[illegible]

Other Expenses:

[illegible]

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

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



2021

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2021:

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

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

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

Vehicle:

Description of vehicle

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

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

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

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

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

Interest

Taxes

Fair market value of leased vehicle . . .

Vehicle rentals/leases

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

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



2021

Business Expenses

6C

Name of Business: _____
Principal Business or Profession: _____

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

If not 100%, please enter the percentage to apply to this business _____ %

	2021 Amount	2020 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2021 Amount	2020 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses

Amount received for meals

Amount received for entertainment

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

2021 Amount	2020 Amount

☐ Yes ☐ No

Vehicle:

If not 100%, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

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

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

☐ Yes ☐ No
☐ Yes ☐ No

Total miles

Total business miles

Average daily commuting miles

Total commuting miles for the year

Gasoline and oil

Repairs

Insurance

Interest

Taxes

Value of employer provided vehicle

Temporary vehicle rentals

Fair market value of leased vehicle

Vehicle leases

Other Vehicle Expenses:

2021	2020

Description	2021 Amount	2020 Amount



2021

Business Use of Home

6D

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home
Total hours home was used for day care during the year

2021	2020

Was your home used for day care purposes for the entire year?
Were improvements made to the home and/or home office since the time you began using the home for business?

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

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

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.
Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

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

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount

Seller-Financed Mortgage Interest Information:

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



2021

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

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

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

Did you have any of the following during the year?

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

Yes	No

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

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

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

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



2021

Rental and Royalty Income

10

Location of Property: _____

TSJ _____

Type of property _____

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

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

Ownership percentage if not 100%

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

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

2021	2020

Income:

Rents received

Royalties received

2021 Amount	2020 Amount

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

Description	2021 Amount	2020 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2021 Amount	2020 Amount

Other income:

Description	2021 Amount	2020 Amount



10A

Expenses:

[illegible][illegible]



10D

Business Expenses: Enter all expenses at 100 percent

Parking fees and tolls

Local transportation

Travel expenses

Meals

Entertainment (deductible only on some state returns)

Other Business Expenses:

2021 Amount	2020 Amount

Description	2021 Amount	2020 Amount

Amount received for other expenses

Amount received for meals

Amount received for entertainment

2021 Amount	2020 Amount

If not 100%, enter the percentage to apply to this business

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

%

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

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

	Yes		No
	Yes		No

	2021	2020
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2021 Amount	2020 Amount



2021

Farm Income

(Page 1 of 2)

12

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____

Employer identification number _____

Method of accounting _____

Farm Questions for 2021:

Did you dispose of this farm? _____ ☐ Yes ☐ No

If Yes, what was the disposition date? _____ (Mo/Da/Yr) _____ ☐ ☐

Have you prepared or will you prepare all required Forms 1099? _____ ☐ ☐

2021 Amount	2020 Amount

Health insurance premiums paid for yourself and your dependents _____

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2021		2020	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

Sales of livestock, produce, grains, etc. you raised _____

Total cooperative distributions (Forms 1099-PATR) _____

Taxable cooperative distributions _____

Total agricultural program payments _____

Taxable agriculture program payments _____

Total Commodity Credit Corporation (CCC) loans _____

Total crop insurance proceeds and certain disaster payments received in 2021 _____

Taxable crop insurance proceeds received _____

Crop insurance proceeds deferred from prior year _____

Custom hire (machine work) income _____

Federal gasoline tax or fuel tax credit or refund _____

State gasoline tax or fuel tax credit or refund _____

2021 Amount	2020 Amount



2021

Farm Income
(Page 2 of 2)**12A**

Proprietor's Name:

Principal Crop or Activity: ..

Income:

Payment card and third party transactions:

Include all Forms 1099-K

Description	2021 Amount	2020 Amount

Government payments:

Include all Forms 1099-G

Description	2021 Amount	2020 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Description	2021 Amount	2020 Amount

Other income:

Description	2021 Amount	2020 Amount



2021

Farm Vehicle and Other Listed Property**12C**

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2021:

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

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

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

Vehicle:

Description of vehicle

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

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

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

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases

Vehicle 1											
Description of vehicle											
Date placed in service											
Do you (or your spouse) have another vehicle available for your personal use?											
Was your vehicle available for use during off-duty hours?											
<table border="1"> <thead> <tr> <th>2021 Miles</th> <th>2020 Miles</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		2021 Miles	2020 Miles								
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2021 Amount	2020 Amount										

Vehicle 2											
Description of vehicle											
Date placed in service											
Do you (or your spouse) have another vehicle available for your personal use?											
Was your vehicle available for use during off-duty hours?											
<table border="1"> <thead> <tr> <th>2021 Miles</th> <th>2020 Miles</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		2021 Miles	2020 Miles								
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2021 Amount	2020 Amount										



2021

Miscellaneous Income, Adjustments and Alimony

13

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

Miscellaneous Income and Adjustments:

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

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2021 Amount	2020 Amount

Alimony Paid or Received:

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



2021

Miscellaneous Adjustments

13A

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

TS	2021 Amount	2020 Amount

Health Savings Accounts (HSAs)

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

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

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

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

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

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

TSJ	Nature and Source	2021 Amount	2020 Amount



2021

Itemized Deductions - Medical and Taxes

14

Medical and Dental Expenses:

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

TSJ	2021 Amount	2020 Amount

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

2021 Amount	2020 Amount

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

Other Medical Expenses:

TSJ	Description	2021 Amount	2020 Amount

Taxes Paid: Include copies of your tax bills

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

TSJ	2021 Amount	2020 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2021 Amount	2020 Amount

Other Taxes Paid:

TSJ	Description	2021 Amount	2020 Amount

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



2021

Itemized Deductions - Mortgage Interest and Points**14A****Mortgage Questions for 2021:**

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2021 Amount	2020 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2021 Amount	2020 Amount

Investment Interest Expense:

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

TSJ	Paid To	2021 Amount	2020 Amount



Itemized Deductions - Contributions

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

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

TSJ	Organization or Description of Contribution	2021 Amount	2020 Amount

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

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

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

TSJ	Description of Donated Property	2021 Amount	2020 Amount

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

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

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

1 - Appraisal
2 - Catalog

3 - Comparable Sale
4 - Other (Describe)

5 - Thrift Shop Value

1 - Gift
2 - Inheritance

3 - Exchange
4 - Purchase

Donee Organization Name	Donee Organization Address
A	
B	
C	



2021

State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

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

2020 overpayment applied to 2021 estimate
Balance of prior year(s)' tax paid in 2021 plus
amount paid with 2020 extensions
Estimated tax payments for 2020 paid in 2021

State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

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State and City Estimated Tax Payments:

TSJ _____ State/City _____		
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2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

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