2021 Individual Taxpayer Organizer

Taxpayer						SSN				
First Name	M.I.	Last	Name	Em	ail	'		IP PIN		
Occupation		Date o	of birth			Are you	new to	our firm?	Yes	No
Address		City				State		Zip		
County		Home	e phone			Work or	cell	'		
Driver's License No.				Stat	te Issue	Date		Exp. Date		
Spouse						SSN				
First Name	M.I.	Last	Name	Em	ail			IP PIN		
Occupation	Occupation					Are you	new to	our firm?	Yes	No
Address (If different from Taxpayer)		City				State		Zip		
County		Home	e phone			Work or	cell			
Driver's License No.				Stat	te Issue	Date		Exp. Date		
If you moved during 2021, enter you	r previous address	s.				Date of n	nove			
Marital status at 12/31/21: Single Were you divorced or separated duri Individuals who are in registered do Have you received any notice from the	ng the year? Ye nestic partnership	os (RDF	o Ps) and civil un	Wions	ere there any are not consid	l Domestic Pa deaths in the dered married Yes No	family	? Yes N	lo	sure s.
Names of dependent children Child's full name	Social Secu	rity #	IP PIN		Date of birti	Months lix h home in 2		Relationship taxpayer		College tudent?
Did any of the children have unearne Is it anticipated that a different taxpa			•	Yes ve as	-	of the childrer ent for tax yea		-	Ye	es No
Other dependents or people who liv	red with you									
Name	Social Security	#	IP PIN	I	Date of birth	Months lived in home in 2021		elationship	In	соте
				_			+			
Bank information: Use for Direct of	leposit of refund	Direc	ct debit of bala	nao d	luo Nama of	haule				
	nsit number	Direc	Li debit oi bala	nce a	Account nu					
Ask your tax preparer for information		o a refu	nd into an IR A	\ acco			into n	nore than one	acc	Ount
135K your tax preparer for intormation	i about depositiff	5 a 161u	and mito an my	· acc	Jan or spiriti	ing the deposit	лио п	iore man on	acc	ount.

State information	Full-year resident	Part-year resident	Nonresident	School district		
States of residence d	uring 2021 and dates			Do you rent or own your home?	Rent	Own

Did you make any new energy-efficient improvements to your home? If yes, provide details.

Yes

Yes

No

Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate	e "T" for taxpayer, "S" for spouse, "J" for j	oint				Prov	vide additior	nal statemen	ts if mo	ore room is needed
Forms '	W-2 — Wage and Tax Statement									
T/S	Employer name			T/S	En	nploye	r name			
	1)				4)					
	2)				5)					
	3)				6)					
Forms	1099-INT — Interest Income									
T/S/J	Name of issuer			T/S/J	Name of issuer					
	1)				4)					
	2)				5)					
	3)			6)						
Forms :	1099-DIV—Dividends and Distributions									
T/S/J	Name of issuer			T/S/J	Ná	ame of	issuer			
	1)				4)					
	2)				5)					
	3)				6)					
Forms	1099-R—Distributions From Pensions, Ar	ınuities, Ret	iremen	t or Profit-	-Sha	aring P	lans, IRAs, I	Insurance Co	ntract	s, Etc.
T/S	Name of issuer			T/S	Name of issuer					
	1)				4)	4)				
	2)				5)	5)				
	3)				6)					
If the d	istribution is before age 59½, give a reason	to determin	ne if an	exception	to p	enalty	applies.			
Tax-Exe	empt Interest (such as municipal bonds—	include state	ement)							
Payer		\$		Payer						\$
Other I	Income									
State ta	x refund		\$				Unreported	l tips	\$	
Unemp	ployment compensation		\$				Other		\$	
Social S	Security (taxpayer)—provide SSA-1099 or	RRB-1099	\$						\$	
Social S	Security (spouse)—provide SSA-1099 or RI	RB-1099	\$						\$	
Gambli	ing income—provide W-2G		\$						\$	
Busines	ss income (see Sole Proprietorship Tax Organ	iizer)					Stock sales		See "	Sales and Exchange
Rental	income (see Rental Property Tax Organizer)						Sale of othe	er property	Works	sheet" below.
Sale	es and Exchanges Works	heet								
	e information about sales of stock, real esta		propert	ty, along w	ith	Forms	1099-B, 1099	9-S, or other	suppor	ting statements.
	tion of property		1	rchase date		1	ost/basis	Sale da		Sale price
,			1			\$				\$

Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

\$

\$

\$

- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$12,550 Single, \$25,100 MFJ, \$18,800 HOH, or \$12,550 MFS to be a tax benefit.

Medical Expenses. Must exceed 7.5% of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance. Dentists Hospitals				Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.				
Dentists	\$	Hospitals	\$	Cash			\$	
Doctors	\$	Insurance	\$	Noncash contribut				
Equipment	\$	Prescriptions	\$	items must be in go			\$	
Eyeglasses	\$	Other	\$	Did you transfer fu	d.			
Medical miles		@ 16¢		charity? Yes Charitable mileage	No		\$	
Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.				Casualty and The				
State withhold			Reported on W-2			cted damage or loss		
State estimated taxes—paid in 2021			\$	preparer. Yes	y-deciared disast No	er area, provide deta	ills to your tax	
Real estate tax	—residence		\$	1 1	emized Deducti	ons. Miscellaneous i	itemized	
Real estate tax—other			\$			nitation are no longe		
Personal property taxes			\$			se expenses may still		
Property tax re	efund—received in	2021	\$()	on your state return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer? Yes No				
Foreign tax pa	id		\$					
Other			\$	Dues	\$	Subscriptions	\$	
Other			\$	Investment	\$	Supplies	\$	
Other			\$	expenses				
Balance paid i	n 2021 from prior y	ear state returns		Job education	\$	Tax prep fees	\$	
(do not includ	e interest or penalti	ies)	\$	Job seeking	\$	Tools	\$	
		x paid during 2021?	Yes No	Legal fees	\$	Uniforms	\$	
Did you purch Sales tax paid S		at, or home in 2021? vaid \$ Date	Yes No	Licenses	\$	Union dues	\$	
· · · · · ·		<i>'</i>		Safety equipment	\$	Other	\$	
or rental-use p		erest paid for full or p business use of the ho and ID numbers.		Other Deduction income limit.	s. The following	deductions are not s	ubject to a 2% of	
Main home	\$	Equity loan	\$	Gambling losses	\$	Federal estate tax on IRD	\$	
Second home	\$	Equity loan	\$	Impairment-	\$	Other	\$	
Points	\$	Investment interest	\$	related expenses	Ψ	Other	Ψ	
Did you pay a	mortgage insuranc	ce premium when you	ı purchased your l	<u> </u>	Date	1	1	

Other Deductions or Questions

- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
 Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet

Aujustinents Worksheet	
Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.	\$
Health savings account deduction (HSA). Some contributions for 2021 may be made in 2022.	\$
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2021 may be made in 2022.	\$
Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2021 may be made in 2022.	\$
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$
Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer
Charitable contributions. For taxpayers who take the standard deduction. Up to \$300 (\$600 for MFJ).	\$
Other adjustments. Include description.	\$

Estimated Tax Payments — Tax Year 2021									
Installment	Date paid	Federal	Date paid	State					
First		\$		\$					
Second		\$		\$					
Third		\$		\$					
Fourth		\$		\$					
Amount applied from 2020 overpayment?		\$		\$					
Total		\$		\$					

Payment date	Amount received	Payment date	Amount received	Payment date	Amount received
July 15, 2021	\$	Septebmer 15, 2021	\$	November 15, 2021	\$
August 15, 2021	\$	October 15, 2021	\$	December 15, 2021	\$

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2021.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion,
 you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the
 future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer	Spouse	Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Sole Proprietorship Tax Organizer

Sole Proprietor General Information

Name o	of sole	proprietor									
Busines	s nam	e (if different)							EIN	(if applicable)	
Busines	s add	ress (if different from hor	ne address)								
Princip	al bus	iness activity					Date business started		Date	e business closed	
		duct or service					Date business started		Dut	2 43111033 610364	
Yes	No	Was the primary purp	oose of the bi	usir	ness activ	rity to	realize a profit?				
Yes	No	Did you materially pa									
Yes		Has the business repo									
Accoun					(specify)	/					
Yes		Does the business file			1 20	(If no. l	ist the fiscal year.)				
Sole Pr		tor Specific Question				·					
Yes	No	Did you pay any fam:		for	services	?					
Yes	No						contractors, attorneys, acc	countants, di	rectors	, etc.?	
Yes	No						social security number (SSN) or more.
	- 10	Name					(ee-	., je. ee p e.	SSN	gen pun que	
		Name							SSN		
Yes	No	Did you make, or do	vou plan to r	nak	ce, any co	ntribu	itions to a self-employed	retirement p	lan?		
		Type of plan	7 1		, ,		1 7			nt contributed \$	
Yes	No		own health/	/de	ntal insu	rance?	If Yes, provide amount of p	remiums paid	during		
Yes	No	Did you have any em					7 71			<u> </u>	
Yes	No	Did you have any bar		actio	ons in 202	21?					
Sole Pr		tor Business Income									
			1 Forms 1099-	-NF	C list na	me of r	ayer and amount separately	ı from oross re	eceints c	or sales) \$	3
	1099-			\$	icy not mi		rm 1099-K	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ecipio e	\$,
		orms 1099-NEC and 109		Ψ		110	1111 1077 11			\$	5
		allowances	.,								5()
		(not included in gross r	eceints above)							9	
				EC	(instead	of For	m W-2) if you are not cla	ssified as an	emplo	ovee. If you receiv	e Form 1099-
							<i>From Business,</i> claim any e				
must pa	ay self	-employment (SE) tax	on the incom	ıe.	-		•	•			
		tor Cost of Goods Sol			COVID-1	19 Rel	ated				
		rers, wholesalers, and b , or sell goods)	usinesses		Yes	No	Did the business receive	a Paycheck	Protect	ion Program loan	?
		he beginning of the yea	ır \$		Yes	No	Did you receive an Ecor through the SBA?	nomic Injury	Disaste	er Loan or Emerge	ncy Advance
Purchas	200		\$	+	Yes	No	Did you delay payment	of omployor	narral	1 tayoo2	
Cost of			\$	\dashv	Yes	No	Were you eligible to rece				COVID 102
		supplies	\$		Yes	No	Were you eligible to reco				
						110	COVID-19?				
		he end of the year	\$	┙	Yes	No	Did you receive a payro	ll tax credit f	or a bus	siness suspension	or slowdown?
Sole Pi	roprie	tor Business Expens	es								
Adverti	sing		\$	In	terest – m	ortgag	re	\$		or lease – other ess property	\$
Bad deb	ots		\$	In	terest – ot	her		\$		irs and maintenanc	e \$
Bank ch			\$	In	ternet ser	vice		\$	Supp	lies (not included in tory cost)	\$
Busines	s licen	ses	\$	Le	gal and n	rofessi	onal services	\$	+	- payroll ¹	\$
		and fees	\$		anagemei			\$	+	- property	\$
Contrac			\$				n restaurants (100% deduct.)	\$	+	- sales	\$
							ness meals (50% deduct.)	\$	+	- state	\$
		lth care plans	\$		fice supp		(\$	Telep		\$
Entertai			\$				t year of business)	\$	Utilit		\$
Gifts			\$	1 1 0 1							\$

Rent or lease – car, machinery, equipment

\$

Other

Insurance (other than health insurance) \$

¹ Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC, Form 1099-MISC, and any state tax forms filed.

² Entertainment is no longer deductible for taxes.

	•	ist out type and expen	\$					\$	
			\$					\$	
			\$					\$	
			\$						
			+ '					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
Car Expense	S (use a separate fo	orm for each vehicle)							
Make/Model	-				Date car	placed in serv	ice		
Yes No	Car available for	personal use during	g off-duty hours?						
Yes No	Do you (or your	spouse) have any ot	her cars for person	al use?	Did you	trade in your o	ar this year?	Yes No)
Yes No	Do you have evid	dence?	-		Cost of	rade-in	Trade-in v	value	
Yes No	Is your evidence				\$		\$		
		Mileage					Actual Expense	?S	
Beginning of	year odometer				Gas/oil		\$		
End of year o	•				Insuran	ee	\$		
Business mile						fees/tolls	\$		
Commuting r						tion/fees	\$		
Other mileage					Repairs	tion, ices	\$		
				to .	11				ir for blisine
Generally, yo		ne standard mileage							
Generally, you purposes. Ho	wever, to use the	standard mileage ra	ite, it must be used	in the fi	irst year t				
Generally, you purposes. Ho then choose b	wever, to use the etween either the		ite, it must be used	in the fi	irst year t				
Generally, you purposes. Ho	wever, to use the etween either the	standard mileage ra	ite, it must be used	in the fi	irst year t				
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Generally, you purposes. Ho then choose b Travel Expen • Meals. You home on bu	wever, to use the etween either the etween either the etween either the example. The example of	standard mileage ra standard mileage ra st of meals while tra- se the actual cost of y	tte, it must be used tte method or actual veling away from your meals or the	• Trapen	vel/Lodg	he car is availa ing. You can diveling away fi	ble for busines leduct the ord	inary and	necessary ex
Generally, you purposes. Ho then choose b Travel Expen • Meals. You home on bu standard me	wever, to use the etween either the etween either the estate and educt the cosmosiness. You can useal allowance per	standard mileage ra standard mileage ra st of meals while tra	te, it must be used the method or actual veling away from your meals or the ry by location.	• Trapens	vel/Lodg uses of tra	he car is availa ing. You can d iveling away fi benses are trans	ble for busines leduct the ord	s. In later y inary and e for busin are, taxi, loo	necessary ex ness purpose dging, etc.
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Depreciation. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers		For Day Care Only		
A) Business use area (square footage)		1) Hours used for day care		
B) Total area of home (square footage)		2) Total hours in year	8,760 hrs.	

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2021, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect	
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$	
Property taxes	\$	\$	Utilities	\$	\$	
Insurance	\$	\$	Other	\$	\$	
Rent	\$	\$	Other	\$	\$	
Depreciation of the Home						
Lower of cost or fair market value	of home	\$	Improvements?	Yes No		
Value of land		\$	Casualty losses in 2021?	Yes No		

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a day care facility.

Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- You home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

Self-Employment (SE) Tax

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400
 or more, or you had church employee income of \$108.28 or more. The SE
 tax rules apply no matter how old you are and even if you are already
 receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$142,800 (2021) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.