

2021 Tax Organizer Personal Information

Personal Information

	SSN	Has IP PIN	Date of birth
Name			
Taxpayer	***-**-0000		
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: ***-**-0000

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Yes No

Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer _____

Spouse _____

If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

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	_____	_____	_____	_____	_____	_____

Checklist

Name:

SSN: ***-**-0000

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2021 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2020 tax year.

Stimulus payment (Economic Impact Payment - IRS Notice 1444-C or Letter 6475)

Amount of stimulus payment _____

Advanced payment of Child Tax Credit (IRS Letter 6419)

Taxpayer _____

Spouse _____

State and city refunds and other government payments (Form 1099-G)

Unemployment compensation

Other Income (provide supporting documentation for income received for the following items)

Sale of assets or property

Cancellation of debt

Other income _____

Payments (provide supporting documentation for payments made for the following items)

Educator classroom expenses

Employee business expenses

Contributions to a Health Savings Account

Expenses related to work relocation

Alimony

Student loan interest

Tuition and fees for higher education

Expenses related to child or dependent care

Contributions to a Retirement Savings Account

Medical and dental expenses

Real estate taxes

Other state and local taxes

Mortgage interest

Investment interest

Cash contributions

Noncash contributions

Unreimbursed employee expenses

Investment expenses

Gambling losses

Other payments _____

2021 Information Pertaining to the American Rescue Plan Act (ARPA)

On March 11, 2021, the President of the United States signed into law the American Rescue Plan Act (ARPA) that authorized a third round of stimulus payments and advanced payment of the Child Tax Credit. The IRS issued notices that provided the amounts you received for these payments. This information is necessary to accurately complete your 2021 individual tax return. Information provided below explains what notice you received and how to obtain the information if you no longer have the notice or have yet to receive a letter.

Stimulus Payment (Economic Impact Payment (EIP))

The third round of EIP or stimulus payments began mid-March 2021. Individuals could have received up to \$1,400 (\$2,800 for married couples filing a joint return). Qualifying dependents may have also received \$1,400. Unlike the first two payments, EIP3 was not limited to children under 17. Families may have received the payment based on all of the qualifying dependents claimed on the tax return. Most families received \$1,400 per person, meaning, a single person with no dependents may have received \$1,400 while a family of four may have received \$5,600. Notice 1444-C was sent following the payments and Letter 6475 will be issued in January 2022 with a combined total.

If you no longer have Notice 1444-C, or have not received Letter 6475, log in to your IRS Online Account to get the accurate amount of EIP3 received.

1. Go to [irs.gov](https://www.irs.gov).
2. Select "View Your Account Information."
3. Select "Log in to your Online Account" and follow the prompts provided.

Advance Child Tax Credit Payments

Under ARPA, the maximum amount for the Child Tax Credit (CTC) was increased from \$2,000 to \$3,600 for each child 5 years old and under. For children ages 6 - 17, the maximum increased to \$3,000. In July 2021, eligible families that did not opt out began receiving advanced CTC payments up to \$300 per month for each child age 5 and under and up to \$250 for each child between the age of 6 and 17. IRS will issue Letter 6419 to provide the amount received per taxpayer and how many children were taken into account to determine the amount received.

If you no longer have Letter 6419, or have not yet received it, follow the directions above to log in to your online account to access the Child Tax Credit Update Portal or log directly in to the portal using the instructions below. For married couples filing a joint return, the taxpayer and spouse will both need to log in to get the amount apportioned to each taxpayer.

1. Go to [irs.gov](https://www.irs.gov).
2. Select "Child Tax Credit Update Portal."
3. Select "Manage Advance Payments" and follow the prompts provided.

Healthcare Coverage Questionnaire

Name:

SSN: ***-**-0000

Healthcare Information

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

YES NO

Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

Did you pay for healthcare coverage for anyone not listed above?

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: ***-**-0000

Wages & Salaries

Provide all copies of Form W-2

Employer name	2021 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2021 distribution

- 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: ***-**-0000

Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income.

Account number Payer name	2021 ordinary dividends	2021 qualified dividends
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income.

Account number Payer name	2021 interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Income

Name:

SSN: ***-**-0000

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

Payer name	2021 amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

Payer name	2021 amount

Other Income and Adjustments

Name:

SSN: ***-**-0000

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: ***-**-0000

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

Table with 2 columns: 2021, 2021. Rows: Gross receipts or sales, Returns & allowances, Other income.

Expenses

Table with 2 columns: 2021, 2021. Rows: Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, Other expenses (list).

Cost of Goods Sold

Table with 2 columns: 2021, 2021. Rows: Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, Inventory at end of year. Includes checkbox: There was a change in inventory method.

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

Name:

SSN: ***-**-0000

General Property Information

Property description
Address, city, state, ZIP

Select the property type

- Single family residence, Multi-family residence, Vacation / short-term rental, Commercial, Land, Royalties, Self-rental, Other

Number of days property was rented
Number of days property was used for personal use
If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

- This property was placed in service during 2021.
This property is your main home or second home.
This property was disposed of during 2021.
This property was owned as a qualified joint venture.
Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.
You filed Forms 1099 for the individuals

Income

Table with 2 columns: 2021, 2021. Rows: Rent income, Royalties from oil, gas, mineral, copyright or patent

Expenses

Table with 3 columns: Expense Category, Rental unit expenses, Rental and homeowner expenses. Rows: Advertising, Auto & travel, Cleaning & maintenance, Commissions, Insurance, Legal & professional fees, Management fees, Mortgage interest, Other interest, Repairs, Supplies, Taxes, Utilities, Depletion, Other expenses

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.
If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Expenses Related to Business

Name: _____

SSN: ***-**-0000

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

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

Was another vehicle is available for personal use?

Yes No

Do you have evidence to support your deduction?

If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2021

Business _____

Commuting _____

Other _____

Expenses

Garage rent _____

Gas _____

Insurance _____

Licenses _____

Oil _____

Parking fees _____

Rental fees _____

Interest _____

Property tax _____

Repairs _____

Tires _____

Tolls _____

Lease addback _____

Other expenses _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Excess real estate taxes _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule F - Profit or Loss from Farming

Name:

SSN: ***-**-0000

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

Table with 2 columns for 2021 and 2021. Rows include: Sale of livestock / other items, Cost of items bought for resale, Sale of products you raised, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, Custom hire income, Beginning inventory for accrual, Ending inventory for accrual, Other income.

Expenses

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

Form 4835 - Farm Rental Income and Expenses

Name:

SSN: ***-**-0000

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2021

Income

Table with 3 columns: Description, 2021, 2021. Rows include Income from production of livestock, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, and Other income.

Expenses

Table with 3 columns: Description, 2021, 2021. Rows include Car & truck expenses, Chemicals, Conservation expenses, Custom hire (machine work), Employee benefit programs, Feed purchased, Fertilizers & lime, Freight & trucking, Gasoline, fuel, & oil, Insurance (other than health), Interest - mortgage (paid to banks, etc.), Interest - other, Labor hired (less jobs credit), Pension & profit-sharing plans, Rent - vehicles, machinery & equip, Rent - other (land, animals, etc.), and Repairs & maintenance.

Household Employment

Name: _____

SSN: ***-**-0000

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,300 or more in 2021?

Did you withhold federal income tax during 2021 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2021 by April 18, 2022?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2021

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,300 or more in 2021?

Did you withhold federal income tax during 2021 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2021 by April 18, 2022?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2021

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

Schedule A - Itemized Deductions

Name:

SSN: ***-**-0000

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
Cash Noncash Amount
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: ***-**-0000

Mortgage Interest

Provide all copies of Form 1098

Table with 4 columns: Lender's name, Mortgage interest received, Mortgage insurance premiums, Real estate taxes paid. Includes multiple rows for data entry.

Employee Business Expenses

- Checkboxes for: You are a qualified performing artist, You are a fee-based state or local government official, You are a disabled employee with impairment-related work expenses, You are a reservist, You are a member of the clergy, You used your personal vehicle for your job during 2021.

Table for Employee Business Expenses with columns: Expense description, NOT reimbursed by your employer, Reimbursed by your employer not included in box 1 of your W-2. Rows include Parking fees, tolls, local transportation; Meals; Overnight business travel expenses; Other business expenses.

Casualties and Thefts

Table for Casualties and Thefts with two columns for property details. Rows include FEMA code, Property description, Property location, Date property was acquired, Date property was damaged or stolen, Cost of property damaged or stolen, Fair market value before/after incident, Insurance reimbursement.

Other Information

Name: _____

SSN: ***-**-0000

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	_____