

|      |      |    |               |
|------|------|----|---------------|
| 2021 | 1040 | US | Tax Organizer |
|------|------|----|---------------|

**Tax Return Appointment**

Date:  
Time:  
Location:

Telephone number:  
Fax number:  
E-mail address:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please enter all pertinent 2021 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

Taxpayer

Spouse

|                                  |  |  |
|----------------------------------|--|--|
| First name and initial . . . . . |  |  |
| Last name . . . . .              |  |  |
| Title/suffix . . . . .           |  |  |
| Social security number . . . . . |  |  |
| Occupation . . . . .             |  |  |
| Date of birth (m/d/y) . . . . .  |  |  |
| Date of death (m/d/y) . . . . .  |  |  |
| 1=blind . . . . .                |  |  |
| Home phone . . . . .             |  |  |
| Work phone . . . . .             |  |  |
| Work extension . . . . .         |  |  |
| Cell phone . . . . .             |  |  |
| E-mail address . . . . .         |  |  |

|         |                            |  |
|---------|----------------------------|--|
| Address | In care of . . . . .       |  |
|         | Street address . . . . .   |  |
|         | Apartment number . . . . . |  |
|         | City . . . . .             |  |
|         | State . . . . .            |  |
|         | ZIP code . . . . .         |  |

**DEPENDENTS**

Dependent No.

Dependent No.

|                                    |  |  |
|------------------------------------|--|--|
| First name . . . . .               |  |  |
| Last name . . . . .                |  |  |
| Title/suffix . . . . .             |  |  |
| Date of birth (m/d/y) . . . . .    |  |  |
| Date of death (m/d/y) . . . . .    |  |  |
| Date of adoption (m/d/y) . . . . . |  |  |
| Social security number . . . . .   |  |  |
| Relationship . . . . .             |  |  |
| Months lived at home . . . . .     |  |  |

Dependent No.

Dependent No.

|                                    |  |  |
|------------------------------------|--|--|
| First name . . . . .               |  |  |
| Last name . . . . .                |  |  |
| Title/suffix . . . . .             |  |  |
| Date of birth (m/d/y) . . . . .    |  |  |
| Date of death (m/d/y) . . . . .    |  |  |
| Date of adoption (m/d/y) . . . . . |  |  |
| Social security number . . . . .   |  |  |
| Relationship . . . . .             |  |  |
| Months lived at home . . . . .     |  |  |

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Please enter all pertinent 2021 information. If you have attached a government form for an item, check the box and do not enter a 2021 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| 2021 Amount      | 2020 Amount |
|------------------|-------------|
| Attach Forms W-2 | _____       |
|                  | _____       |
|                  | _____       |
|                  | _____       |

**INTEREST INCOME**

Payer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

|                       |       |
|-----------------------|-------|
| Attach Forms 1099-INT | _____ |
|                       | _____ |
|                       | _____ |
|                       | _____ |

**DIVIDEND INCOME**

Payer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

|                       |       |
|-----------------------|-------|
| Attach Forms 1099-DIV | _____ |
|                       | _____ |
|                       | _____ |
|                       | _____ |

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

|                                    |       |
|------------------------------------|-------|
| Attach Forms 1099-R & W-2G         | _____ |
|                                    | _____ |
|                                    | _____ |
|                                    | _____ |
| Winnings not reported on W-2G..... | _____ |
| Total gambling losses.....         | _____ |

**OTHER GOVERNMENT FORMS - INCOME**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history) .....  |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income .....                            |
| <input type="checkbox"/> | Form 1099-K - Merchant card and third party network payments .....     |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements) . |

|                   |  |
|-------------------|--|
| Attach Forms 1099 |  |
|-------------------|--|

|                          |                                      |                   |
|--------------------------|--------------------------------------|-------------------|
| <input type="checkbox"/> | Form 1099-G - State tax refunds..... | Attach Forms 1099 |
|--------------------------|--------------------------------------|-------------------|

Taxpayer:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits ..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation .....  |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) .....                   |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) .....     |

|                   |  |
|-------------------|--|
| Attach Forms 1099 |  |
|-------------------|--|

Spouse:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits ..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation .....  |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) .....                   |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) .....     |

|                   |  |
|-------------------|--|
| Attach Forms 1099 |  |
|-------------------|--|

|      |      |    |               |
|------|------|----|---------------|
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|------|------|----|---------------|

**MISCELLANEOUS INCOME**

Taxpayer: Alimony received .....  
 Spouse: Alimony received .....

Other: \_\_\_\_\_

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....  
 Spouse: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

|  | 2021 Amount | 2020 Amount |
|--|-------------|-------------|
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest .....  
 Form 1098-T - Tuition and related expenses .....

|                   |  |
|-------------------|--|
| Attach Forms 1098 |  |
|                   |  |

**AFFORDABLE CARE ACT**

Form 1095-A - Health Insurance Marketplace Statement .....  
 Form 1095- B - Health Coverage .....  
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....

|                   |  |
|-------------------|--|
| Attach Forms 1095 |  |
|                   |  |

**ADJUSTMENTS TO INCOME**

Taxpayer:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Other adjustments to income:  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |  |
|--|--|
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|  |  |
|  |  |
|  |  |
|  |  |

Alimony paid - Recipient name & SSN .....  
 \_\_\_\_\_  
 \_\_\_\_\_

Spouse:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Other adjustments to income:  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |  |
|--|--|
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|  |  |
|  |  |
|  |  |

Alimony paid - Recipient name & SSN .....  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs .....  
 Doctors, dentists and nurses .....  
 Hospitals and nursing homes .....  
 Insurance premiums .....  
 Long-term care premiums - taxpayer .....  
 Long-term care premiums - spouse .....  
 Insurance reimbursement .....  
 Out-of-pocket lodging and transportation expenses .....  
 Number of medical miles .....  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

|  |  |
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|  |  |

**TAXES PAID**

State income taxes - 1/21 payment on 2020 state estimate .....

|  |  |
|--|--|
|  |  |
|--|--|



|      |      |    |                         |
|------|------|----|-------------------------|
| 2021 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|

If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.

YES

NO

**PERSONAL INFORMATION**



Did your marital status change during the year?



Did your address change during the year?



Could you be claimed as a dependent on another person's tax return for 2021?

**DEPENDENTS**



Were there any changes in dependents?



Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2021?



Did you have any children under age 19 or full-time students under age 24 at the end of 2021, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

**HEALTH CARE COVERAGE**



Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach.

**INCOME**



Did you receive unreported tip income of \$20 or more in any month?



Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?



Did you receive any disability income?



Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**



Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?



Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?



Did you buy or sell any stocks, bonds or other investment property in 2021?



Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?



Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?



Did you have any debts cancelled or forgiven?



Does anyone owe you money which has become uncollectible?

|      |      |    |                                     |
|------|------|----|-------------------------------------|
| 2021 | 1040 | US | Miscellaneous Questions (continued) |
|------|------|----|-------------------------------------|

If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.

| YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>RETIREMENT PLANS</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>EDUCATION</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>ITEMIZED DEDUCTIONS</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>ESTIMATED TAXES</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2020 taxes to your 2021 estimated tax (instead of being refunded)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2021 taxes, do you want the excess applied to your 2022 estimated tax (instead of being refunded)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2022 taxable income and withholdings to be different from 2021?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>MISCELLANEOUS</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

|             |             |           |  |
|-------------|-------------|-----------|--|
| <b>2021</b> | <b>1040</b> | <b>US</b> | <b>Miscellaneous Questions (continued)</b> |
|-------------|-------------|-----------|--|

**If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.**

- | <b>YES</b>               | <b>NO</b>                | <b>MISCELLANEOUS (continued)</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  |

**COVID-19 RELATED TAX LEGISLATION**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an economic impact payment? If so, how much?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your business receive an advance on the child tax credit? If so, how much? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your business have any PPP loan amounts forgiven?                          |

|             |             |           |                                     |  |           |
|-------------|-------------|-----------|-------------------------------------|--|-----------|
| <b>2021</b> | <b>1040</b> | <b>US</b> | <b>Business Income (Schedule C)</b> | No. <input style="width:40px;" type="text"/> | <b>16</b> |
|-------------|-------------|-----------|-------------------------------------|--|-----------|

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|   |  |
|---|--|
| Principal business/profession .....                 |  |
| Principal business code .....                       |  |
| Business name, if different from Form 1040 .....    |  |
| Business address, if different from Form 1040 ..... |  |
| City, if different from Form 1040 .....             |  |
| State, if different from Form 1040 .....            |  |
| ZIP code, if different from Form 1040 .....         |  |
| Foreign region .....                                |  |
| Foreign postal code .....                           |  |
| Foreign country .....                               |  |
| Employer identification number .....                |  |
| Other accounting method .....                       |  |

|   |  |  |
|---|--|--|
| Accounting method: 1=cash, 2=accrual .....  |  |  |
| Inventory method: 1=cost, 2=lower cost/market, 3=other .....  |  |  |
| 1=change of inventory method .....  |  |  |
| 1=spouse, 2=joint .....   |  |  |
| 1=first Schedule C filed for this business .....  |  |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..... |  |  |
| 1=not subject to self-employment tax .....  |  |  |
| 1=did not "materially participate" .....  |  |  |
| 1=personal services is not a material income producing factor .....                                     |  |  |
| 1=investment .....  |  |  |
| 1=minister's Schedule C .....   |  |  |
| 1=single member limited liability company .....   |  |  |
| 1=trader in financial instruments or commodities .....  |  |  |

**INCOME**

|   | 2021 Amount | 2020 Amount |
|---|-------------|-------------|
| Gross receipts or sales (Form 1099-MISC, box 7) ..... |             |             |
| Returns and allowances .....                          |             |             |
| Other income:   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |

**COST OF GOODS SOLD**

|  |  |  |
|--|--|--|
| Inventory at beginning of the year ..... |  |  |
| Purchases .....                          |  |  |
| Cost of items for personal use .....     |  |  |
| Cost of labor .....                      |  |  |
| Materials and supplies .....             |  |  |
| Other costs:                             |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| Inventory at end of the year .....       |  |  |



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Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

|  | 2021 Amount | 2020 Amount |
|--|-------------|-------------|
| Accounting.....  |             |             |
| Advertising.....   |             |             |
| Answering service.....   |             |             |
| Bad debts from sales or service.....                                 |             |             |
| Bank charges.....  |             |             |
| Car and truck expenses (not entered elsewhere).....                  |             |             |
| Commissions.....   |             |             |
| Contract labor.....  |             |             |
| Delivery and freight.....  |             |             |
| Dues and subscriptions.....  |             |             |
| Employee benefit programs.....                                       |             |             |
| Insurance (other than health).....                                   |             |             |
| Mortgage interest (paid to banks, etc.).....                         |             |             |
| Other interest (not entered elsewhere).....                          |             |             |
| Janitorial.....  |             |             |
| Laundry and cleaning.....  |             |             |
| Legal and professional.....  |             |             |
| Miscellaneous.....   |             |             |
| Office expense.....  |             |             |
| Outside services.....  |             |             |
| Parking and tolls.....   |             |             |
| Pension and profit sharing plans - contributions.....                |             |             |
| Pension and profit sharing plans - admin. and education costs.....   |             |             |
| Postage.....   |             |             |
| Printing.....  |             |             |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... |             |             |
| Rent - other.....  |             |             |
| Repairs.....   |             |             |
| Security.....  |             |             |
| Supplies.....  |             |             |
| Taxes - real estate.....   |             |             |
| Taxes - payroll.....   |             |             |
| Taxes - sales tax included in gross receipts.....                    |             |             |
| Taxes - other (not entered elsewhere).....                           |             |             |
| Telephone.....   |             |             |
| Tools.....   |             |             |
| Travel.....  |             |             |
| Total meals in full (50%).....                                       |             |             |
| Department of Transportation meals in full (80%).....                |             |             |
| Uniforms.....  |             |             |
| Utilities.....   |             |             |
| Wages.....   |             |             |

Other expenses:

|       |  |  |
|-------|--|--|
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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|             |             |           |                            |           |
|-------------|-------------|-----------|----------------------------|-----------|
| <b>2021</b> | <b>1040</b> | <b>US</b> | <b>Itemized Deductions</b> | <b>25</b> |
|-------------|-------------|-----------|----------------------------|-----------|

**Please enter all pertinent 2021 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

|  | 2021 Amount | TS | 2020 Amount |
|--|-------------|----|-------------|
| Prescription medicines and drugs .....   |             |    |             |
| Doctors, dentists and nurses .....   |             |    |             |
| Hospitals and nursing homes .....  |             |    |             |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. |             |    |             |
| Long-term care premiums - taxpayer .....   |             |    |             |
| Long-term care premiums - spouse .....   |             |    |             |
| Insurance reimbursement (enter as a positive number) .....                                 |             |    |             |
| Lodging and transportation:  |             |    |             |
| Out-of-pocket expenses .....   |             |    |             |
| Medical miles driven .....   |             |    |             |
| Other medical and dental expenses:   |             |    |             |
| _____  |             |    |             |
| _____  |             |    |             |
| _____  |             |    |             |

**TAXES PAID** (State and local withholding and 2021 estimates are automatic.)

|  |  |  |  |
|--|--|--|--|
| State income taxes - 1/21 payment on 2020 state estimate .....           |  |  |  |
| State income taxes - paid with 2020 state return extension .....         |  |  |  |
| State income taxes - paid with 2020 state return .....                   |  |  |  |
| State income taxes - paid for prior years and/or to other state .....    |  |  |  |
| City/local income taxes - 1/21 payment on 2020 city/local estimate ..... |  |  |  |
| City/local income taxes - paid with 2020 city/local extension .....      |  |  |  |
| City/local income taxes - paid with 2020 city/local return .....         |  |  |  |

**SALES AND USE TAXES PAID**

|  |  |  |  |
|--|--|--|--|
| State and local sales taxes (except autos and special items) ..... |  |  |  |
| Use taxes paid on 2021 purchases .....                             |  |  |  |
| Use taxes paid with 2020 state return .....                        |  |  |  |
| Sales tax on autos not included above .....                        |  |  |  |
| Sales tax on boats, aircraft, other special items .....            |  |  |  |

**OTHER TAXES PAID**

|  |  |  |  |
|--|--|--|--|
| Real estate taxes - principal residence:   |  |  |  |
| _____  |  |  |  |
| _____  |  |  |  |
| Real estate taxes - held for investment :  |  |  |  |
| _____  |  |  |  |
| _____  |  |  |  |
| _____  |  |  |  |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ... |  |  |  |
| Foreign income taxes .....   |  |  |  |
| Other taxes:   |  |  |  |
| _____  |  |  |  |

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Itemized Deductions (continued)

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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2021 Amount

TS

2020 Amount

|       |  |  |
|-------|--|--|
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |

Home mortgage interest not reported on Form 1098:

|                             |  |
|-----------------------------|--|
| Payee's name.....           |  |
| Payee's SSN or FEIN.....    |  |
| Payee's street address..... |  |
| Payee's city.....           |  |
| Payee's state.....          |  |
| Payee's ZIP code.....       |  |
| Payee's region.....         |  |
| Payee's postal code.....    |  |
| Payee's country.....        |  |

|                  |  |  |
|------------------|--|--|
| Amount paid..... |  |  |
|------------------|--|--|

Points not reported on Form 1098:

|       |  |  |
|-------|--|--|
| _____ |  |  |
| _____ |  |  |

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) .....

|  |  |  |
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Investment interest (interest on margin accounts):

|       |  |  |
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Passive interest.....

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NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

|  |  |  |
|--|--|--|
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| Volunteer expenses (out-of-pocket) ..... |  |  |
| Number of charitable miles .....         |  |  |

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

|  |  |  |
|--|--|--|
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| Volunteer expenses (out-of-pocket) ..... |  |  |
| Number of charitable miles .....         |  |  |

25 p2

2021

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2021 Amount

TS

2020 Amount

Three horizontal lines for entering 2021 amounts.

Table with 3 columns: 2021 Amount, TS, 2020 Amount. Three rows for data entry.

30% limitation (see above):

Three horizontal lines for entering 2021 amounts.

Table with 3 columns: 2021 Amount, TS, 2020 Amount. Three rows for data entry.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 2021 amounts.

Table with 3 columns: 2021 Amount, TS, 2020 Amount. Three rows for data entry.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 2021 amounts.

Table with 3 columns: 2021 Amount, TS, 2020 Amount. Three rows for data entry.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2021 Amount, TS, 2020 Amount. One row for data entry.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2021 amounts.

Table with 3 columns: 2021 Amount, TS, 2020 Amount. Five rows for data entry.

Investment expense:

Five horizontal lines for entering 2021 amounts.

Table with 3 columns: 2021 Amount, TS, 2020 Amount. Five rows for data entry.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2021 Amount, TS, 2020 Amount. Two rows for data entry.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2021 amounts.

Table with 3 columns: 2021 Amount, TS, 2020 Amount. Five rows for data entry.

25 p3



**If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.**

1. Total home equity debt exceeded \$100,000 at any time during 2021 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2021 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2021 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

|  | 2021 Amount | TS | 2020 Amount |
|--|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured     |             |    |             |
| Home acquisition and grandfather debt on the date that the last debt was secured |             |    |             |

**LOAN INFORMATION**

Loan #1

- Lender's name
- Form (see table)
- Number of form
- 1=taxpayer, 2=spouse, blank=joint
- Interest paid
- Points paid
- Total principal paid
- Lump sum principal payment (if paid off)
- Months outstanding (if not 12)
- 1=home acquisition debt incurred after 12/15/17
- Home acquisition debt balance - beginning of year
- Home acquisition debt borrowed in 2021
- Home equity debt balance - beginning of year
- Home equity debt borrowed in 2021
- Grandfather debt balance - beginning of year

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Loan #2

- Lender's name
- Form (see table)
- Number of form
- 1=taxpayer, 2=spouse, blank=joint
- Interest paid
- Points paid
- Total principal paid
- Lump sum principal payment (if paid off)
- Months outstanding (if not 12)
- 1=home acquisition debt incurred after 12/15/17
- Home acquisition debt balance - beginning of year
- Home acquisition debt borrowed in 2021
- Home equity debt balance - beginning of year
- Home equity debt borrowed in 2021
- Grandfather debt balance - beginning of year

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| Form   |
|--|
| 1 = Schedule A (default)<br>2 = Business use of home<br>3 = Schedule E |

|             |             |           |  |                   |
|-------------|-------------|-----------|--|-------------------|
| <b>2021</b> | <b>1040</b> | <b>US</b> | <b>Itemized Deductions (continued)</b> | <b>25</b> p5 cont |
|-------------|-------------|-----------|--|-------------------|

Please enter all pertinent 2021 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**LOAN INFORMATION (continued)**

Loan #3

|             | TS | 2020 Amount |
|-------------|----|-------------|
| 2021 Amount |    |             |
|             |    |             |
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Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2021.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2021.....

Grandfather debt balance - beginning of year.....

Loan #4

|             | TS | 2020 Amount |
|-------------|----|-------------|
| 2021 Amount |    |             |
|             |    |             |
|             |    |             |
|             |    |             |
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Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2021.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2021.....

Grandfather debt balance - beginning of year.....

**Form**

1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

|             |             |           |  |                  |
|-------------|-------------|-----------|--|------------------|
| <b>2021</b> | <b>1040</b> | <b>US</b> | <b>Child and Dependent Care Expenses (Form 2441)</b> | <b>33.1,33.2</b> |
|-------------|-------------|-----------|--|------------------|

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

|   | 2021 Amount |        | 2020 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Dependent care expenses incurred but not paid in 2021 |             |        |             |        |
| Employer-provided benefits forfeited in 2021          |             |        |             |        |

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

|  |   |  |           |  |
|--|---|--|-----------|--|
| No. <input style="width:40px;" type="text"/> | First name .....  |  |           |  |
|  | Last name .....   |  |           |  |
|  | Title or suffix .....   |  |           |  |
|  | Date of birth (m/d/y) .....                                       |  |           |  |
|  | Social security number .....                                      |  |           |  |
|  | Qualified dependent care expenses incurred and paid in 2021 ..... |  | 2020 amt: |  |
|  | 1=disabled .....  |  |           |  |
|  | 1=spouse, 2=joint .....   |  |           |  |

|  |   |  |           |  |
|--|---|--|-----------|--|
| No. <input style="width:40px;" type="text"/> | First name .....  |  |           |  |
|  | Last name .....   |  |           |  |
|  | Title or suffix .....   |  |           |  |
|  | Date of birth (m/d/y) .....                                       |  |           |  |
|  | Social security number .....                                      |  |           |  |
|  | Qualified dependent care expenses incurred and paid in 2021 ..... |  | 2020 amt: |  |
|  | 1=disabled .....  |  |           |  |
|  | 1=spouse, 2=joint .....   |  |           |  |

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

|  |  |  |           |  |
|--|--|--|-----------|--|
| No. <input style="width:40px;" type="text"/> | Name of provider .....                     |  |           |  |
|  | Street address .....                       |  |           |  |
|  | City .....                                 |  |           |  |
|  | State .....                                |  |           |  |
|  | ZIP code .....                             |  |           |  |
|  | Foreign region .....                       |  |           |  |
|  | Foreign postal code .....                  |  |           |  |
|  | Foreign country .....                      |  |           |  |
|  | Identification number (SSN or EIN) .....   |  |           |  |
|  | Amount paid to care provider in 2021 ..... |  | 2020 amt: |  |
|  | 1=spouse, 2=joint .....                    |  |           |  |



