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## **2021 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2021 tax return.**

**To save you time, selected information from your 2020 tax return has been entered in this organizer. Please line through any information that does not apply to your 2021 tax return.**

**In some cases, 2020 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

Dear Client,

As we turn the corner into the new year, we want to make sure you have all the information you need going into tax season. We have enclosed a tax organizer to assist you in gathering your documentation. Please complete the organizer to the best of your ability and submit it to us with your tax documents.

If you have enrolled in TaxCaddy, you may disregard this packet and instead complete the TaxCaddy online questionnaire. If you do not wish to set up a TaxCaddy account, but still prefer to send your information electronically, please use our simple upload links at <https://dha-cpa.com/secure-file-sharing>.

We encourage the use of TaxCaddy, secure file sharing, or our physical drop-box for best delivery options. Our client drop-box is located at the back of our building at Door 550. When using the drop-box we ask that you please place your documents in a securely sealed envelope labeled with your name and contact information.

#### IMPORTANT REMINDERS

- **TAXCADDY:** It's not too late to simplify your process and enroll in TaxCaddy today. Visit our website at <https://dha-cpa.com/taxcaddy> for more information or email us to request an invite link [support@dha-cpa.com](mailto:support@dha-cpa.com).
- **ENGAGEMENT & CONSENT LETTERS:** These letters should be signed electronically via the DHA website at <https://dha-cpa.com/tax-consent/1040>. Please sign your letters by DECEMBER 31<sup>st</sup>.

Please submit your information to us BY **MARCH 11** to file by the April 15 deadline. If you are missing a few items, just deliver what you do have so we can begin preparation of your return. You may continue to send additional information as it becomes available to you.

If you submit your information AFTER **MARCH 11**, we will file an automatic extension and cannot guarantee completion of your return prior to the April 15 deadline. There are no additional fees to extend your return, but it is important to note that filing an extension only extends the time to file and DOES NOT extend tax payments which are still due April 15. If we need to extend your return, we will send you notification and provide any necessary payment vouchers prior to April 15<sup>th</sup> if we determine you owe taxes. *If you already know you will require an extension, please notify us as soon as possible.*

During tax season, we will continue our normal business hours (Mon to Fri 9AM–5PM). Our office will be closing at 5PM on Monday, April 18<sup>th</sup> and will be closed all day Tuesday, April 19<sup>th</sup>. During the summer months (Memorial Day to Labor Day) our office will be closed on Fridays.

We are excited to work with you this tax season and hope you have a wonderful holiday season.

If you have any questions, please reach out to your DHA contact or give us a call at (952) 448-4220.

Sincerely,

DRAZAN, HENKE AND ASSOCIATES, PLLC

## TAX DELIVERY METHODS

It is now DHA's standard practice to deliver all tax documents electronically. Here is how you will receive your final documents for your 2021 tax return.

- Tax return, payment vouchers, and other applicable forms – Emailed via ShareFile secure download link
- E-file authorization form and other documents requiring signature – Emailed via Adobe Sign for digital signature

All emails and links will be sent to the primary email address identified on your account. When filing jointly, we will require e-signature from both taxpayer and spouse. Please provide your email address(es) below.

**Taxpayer Email:** \_\_\_\_\_  *This is the primary contact*

**Spouse Email:** \_\_\_\_\_  *This is the primary contact*

If you provide us with physical documents for tax preparation, please pick up your documents from our office by December 31, 2022, or they will be shredded due to storage capacity. We keep a digital copy of all documents provided for 10 years for audit purposes. Requests for physical documents to be mailed to you from our office may incur additional fees for postage expenses.

If you do not have an email address, prefer not to use digital options, or have other circumstances that prevent you from using the options above, please notify us when dropping off your documents or call us at 952-448-4220.

*NOTE: These delivery methods do not affect the filing of your return. We will attempt to e-file all tax returns and will notify you if your return has been disqualified from e-filing for any reason.*

**Please utilize this list & the tax organizer to provide us with all the necessary documentation to complete your individual income tax return.**

- ✓ **PLEASE DO:** Open all mailing envelopes and submit only the tax documents enclosed.
- ✓ **DO NOT:** Staple, tape, or paper clip your tax documents and organizer pages
- ✓ **DO NOT:** Submit cash register receipts with your tax docs. Please summarize totals of receipts by category in the organizer, in an Excel spreadsheet, or on a separate sheet of paper. Failure to provide summaries may result in additional fees.

- 1) **Schedule C & E Filers:** If you are providing information for a Schedule C (Self-Employed) or Schedule E (Rental Activity), we ask that you either fully complete the organizer forms provided **OR** provide us with financial statements/QuickBooks. Please **DO NOT** provide receipts and bank/credit card statements unless specifically requested. Providing receipts may increase the time it takes to prepare your return and increase tax preparation fees. If bank/credit card statements are provided without a completed financial statement or organizer page, we will contact you to setup a separate bookkeeping project.
  - a) **Credit for Sick Leave & Family Leave for Certain SE Individuals (Schedule C filers ONLY):** If you or your spouse are self-employed, were you unable to work or telework any days during 1/1/2021 – 3/31/2021 due to your own COVID-19 symptoms, self-quarantine, caring for family with COVID-19, or childcare being unavailable due to COVID-19? \_\_\_Y  
\_\_\_N
- 2) Did you make any federal or state quarterly **estimate payments**?  
\_\_\_ I made **ALL** quarterly estimate payments provided by the due dates. I have confirmed the voucher amounts provided in the tax organizer match the amounts paid.  
\_\_\_ I did **NOT** make any federal or state quarterly estimate payments
- 3) Were you and everyone on your return covered by health insurance for all 12 months of 2022? \_\_\_Y  
\_\_\_N
- 4) Do you own a **foreign bank account** or have signature authority on a foreign bank account? \_\_\_Y  
\_\_\_N
- 5) **Auto Tabs** from vehicle registrations or list plate #'s here: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_. If you purchased a new vehicle, we need the invoice from the dealer to determine the deductions.
- 6) If you did not receive a **1099-INT** from your bank, please include your Dec. 31<sup>st</sup> year-end checking/savings statement if the interest paid exceeds one dollar (\$1).
- 7) Please include **all forms 1098** received for mortgage interest paid on all your residences. If your total outstanding balances on all mortgages exceeds \$750k, please provide each loan's beginning and ending balance for the tax year.
- 8) If you **bought, sold, or refinanced** your home, please enclose the 3-5 pages of Closing Documents.

- 9) **Documentation needed for non-cash charitable contributions totaling over \$500** must list the name of the charity, the date & the **value** of item(s) donated. (Example: Goodwill- 10/3/21; clothing; \$105 & Love INC- 5/26/21; furniture; \$425)
- 10) **Charitable cash contributions over \$250** require a written acknowledgement from the charity. Summarize cash contributions in the organizer, on an Excel spreadsheet, or on a separate sheet of paper.
- 11) For **MN K-12 Education Subtraction or Credit** please provide the child's name & grade; instrument played/rented; summary of amounts paid for tuition, tutoring, music lessons, & school supplies.
- 12) For **MN 529 plan Subtraction or Credit** please provide the child's name, Financial Institution, account number, and amount contributed.
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### 2022 Minnesota Property Tax Return

- MN Form M1PR is considered a separate tax filing from the MN Income Tax Return (Form M1) and therefore an additional fee of \$85 will be applied for preparation and filing of this return. Please inform us by checking the box below if you **DO NOT** want DHA to prepare and file your MN M1PR.
- Form M1PR will be filed at the same time as your income tax return if we have access to your property tax statement or certificate of rent paid before time of filing.
- If your county has not released property tax statements before we file your income tax return, we will wait and file your MN M1PR separately and after the April 15<sup>th</sup> deadline. Preparation of these M1PRs will start in June.

Please check this box if you **DO NOT** want us to prepare your M1PR:

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### ECONOMIC IMPACT PAYMENTS

- **EIP 3 (March 2021)** – Up to \$1,400 per individual (\$2,800 for married couples) plus \$1,400 per qualifying child. Enter the amount you and your spouse received:
  - **Taxpayer:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

### ADVANCED CHILD TAX CREDIT PAYMENTS

- Please provide the monthly payments your household received under the Advanced Child Tax Credit.
  - **July 2021** \_\_\_\_\_
  - **August 2021** \_\_\_\_\_
  - **September 2021** \_\_\_\_\_
  - **October 2021** \_\_\_\_\_
  - **November 2021** \_\_\_\_\_
  - **December 2021** \_\_\_\_\_



2021

# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

Driver's License  State-Issued ID  No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

Are you a U.S. citizen or Green Card holder?  Yes  No

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

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

TS	State	City	Code	PIN

### Tax Organizer Legend:

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



2021

# Dependents and Wages

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## Dependent Information:

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

Did dependent have income over \$4,300?



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

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

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

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

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

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

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



2021

# Electronic Filing

## Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

**Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.**

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?		<b>Yes</b>	<b>No</b>
Taxpayer .....		<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....		<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



## Questions

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

### Personal Information:

Yes    No

Did your marital status change?

\_\_\_\_\_

Are you married?

\_\_\_\_\_

If Yes, do you and your spouse want to file separate returns?

\_\_\_\_\_

If No, are you in a domestic partnership, civil union, or other state-defined relationship?

\_\_\_\_\_

Can you or your spouse be claimed as a dependent by another taxpayer?

\_\_\_\_\_

Did you or your spouse serve in the military or were you or your spouse on active duty?

\_\_\_\_\_

### Dependents:

Yes    No

Were there any changes in dependents from the prior year?

\_\_\_\_\_

Note: Include non-child dependents for whom you provided more than half the support.

Did you or your spouse pay for child care while you or your spouse worked or looked for work?

\_\_\_\_\_

Do you have any children under age 18 with unearned income more than \$1,050?

\_\_\_\_\_

Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,050?

\_\_\_\_\_

Did you adopt a child or begin adoption proceedings?

\_\_\_\_\_

Are any of your dependents non-U.S. citizens or non-U.S. residents?

\_\_\_\_\_

### Healthcare:

Yes    No

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year?

\_\_\_\_\_

If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.

Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? \_\_\_\_\_

Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? \_\_\_\_\_

Did you apply for an exemption through the Marketplace? \_\_\_\_\_

If Yes, provide the Exemption Certificate Number. \_\_\_\_\_

Are any of your dependents required to file a tax return? \_\_\_\_\_

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_

Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_

If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA. \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA. \_\_\_\_\_

Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include Form 1099-LTC. \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? \_\_\_\_\_

**Education:**

**Yes No**

Did you or your spouse pay any student loan interest? \_\_\_\_\_

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?

\_\_\_\_\_

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan?

\_\_\_\_\_

If Yes, include all Forms 1099-Q.

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?

\_\_\_\_\_

**Deductions and Credits:**

**Yes    No**

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

\_\_\_\_\_

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses?

\_\_\_\_\_

Did you or your spouse make any large purchases, such as motor vehicles and boats?

\_\_\_\_\_

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?

\_\_\_\_\_

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?

\_\_\_\_\_

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?

\_\_\_\_\_

If Yes, provide the number of gallons or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons \_\_\_\_\_ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?

\_\_\_\_\_

Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?

\_\_\_\_\_

Did you or your spouse have any debts canceled, forgiven or refinanced?

\_\_\_\_\_

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?

\_\_\_\_\_

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?

\_\_\_\_\_

Did you or your spouse sell, exchange, or purchase any real estate?

\_\_\_\_\_

If Yes, include closing statements.

**Investments:**

**Yes No**

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?

\_\_\_\_\_

Did you or your spouse engage in any put or call transactions?

\_\_\_\_\_

If Yes, provide the transaction details.

Did you or your spouse close any open short sales?

\_\_\_\_\_

Did you or your spouse sell any securities not reported on Form 1099-B?

\_\_\_\_\_

**Retirement or Severance:**

**Yes No**

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?

\_\_\_\_\_

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?

\_\_\_\_\_

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution?

\_\_\_\_\_

Did you or your spouse retire or change jobs?

\_\_\_\_\_

Did you or your spouse receive deferred, retirement or severance compensation?

\_\_\_\_\_

If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

**Personal Residence:**

**Yes No**

Did your address change?

\_\_\_\_\_

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job?

\_\_\_\_\_

Did you or your spouse claim a homebuyer credit for a home purchased in 2008?

\_\_\_\_\_

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?

\_\_\_\_\_

Are your total mortgages on your first and/or second residence greater than \$1,000,000?

\_\_\_\_\_

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

Beginning Balance: \_\_\_\_\_ Ending Balance: \_\_\_\_\_ Int Rate: \_\_\_\_\_

Did you or your spouse take out a home equity loan? \_\_\_\_\_  
If Yes, please provide a copy of the closing statement and a brief description of what the loan proceeds were used for. \_\_\_\_\_

Did you or your spouse have an outstanding home equity loan at the end of the year? \_\_\_\_\_  
If Yes, provide the principal balance and interest rate at the beginning and end of the year.  
Beginning Balance: \_\_\_\_\_ Ending Balance: \_\_\_\_\_ Int Rate: \_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? \_\_\_\_\_

Did you or your mortgagee receive mortgage assistance payments? \_\_\_\_\_  
If Yes, include all Forms 1098-MA.

**Sale of Your Home:** **Yes** **No**

Did you sell your home? \_\_\_\_\_

Did you receive Form 1099-S? \_\_\_\_\_

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? \_\_\_\_\_

Did you or your spouse ever rent out the property? \_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes? \_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years? \_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_ Both

**Gifts:** **Yes** **No**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual? \_\_\_\_\_

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? \_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount? \_\_\_\_\_

Did you or your spouse have a life insurance trust?

\_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?

Did you or your spouse forgive any indebtedness to any individual, trust or entity?

\_\_\_\_\_  
\_\_\_\_\_

**Foreign Matters:**

**Yes No**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? \_\_\_\_\_  
Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? \_\_\_\_\_

Did you or your spouse create or transfer money or property to a foreign trust? \_\_\_\_\_

Did you or your spouse own any foreign financial assets? \_\_\_\_\_

**Miscellaneous:**

**Yes No**

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees? \_\_\_\_\_

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

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness? \_\_\_\_\_

Did you or your spouse engage in any bartering transactions? \_\_\_\_\_

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? \_\_\_\_\_

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? \_\_\_\_\_

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





2021

# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

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

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

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                                               No

Account owner                                               Taxpayer                                               Spouse                                               Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.   

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

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

Type of account:     Checking                       Traditional Savings                       IRA Savings  
                                   Archer MSA Savings                       Coverdell Ed. Savings                       HSA Savings

Is this a business account?                       Yes                                               No

Account owner                                               Taxpayer                                               Spouse                                               Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2021

# Interest Income

5A

### Interest Information:

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

Tax-Exempt Interest Code:   1 - 1099-INT   2 - Private Activity Bond   3 - Both



TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2020 Interest Amount
<b>Total</b>						

### Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2021 Interest Amount	2020 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

### Enter Any Additional Information:


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



2021

# Dividend Income

5B

## Dividend Information:

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

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

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

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

## Enter Any Additional Information:


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



2021

# Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								

▲

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

Note: For other amounts not listed, attach a copy of your brokerage statement.



# Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

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

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

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				

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

## Other Income:

Nature and Source	2021 Amount	2020 Amount

## Other Adjustments to Income:

Nature and Source	2021 Amount	2020 Amount

## Investment Interest Expense:

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

Paid To	2021 Amount	2020 Amount

## Foreign Bank Accounts and Trusts:

At any time during 2021, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2021, whether or not you had any beneficial interest in it?  Yes  No



2021

# Individual Retirement Account (IRA) Information

**Individual Retirement Account (IRA):** Include all copies of Forms 1099-R and 5498.

TS .....

**IRA Questions for 2021:**

Yes	No

- Are you covered by an employer's retirement plan? .....
- If no, is your spouse covered by an employer's retirement plan? .....
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return? .....
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction? .....
- Did you use any IRA as security for a loan this year? .....
- Did you have any transactions with any IRA during the year? .....
- If Yes, explain. \_\_\_\_\_

**IRA Values, Rollovers, and Distributions:**

- Total value of all traditional IRAs on December 31, 2021 .....
- Note: This information or Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2021 .....
- Total distributions converted to Roth IRAs .....
- Total retirement plans converted to Roth IRAs .....

**Contributions:**

- IRA:
- Contributions in 2021 for the 2021 tax return .....
- Contributions in 2022 for the 2021 tax return .....
- Amount for 2021 you choose to be treated as nondeductible .....
- Roth IRA:
- Contributions made for the 2021 tax year .....

**Distributions:** Include all Forms 1099-R and any nontaxable distribution details

Name of Payer	2021 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2020 Gross Distributions



# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ . . . . . \_\_\_\_\_

Type of property . . . . . \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099?  Yes  No

Ownership percentage if not 100% . . . . . \_\_\_\_\_ %

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

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

2021	2020

**Income:**

Rents received . . . . . \_\_\_\_\_

Royalties received . . . . . \_\_\_\_\_

2021 Amount	2020 Amount

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

Description	2021 Amount	2020 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2021 Amount	2020 Amount

Other income:

Description	2021 Amount	2020 Amount



# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

**Listed Property Questions for 2021:**

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

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

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

**Vehicle:**

Description of vehicle .....

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

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

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

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2021 Miles	2020 Miles
2021 Amount	2020 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2021 Miles	2020 Miles
2021 Amount	2020 Amount

**Mileage:**

Total miles .....

Total business miles .....

Total commuting miles for the year ..

**Actual Expenses:**

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....





2021

# Partnership, S Corporation, Estate, Trust and REMIC Income

**Partnership Income:** Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

**S Corporation Income:** Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

**Estate and Trust Income:** Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

**Real Estate Mortgage Investment Conduit (REMIC) Income:** Include all Schedules Q

TSJ	Entity Name	Employer ID Number



2021

# Miscellaneous Income, Adjustments and Alimony

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

### Miscellaneous Income and Adjustments:

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

### State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

### Other Income:

TSJ	Nature and Source	2021 Amount	2020 Amount

### Alimony Paid or Received:

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



# Miscellaneous Adjustments

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

TS	2021 Amount	2020 Amount

**Health Savings Accounts (HSAs)**

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

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

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

Yes	No

Were all distributions from your HSA for unreimbursed medical expenses? ..... 

Yes	No

Did you or your spouse enroll in Medicare? ..... 

Yes	No

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

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

TSJ	Nature and Source	2021 Amount	2020 Amount



2021

# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

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

TSJ	2021 Amount	2020 Amount

2021 Amount	2020 Amount

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

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

### Other Medical Expenses:

TSJ	Description	2021 Amount	2020 Amount

### Taxes Paid: Include copies of your tax bills

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

TSJ	2021 Amount	2020 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2021 Amount	2020 Amount

### Other Taxes Paid:

TSJ	Description	2021 Amount	2020 Amount

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



Mortgage Questions for 2021:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2021 Amount	2020 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2021 Amount	2020 Amount

Investment Interest Expense:

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

TSJ	Paid To	2021 Amount	2020 Amount



# Itemized Deductions - Contributions

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

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

TSJ	Organization or Description of Contribution	2021 Amount	2020 Amount

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

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

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

TSJ	Description of Donated Property	2021 Amount	2020 Amount

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

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

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

- 1 - Appraisal    3 - Comparable Sale    5 - Thrift Shop Value
- 2 - Catalog    4 - Other (Describe)

- 1 - Gift    3 - Exchange
- 2 - Inheritance    4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



## Itemized Deductions - Miscellaneous

\* These expenses are not deductible on the federal return but may be deductible on some state returns.

**Miscellaneous Itemized Deductions:**

- Union and professional dues \* .....
- Tax preparation fee \* .....
- Professional subscriptions \* .....
- Hobby expense (To extent of income) \* .....
- Safe deposit box \* .....
- Uniforms and protective clothing \* .....
- Work tools \* .....
- Gambling losses .....
- Estate taxes .....

TSJ	2021 Amount	2020 Amount

**Other Itemized Deductions:**

Examples:

- Certain legal and accounting fees \*
- Employment agency fees \*
- Impairment-related work expense of a disabled person
- Investment expenses \*
- Certain educational expenses \*
- Repayment of amounts under a claim of right
- Custodial fees \*
- Amortizable bond premium

TSJ	Description	2021 Amount	2020 Amount

**Casualty or Theft Loss:**

TSJ ..... \_\_\_\_\_  
 Property description ..... \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use   
  Business use   
  Income producing   
  Employee Use   
  Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? .....  Yes  No

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_  
 Date damaged or lost ..... (Mo/Da/Yr) \_\_\_\_\_

- Original cost or other basis .....
- Fair market value before casualty .....
- Fair market value after casualty .....
- Cost of replacement .....
- Insurance reimbursement .....



2021

# Itemized Deductions - Business Use of Home

16A

**These expenses are not deductible on the Federal return but may be deductible on some state returns.**

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2021	2020

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

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

### Other Expenses:

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

### Seller-Financed Mortgage Interest Information:

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





# Employee Business Expenses (Page 1 of 2)

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Expenses: Enter all expenses at 100 percent Include all documentation

Occupation code \_\_\_\_\_

- |                          |                                                  |                         |
|--------------------------|--------------------------------------------------|-------------------------|
| 1 - Performing artist    | 3 - Fee-basis state or local government official | 5 - Outside salesperson |
| 2 - Handicapped employee | 4 - National Guard or Reserve                    | (Big Rapids, MI only)   |

If not 100%, enter the percentage to apply to Schedule A \_\_\_\_\_ %

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

Other Business Expenses:

Description	2021 Amount	2020 Amount

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

	2021 Amount	2020 Amount
Amount received for other expenses .....		
Amount received for meals .....		
Amount received for entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?       Yes     No



# Employee Business Expenses- Business Use of Home

17B

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2021	2020

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

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

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

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

**Other Expenses:**

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

**Seller-Financed Mortgage Interest Information:**

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



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2020 but paid in 2021 .....  
Employer-provided dependent care benefits that were forfeited in 2021 .....  
2020 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2021 Amount	2020 Amount
Expenses incurred and paid in 2021 .....		
Expenses incurred and not paid in 2021 .....		

**Provider 2:**

Name .....  
Street address .....  
City, state, ZIP or postal code, and country .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2021 Amount	2020 Amount
Expenses incurred and paid in 2021 .....		
Expenses incurred and not paid in 2021 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2021 Expenses Incurred	2020 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

**Include copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	2021 Qualified Expenses



# Household Employment Taxes

### General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$2,300 or more in 2021?  Yes  No

Did you withhold any federal income tax from wages paid to any household employee?  Yes  No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021?  Yes  No

### Social Security, Medicare and Income Taxes:

	2021 Amount	2020 Amount
Cash wages subject to social security taxes .....		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)		
Cash wages subject to additional Medicare tax withholding .....		
Federal income tax withheld .....		
State disability plan payments subject to social security taxes .....		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....		

### Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state?  Yes  No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?  Yes  No

State	Total Cash Wages Subject to FUTA	2020 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2022

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2020 Amount



# Federal Tax Payments

## Refund Application:

If you have an overpayment of 2021 taxes, do you want the excess:

Refunded .....  Yes  No  
 Applied to your 2022 estimated tax liability  Yes  No

## Federal Estimated Tax Payments:

2021 1st Quarter Estimate ..... (Due 04-15-2021)  
 2021 2nd Quarter Estimate ..... (Due 06-15-2021)  
 2021 3rd Quarter Estimate ..... (Due 09-15-2021)  
 2021 4th Quarter Estimate ..... (Due 01-18-2022)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2020 overpayment applied to 2021 estimate .....

## Tax Planning Information for Tax Year 2022:

Do you expect any of the following to occur in 2022?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.




2021

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

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

2021 1st Quarter Estimate .....

2021 2nd Quarter Estimate .....

2021 3rd Quarter Estimate .....

2021 4th Quarter Estimate .....

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

2020 overpayment applied to 2021 estimate .....

Balance of prior year(s)' tax paid in 2021 plus amount paid with 2020 extensions .....

Estimated tax payments for 2020 paid in 2021 .....

## State and City Estimated Tax Payments:

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

2021 1st Quarter Estimate .....

2021 2nd Quarter Estimate .....

2021 3rd Quarter Estimate .....

2021 4th Quarter Estimate .....

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

2020 overpayment applied to 2021 estimate .....

Balance of prior year(s)' tax paid in 2021 plus amount paid with 2020 extensions .....

Estimated tax payments for 2020 paid in 2021 .....

## State and City Estimated Tax Payments:

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

2021 1st Quarter Estimate .....

2021 2nd Quarter Estimate .....

2021 3rd Quarter Estimate .....

2021 4th Quarter Estimate .....

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

2020 overpayment applied to 2021 estimate .....

Balance of prior year(s)' tax paid in 2021 plus amount paid with 2020 extensions .....

Estimated tax payments for 2020 paid in 2021 .....



# Gifts Made Outright to an Individual

**NOTE: Only complete Forms 34 and/or 35 if in 2021:**

- You made gifts of cash or marketable securities to an individual that exceeded \$15,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

### Gift 1:

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width: 100%;" type="text"/>		

### Gift 2:

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....	<input style="width: 100%;" type="text"/>		
Value of assets gifted if other than cash .....	<input style="width: 100%;" type="text"/>		



**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, provide the following information:**

Name of trust receiving the gift . . . . . \_\_\_\_\_

Name of the trustee . . . . . \_\_\_\_\_

Address of the trustee . . . . . \_\_\_\_\_

Trust identification number . . . . . \_\_\_\_\_

Name of the beneficiary of the trust . . . . . \_\_\_\_\_

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) . . . . . \_\_\_\_\_

Age of the beneficiary . . . . . \_\_\_\_\_

Date(s) of gift(s) . . . . . (Mo/Da/Yr) \_\_\_\_\_

Description and amount of assets gifted  
(e.g., \$15,000 in cash or 500 shares of ABC stock) . . . . . \_\_\_\_\_

Cost basis of assets gifted if other than cash . . . . .

Value of assets gifted if other than cash . . . . .

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

\_\_\_\_\_

**Include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**