



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

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

Stimulus Payment (Economic Impact Payment (EIP))

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

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

1. Go to irs.gov.
2. Select "View Your Account Information."
3. Select "Log in to your Online Account" and follow the prompts provided.

Advance Child Tax Credit Payments

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

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

1. Go to irs.gov.
2. Select "Child Tax Credit Update Portal."
3. Select "Manage Advance Payments" and follow the prompts provided.



2021 Tax Organizer Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2021

- Single
 Married
 Widowed - If widowed and your spouse died in 2021, enter the date of death _____
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? _____

Yes No

- Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
 Was your earned income in 2021 less than your earned income in 2019?
 If "Yes," enter the amount of your 2019 earned income. _____
 Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
 If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.
 Taxpayer _____ Spouse _____

Identification Information

Taxpayer's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2021 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: _____

Dependent Information

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

List dependents required to file a return _____

Yes No

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

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

Taxpayer _____

Spouse _____

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

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2020	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Income

Name:

SSN:

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

Payer name	2021 amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

Payer name	2021 amount

Checklist

Name:

SSN:

Checklist

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

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

Amount of stimulus payment _____

Advanced payment of Child Tax Credit (IRS Letter 6419)

Taxpayer _____

Spouse _____

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

Unemployment compensation

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

Sale of assets or property

Cancellation of debt

Other income _____

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

Educator classroom expenses

Employee business expenses

Contributions to a Health Savings Account

Expenses related to work relocation

Alimony

Student loan interest

Tuition and fees for higher education

Expenses related to child or dependent care

Contributions to a Retirement Savings Account

Medical and dental expenses

Real estate taxes

Other state and local taxes

Mortgage interest

Investment interest

Cash contributions

Noncash contributions

Unreimbursed employee expenses

Investment expenses

Gambling losses

Other payments _____

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

- Did your marital status change during the year?
If "Yes," explain _____
- If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2021?
- Can you or your spouse be claimed as a dependent by someone else?
- If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
- If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain _____
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim any of your dependents?
- Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?
If "Yes," provide Letter 6419 from the IRS. Or, enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. If you were married last year and filed a joint tax return with your spouse, are you filing a joint return with the same spouse this year?
Taxpayer _____
Spouse _____
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2,200 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace (Obama Care)?
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash in any U.S. savings bonds during the year?
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?

Questionnaire

Name:

SSN:

Questionnaire

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC, Form 1099-NEC, and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain _____

Itemized Deduction Information

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Retirement Information

Questionnaire

Name:

SSN:

Questionnaire

Yes No

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependents during the year?

Miscellaneous Information

Yes No

- Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
If "Yes," enter the amount received for each taxpayer and provide Notice-1444-C or Letter 6475 from the IRS.
Taxpayer _____
Spouse _____
- Was your earned income in 2021 less than your earned income in 2019?
If "Yes," enter the amount of your 2019 earned income.

- Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currencies?
- Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?
Yes No
 If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you own interest or shares in a Qualified Opportunity Fund?
- Did you apply an overpayment of your 2020 taxes to your 2021 estimated taxes?
- If you have an overpayment of 2021 taxes, do you want the refund applied to your 2022 estimated taxes?
- Did you make any estimated payments toward your 2021 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2022?
- Did you make any purchases subject to Use Tax?
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Foreign Tax Information

Yes No

Questionnaire

Name:

SSN:

Questionnaire

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?

Preparer Notes

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2021 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2021 distribution

- Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
- Yes No Did you use any of the distributions for disaster or coronavirus relief?

Income

Name:

SSN:

Dividend Income

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

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

Interest Income

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

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

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

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

Installment Sale Income

Description of property: _____

Date acquired _____	Date sold _____		2021	Prior years
Selling price		_____		
Mortgages assumed		_____		
Cost of property sold		_____		
Depreciation allowed		_____		
Commissions and expense of sale		_____		
Gross profit percentage		_____		
Interest received		_____	_____	
Principal payments received		_____	_____	

Property was sold to a related party

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2021 Taxpayer	2021 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2021	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
Jury duty pay	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2021 Taxpayer	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP).	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

Accounting Method: Cash Accrual Other (specify) _____

This business started or was acquired during 2021.

This business was disposed of during 2021.

Select if this business is for:

Professional gambler

Exempt Notary income

Newspaper delivery and you are under 18 years of age

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," you filed Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes," was any portion of the loan forgiven?

Income

	2021		2021
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		_____

Expenses

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

Cost of Goods Sold

	2021		2021
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method.	

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

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | |
|--|---|
| <input type="checkbox"/> This property was placed in service during 2021. | |
| <input type="checkbox"/> This property is your main home or second home. | <input type="checkbox"/> Yes <input type="checkbox"/> No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2021. | |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> Yes <input type="checkbox"/> No You filed Forms 1099 for the individuals |

Income

	2021		2021
Rent income		Royalties from oil, gas, mineral, copyright or patent	

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising			If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel			
Cleaning & maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depletion			
Other expenses			

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method: Cash Accrual Other: _____

This farm was disposed of during 2021.

Yes No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm.

If "Yes," you filed Forms 1099 for the individuals.

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes", was any portion of the loan forgiven?

Income

	2021	2021
Sale of livestock / other items	_____	Custom hire income _____
Cost of items bought for resale	_____	Beginning inventory for accrual _____
Sale of products you raised	_____	Ending inventory for accrual _____
Total cooperative distributions (Provide 1099-PATR)	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.
Total agricultural payments	_____	Other income _____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported	_____	_____
CCC loans forfeited	_____	_____
Crop insurance proceeds:		
Amount received in 2021	_____	_____
<input type="checkbox"/> You elect to defer to 2022		
Amount deferred from 2020	_____	_____

Expenses

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

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2021

Income

	2021	2021
Income from production of livestock, grains, & other crops	_____	Crop insurance proceeds:
Total cooperative distributions	_____	Amount received in 2021
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2022
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2020
CCC loans reported	_____	Other income
CCC loans forfeited	_____	_____

Expenses

	2021	2021
Car & truck expenses	_____	Seeds & plants purchased
Chemicals	_____	Storage & warehousing
Conservation expenses	_____	Supplies purchased
Custom hire (machine work)	_____	Taxes
Employee benefit programs	_____	Utilities
Feed purchased	_____	Veterinary, breeding, & medicine
Fertilizers & lime	_____	Other expenses
Freight & trucking	_____	_____
Gasoline, fuel, & oil	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other	_____	_____
Labor hired (less jobs credit)	_____	_____
Pension & profit-sharing plans	_____	_____
Rent - vehicles, machinery & equip	_____	_____
Rent - other (land, animals, etc.)	_____	_____
Repairs & maintenance	_____	_____

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Was this vehicle available for use during off-duty hours?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was another vehicle is available for personal use?</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you have evidence to support your deduction?</p> <p><input type="checkbox"/> <input type="checkbox"/> If "Yes," is the evidence written?</p> |
|--|--|

Mileage

Number of miles the vehicle was driven during 2021

- Business _____
- Commuting _____
- Other _____

Expenses

- | | |
|------------------------------|-------------------------------|
| Garage rent _____ | Repairs _____ |
| Gas _____ | Tires _____ |
| Insurance _____ | Tolls _____ |
| Licenses _____ | Lease addback _____ |
| Oil _____ | Other expenses _____ |
| Parking fees _____ | _____ |
| Rental fees _____ | _____ |
| Interest _____ | _____ |
| Property tax _____ | _____ |

Business Use of Home

Name of business home is used for _____

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

What is the total square footage of your home? _____

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

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

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

- | | | |
|--|-------|-------|
| Mortgage interest _____ | _____ | _____ |
| Real estate taxes _____ | _____ | _____ |
| Excess mortgage interest _____ | _____ | _____ |
| Excess real estate taxes _____ | _____ | _____ |
| Insurance _____ | _____ | _____ |
| Rent _____ | _____ | _____ |
| Repairs & maintenance _____ | _____ | _____ |
| Utilities _____ | _____ | _____ |
| Other expenses _____ | _____ | _____ |

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

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

Yes No

- Did you pay any one household employee cash wages of \$2,300 or more in 2021?
- Did you withhold federal income tax during 2021 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2021 by April 18, 2022?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2021

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

Yes No

- Did you pay any one household employee cash wages of \$2,300 or more in 2021?
- Did you withhold federal income tax during 2021 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2021 by April 18, 2022?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2021

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

Health insurance premiums (paid by you) _____
 Long-term care premiums (you) _____
 Long-term care premiums (your spouse) _____
 Long-term care premiums (dependents) _____
 Mileage driven for medical purposes _____
 Medical & dental expenses
 Doctor, dental, etc _____
 Prescription medicines _____
 Insulin _____
 Glasses & contacts _____
 Hearing aids _____
 Braces _____
 Medical equipment & supplies _____
 Hospital services _____
 Laboratory services _____
 Nursing services _____
 Other _____

Taxes Paid

State and local income taxes _____
 General sales tax (vehicle, boat, home, etc.) _____
 Real estate taxes _____
 Personal property taxes _____
 Other taxes (list) _____

Interest Paid

Home mortgage interest paid (attach Form 1098) _____
 Some of your home mortgage loan was not used to buy, build, or improve your home.
 Home mortgage interest paid to an individual _____
 Paid to:
 Name _____
 Address _____
 City, State, ZIP _____
 SSN or EIN _____
 Home mortgage insurance premiums _____
 Investment interest _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miles driven for charitable purposes			_____

Other Miscellaneous Deductions

Amortizable bond premiums _____
 Federal estate tax _____
 Gambling losses _____
 Impairment-related work expenses _____
 Claim repayments _____
 Unrecovered pension investments _____
 Loss from other activities from Schedule K-1 _____
 Ordinary loss debt instrument _____
 Excess deduction on termination _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
 Safety equipment, tools, & supplies _____
 Uniforms _____
 Protective clothing (shoes, hardhats, glasses, etc.) _____
 Dues to professional organizations _____
 Books & subscriptions _____
 Other _____
 Union dues _____
 Tax preparation fees _____
 Other nonpersonal expenses related to taxable income
 Safe deposit box fees _____
 Investment expenses not entered elsewhere _____
 Other _____
 Home equity interest _____

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Business Expenses

- | | |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a member of the clergy |
| <input type="checkbox"/> You are a fee-based state or local government official | <input type="checkbox"/> You used your personal vehicle for your job during 2021 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses | |
| <input type="checkbox"/> You are a reservist | |

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation	_____	_____
Meals	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name: _____

SSN: _____

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2021

Number of miles from old home to old workplace _____

Number of miles from old home to new workplace _____

Expenses to transport and store household goods and personal effects _____

Travel and lodging expenses while traveling to your new home _____