

## 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	_____	_____	_____	_____	_____	_____

## Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN:

## Medical and Dental Expenses

[illegible]**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

	2021	2020
Donations to charity (cash) . . . .		
Disaster relief contributions . . . .		
Miles driven for charitable purposes		
Donations to charity (noncash) . .		
If noncash donations are greater than \$500, list below.		

### Other Miscellaneous Deductions

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

**For state purposes ONLY**  
**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer (list)		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Union dues . . . . .	_____	
Tax preparation fees . . . . .	_____	
Other nonpersonal expenses related to taxable income (list)		
_____	_____	
_____	_____	
_____	_____	
Investment expenses not entered elsewhere . . . . .	_____	
Home equity interest . . . . .	_____	

## 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	2020		2021	2020
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Returns & allowances . . . . .	_____	_____		_____	_____

## Expenses

	2021	2020		2021	2020
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 . . . . .	_____	_____		_____	_____

☐ 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"/> 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 is your main home or second home.       | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals.  |
| <input type="checkbox"/> This property was disposed of during 2021.            | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <input type="checkbox"/> This property was owned as a qualified joint venture. |  |  |

### Income

	2021	2020		2021	2020
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.
Auto & travel . . . . .	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	
Commissions . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Legal & professional fees . . . . .	_____	_____	
Management fees . . . . .	_____	_____	
Mortgage interest . . . . .	_____	_____	
Other interest . . . . .	_____	_____	
Repairs . . . . .	_____	_____	
Supplies . . . . .	_____	_____	
Taxes . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Depletion . . . . .	_____	_____	
Other expenses (list)	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

## Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

## Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No

☐☐

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

Yes No

☐☐

Do you have evidence to support your deduction?

☐☐

Was another vehicle is available for personal use?

☐☐

If "Yes," is the evidence written?

Number of miles the vehicle  
was driven during 2021

2021

2020

Business . . . . .

Commuting . . . . .

Other . . . . .

Total number of miles the vehicle  
was driven in prior years

2021

2020

Business . . . . .

Total . . . . .

## Expenses

2021

2020

Garage rent . . . . .

Gas . . . . .

Insurance . . . . .

Licenses . . . . .

Oil . . . . .

Parking fees . . . . .

Rental fees . . . . .

Interest . . . . .

Property tax . . . . .

2021

2020

Repairs . . . . .

Tires . . . . .

Tolls . . . . .

Lease addback . . . . .

Other expenses

## Business Use of Home

Name of business home is used for \_\_\_\_\_

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

What is the total square footage of your home? \_\_\_\_\_

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

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

☐ The daycare facility was in operation for the entire year

## Expenses

Office expenses

2021

2020

Home expenses

2021

2020

Mortgage interest . . . . .

Real estate taxes . . . . .

Excess mortgage interest . . . . .

Excess real estate taxes . . . . .

Insurance . . . . .

Rent . . . . .

Repairs &amp; 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.