

2021 INCOME TAX ORGANIZER

Taxpayer's Name				Social Security Number			
Spouse's Name				Social Security Number			
Taxpayer's Occupation			Date of Birth (D.O.B.)			Blind?	
Spouse's Occupation			Date of Birth (D.O.B.)			Blind?	
Address					e-mail address		
City		State	Zip	Home Phone		Work Phone	

DEPENDENT CHILDREN (who lived with you more than 6 months)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

THINGS TO BRING (if applicable):



- Last Year's Tax Return (if new client)
- W-2 Form(s) for Wages
- 1099 Form(s) for Interest, Dividends, Sales, Retirement, Social Security, Self-employment, Unemployment, Cancelled Debt, & Other Income/Distributions
- EIP (aka "3rd stimulus" - bring IRS Letter 6475 or 1444-C)
- Child Tax Credit Advance (bring IRS Letter 6419)
- IRA Year-end Statements
- K-1s from Partnerships, Corporations or Estates
- Statements for Assets Held Outside the USA
- Cryptocurrency (e.g. Bitcoin) Sales/Earnings
- Business/Rental/Farm Income & Expenses
- Records of Estimated Taxes Paid
- HSA forms (1099-SA & 5498-SA)
- Childcare Provider Information
- Property Tax Statements
- 1098 Form(s) - Mortgage Interest, Tuition, Student Loans, Vehicle/Boat Donations
- Closing Papers for Purchases & Sales (including purchase and sale dates & amounts)
- All Other Statements Showing Income
- Charitable Contribution Details
- Last Pay Stub of the Year
- Voided Check for Direct Deposit
- Form(s) 1095 - Health Insurance
- Copy of Driver's License for Taxpayer & Spouse
- Copy of Social Security Card for New Family Members
- Pandemic Related Business Loans/Credits (bring details)

RENTAL/SELF-EMPLOYMENT/FARM INCOME

(see reverse for expenses)

Landlords (rents received) \$ _____

Self-employment (total received) \$ _____

Farm income (total received) \$ _____

PANDEMIC RELATED BUSINESS LOANS/CREDITS

Amount of PPP Loan (*not taxable income, even if forgiven*) \$ _____

Employee Retention Credits \$ _____

SALE OF STOCK OR OTHER PROPERTY

Item:	Cost:	Sale:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

OTHER INCOME

Wages (forms W2)..... \$ _____

Interest (forms 1099-INT)..... \$ _____

Dividends (forms 1099-DIV)..... \$ _____

Tips..... \$ _____

Child Care..... \$ _____

Retirement (forms 1099-R)..... \$ _____

Roth Conversions..... \$ _____

Jury Duty..... \$ _____

Election Judging..... \$ _____

OTHER INCOME (cont.)

Child Tax Credit Advance \$ _____

EIP ("3rd stimulus") Received..... \$ _____

Gambling Winnings..... \$ _____

Unemployment (1099-G)..... \$ _____

Alimony Received..... \$ _____

Prizes/Awards..... \$ _____

Scholarships & Fellowships..... \$ _____

Debt Cancellation..... \$ _____

Partnerships & S-Corporations.... \$ _____

Estates & Trusts..... \$ _____

Social Security/RR Retirement..... \$ _____

State Tax Refunds..... \$ _____

Royalties (music/writing/other)..... \$ _____

Sick Pay &/or Disability..... \$ _____

Veteran's Payments..... \$ _____

Withdrawals from HSA/MSA..... \$ _____

Hobby Income..... \$ _____

Odd Jobs/Side Jobs..... \$ _____

Research/Survey/Online..... \$ _____

Insurance Claims/Lawsuits..... \$ _____

Public Assistance..... \$ _____

Barter..... \$ _____

Foreign Income..... \$ _____

Cryptocurrency sales/earnings.... \$ _____

All Other Income..... \$ _____

★ Bring statements if available. Double-check 'online' accounts that don't send paper statements (e.g. brokerage, HSA, tuition, etc.).

Potential Deductions and Credit Items

ADJUSTMENTS

Payments to an IRA Traditional Roth
 Taxpayer Amount \$ SEP SIMPLE
 Spouse Amount \$

Penalty for Early Withdrawal

Alimony Paid \$: _____ SS#: - -

Self-Employed Health Insurance

Student Loan Interest

Payments to HSA/MSA: Taxpayer _____ Spouse _____

Classroom Materials for Educators

MEDICAL EXPENSES

Insurance & Medicare (not pretax)..... _____
 Long Term Care Insurance _____
 Prescriptions _____
 Eyeglasses, Hearing Aids & Batteries..... _____
 Doctors _____
 Dentists..... _____
 Hospital / Ambulance _____
 Auto Mileage..... _____ miles
 Other Medical Expenses, Travel..... _____
 Reimbursement _____
 Did you receive reimbursement at work? _____

TAXES

Real Estate Taxes _____
 State taxes paid in '21 for '20 or earlier..... _____
 Sales tax paid on vehicles, boats, planes _____
 Sales tax paid (from receipts) _____
2021 State Tax Estimates
 date pd. \$ _____ date pd. \$ _____
 date pd. \$ _____ date pd. \$ _____
2021 Federal Tax Estimates
 date pd. \$ _____ date pd. \$ _____
 date pd. \$ _____ date pd. \$ _____
 Vehicle License Tabs, Pers. Prop. Tax _____

INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)
First Mortgage/Refinance..... _____
Loan Origination Fee/Discount Fee..... _____
Second Mortgage..... _____
Home Equity..... _____
Equity loan used only to buy/build/improve home? Y N
 Mortgage Insurance _____
 Second Home Interest Payments _____
 Home Mortgage—Pd. to Individuals..... _____
 (name, address, Social Security number) _____
 Investment Interest: *Margin Account*..... _____
Other Investment Interest..... _____

OTHER MISCELLANEOUS EXPENSES

Gambling Losses _____
 Impairment Related Work Expenses..... _____

HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid..... _____
 Date: _____ Year in School..... _____

CONTRIBUTIONS

Churches (received)..... _____
 Other Contributions of Money (received) _____
 Charitable Auto Mileage..... _____
 Volunteer Expenses (received) _____
 Property Donated (for which you have receipts)
 Fair market value (bring
 documentation if over \$500)..... _____
 Auto, Boat Donations (Form 1098C) _____
 Qualified Charitable Distribution from IRA? ___Y___N (bring details)

CASUALTY & THEFT LOSSES

Cost of Property Lost _____
 Fair Market Value of Property _____
 Insurance Reimbursement Received _____
 Federally Declared Disaster Area? ___Y___N (bring details)

AUTOMOBILE EXPENSE

Total Miles _____
 Business Miles _____
 Commuting Miles _____
 Personal Miles _____
 Jan. 1, 2021, Odometer Beginning: _____
 Dec. 31, 2021, Odometer Ending: _____
 Gas & Oil..... _____
 Interest _____
 Tolls & Local Transportation _____
 Lease Payments _____
 Parking..... _____
 Other: _____

BUSINESS EXPENSES

Taxes _____
 Utilities _____
 Insurance _____
 Repairs _____
 Supplies _____
 Business Meals..... _____
 Business Travel _____
 Advertising _____
 Professional Dues/Memberships _____
 Legal/Professional Fees _____
 Wages (bring copies of W2s/941s if they have been filed) _____
 Contract Labor _____
 Equipment (bring a list with details)..... _____
 Other: _____
 Is your primary place of business in your home? If yes, bring all home
 related expenses, total square footage and square footage of space that
 is exclusively and regularly used for business.

CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

 Do you have a dependent care benefit plan at work? _____

ADOPTION EXPENSES

Amount Paid: _____ Date Finalized: _____ (bring papers)

ENERGY CREDITS / PLUG-IN VEHICLE

(BRING RECEIPTS AND DETAILS)
 Solar Wind Geothermal Plug-in Vehicle

Please sign here _____ date _____