# **2021 Individual Taxpayer Organizer**

| Taxpayer   |                                       |          |                       |              |                                 | SSN  |           |                         |          |                    |
|--|---------------------------------------|----------|-----------------------|--------------|---------------------------------|--|-----------|-------------------------|----------|--------------------|
| First Name   | M.I.                                  | Last     | Name                  | Em           | ail                             | '  |           | IP<br>PIN               |          |                    |
| Occupation   |                                       | Date o   | of birth              |              |                                 | Are you n  | ew to o   | ur firm?                | Yes      | No                 |
| Address  |                                       | City     |                       |              |                                 | State  |           | Zip                     |          |                    |
| County   |                                       | Home     | phone                 |              |                                 | Work or co   | ell       |                         |          |                    |
| Driver's License No.   |                                       |          |                       | Stat         | te Issue                        | Date   | E.        | xp. Date                |          |                    |
| Spouse   |                                       |          |                       |              |                                 | SSN  |           |                         |          |                    |
| First Name   | M.I.                                  | Last     | Name                  | Em           | ail                             |  |           | IP<br>PIN               |          |                    |
| Occupation   |                                       | Date o   | of birth              |              |                                 | Are you n  | ew to o   | ur firm?                | Yes      | No                 |
| Address<br>(If different from Taxpayer)  |                                       | City     |                       |              |                                 | State  |           | Zip                     |          |                    |
| County   |                                       | Home     | phone                 |              |                                 | Work or ce   | ell       | •                       |          |                    |
| Driver's License No.   |                                       |          |                       | Stat         | te Issue                        | Date   | E.        | xp. Date                |          |                    |
| If you moved during 2021, enter you  | r previous address                    | s.       |                       |              |                                 | Date of mo   | ove       |                         |          |                    |
| Marital status at 12/31/21: Single Were you divorced or separated duri Individuals who are in registered dor Have you received any notice from the status of the second status of | ng the year? Ye<br>nestic partnership | s (RDF   | o<br>Ps) and civil un | Wions        | ere there any<br>are not consid | d Domestic Part<br>deaths in the fa<br>dered married f<br>Yes No | amily?    | Yes N                   | lo       | sure<br>s.         |
| Names of dependent children<br>Child's full name   | Social Secu                           | rity #   | IP PIN                |              | Date of birti                   | Months live<br>h home in 20                                      | - 1       | elationship<br>taxpayer |          | College<br>tudent? |
|  |                                       |          |                       |              |                                 |  |           |                         |          |                    |
| Did any of the children have unearne<br>Is it anticipated that a different taxpa   |                                       |          | •                     | Yes<br>ye as | -                               | of the children lent for tax year                                |           | •                       | Ye<br>Io | es No              |
| Other dependents or people who liv   | red with you                          |          |                       |              |                                 |  |           |                         |          |                    |
| Name   | Social Security                       | #        | IP PIN                | I            | Date of birth                   | Months lived in home in 2021                                     |           | ationship               | In       | ісоте              |
|  |                                       | _        |                       |              |                                 |  |           |                         |          |                    |
| Pank information Lies for Direct of  | leposit of refund                     | Direc    | ct debit of bala      | ngo d        | luo Nama of                     | hauk   |           |                         |          |                    |
|  | nsit number                           | Direc    | i debit of bala       | ice a        | Account nu                      |  |           |                         |          |                    |
| Ask your tax preparer for information  |                                       | o a refu | nd into an IR A       | , acco       |                                 |  | nto mo    | re than on              | e acc    | Ount               |
| 210K your an preparer for information  | i about depositiff                    | 5 a 161u | ia iiio an iiv        | ucc          | Jan or spiriti                  | ing the deposit i  | 1110 1110 | ic man on               | c acc    | Juiit.             |

| State information     | Full-year resident   | Part-year resident | Nonresident | School district               |      |     |
|-----------------------|----------------------|--------------------|-------------|-------------------------------|------|-----|
| States of residence d | uring 2021 and dates |                    |             | Do you rent or own your home? | Rent | Own |

Did you make any new energy-efficient improvements to your home? If yes, provide details.

Yes

Yes

No

Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?

#### **Income Worksheet**

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

| Indicate  | e "T" for taxpayer, "S" for spouse, "J" for j | oint          |          |              |                | Prov               | vide additior | nal statemen  | ts if mo                 | ore room is needed |
|---|---|---------------|----------|--------------|----------------|--------------------|---------------|---------------|--------------------------|--------------------|
| Forms '   | W-2 — Wage and Tax Statement                  |               |          |              |                |                    |               |               |                          |                    |
| T/S   | Employer name                                 |               |          | T/S          | En             | nploye             | r name        |               |                          |                    |
|   | 1)  |               |          |              | 4)             |                    |               |               |                          |                    |
|   | 2)  |               |          |              | 5)             |                    |               |               |                          |                    |
|   | 3)  |               |          |              | 6)             |                    |               |               |                          |                    |
| Forms   | 1099-INT — Interest Income                    |               |          |              |                |                    |               |               |                          |                    |
| T/S/J   | Name of issuer                                |               |          | T/S/J        | Name of issuer |                    |               |               |                          |                    |
|   | 1)  |               |          |              | 4)             |                    |               |               |                          |                    |
|   | 2)  |               |          |              | 5)             |                    |               |               |                          |                    |
|   | 3)  |               |          |              | 6)             |                    |               |               |                          |                    |
| Forms :   | 1099-DIV—Dividends and Distributions          |               |          |              |                |                    |               |               |                          |                    |
| T/S/J   | Name of issuer                                |               |          | T/S/J        | Ná             | ame of             | issuer        |               |                          |                    |
|   | 1)  |               |          |              | 4)             |                    |               |               |                          |                    |
|   | 2)  |               |          |              | 5)             |                    |               |               |                          |                    |
|   | 3)  |               |          |              | 6)             |                    |               |               |                          |                    |
| Forms   | 1099-R—Distributions From Pensions, Ar        | ınuities, Ret | iremen   | t or Profit- | -Sha           | aring P            | lans, IRAs, I | Insurance Co  | ntract                   | s, Etc.            |
| T/S   | Name of issuer                                |               |          |              | Name of issuer |                    |               |               |                          |                    |
|   | 1)  |               |          |              | 4)             |                    |               |               |                          |                    |
|   | 2)  |               |          |              | 5)             |                    |               |               |                          |                    |
|   | 3)  |               |          |              | 6)             |                    |               |               |                          |                    |
| If the d  | istribution is before age 59½, give a reason  | to determin   | ne if an | exception    | to p           | enalty             | applies.      |               |                          |                    |
| Tax-Exe   | empt Interest (such as municipal bonds—       | include state | ement)   |              |                |                    |               |               |                          |                    |
| Payer   |   | \$            |          | Payer        |                |                    |               |               |                          | \$                 |
| Other I   | Income  |               |          |              |                |                    |               |               |                          |                    |
| State ta  | x refund                                      |               | \$       | \$           |                | Unreported tips    |               | \$            |                          |                    |
| Unemp   | ployment compensation                         |               | \$       | \$           |                | Other              |               | \$            |                          |                    |
| Social S  | Security (taxpayer)—provide SSA-1099 or       | RRB-1099      | \$       | \$           |                |                    |               |               | \$                       |                    |
| Social S  | Security (spouse)—provide SSA-1099 or RI      | RB-1099       | \$       |              |                |                    |               | \$            |                          |                    |
| Gambling income — provide W-2G                          |   |               | \$       |              |                |                    |               | \$            |                          |                    |
| Business income (see Sole Proprietorship Tax Organizer) |   |               |          |              |                |                    | Stock sales   |               | See "Sales and Exchanges |                    |
| Rental income (see Rental Property Tax Organizer)       |   |               |          |              |                |                    | Sale of othe  | er property   | Works                    | sheet" below.      |
| Sale  | es and Exchanges Works                        | heet          |          |              |                |                    |               |               |                          |                    |
|   | e information about sales of stock, real esta |               | propert  | ty, along w  | ith            | Forms              | 1099-B, 1099  | 9-S, or other | suppor                   | ting statements.   |
|   | tion of property                              |               | 1        | rchase date  |                | Cost/basis Sale da |               |               | Sale price               |                    |
| 2 coorpriors of property                                |   |               | 1        |              |                | \$                 |               |               | \$                       |                    |

#### Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

\$

\$

\$

- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

### **Itemized Deductions Worksheet**

Deductions must exceed \$12,550 Single, \$25,100 MFJ, \$18,800 HOH, or \$12,550 MFS to be a tax benefit.

|   | or dependents—do     | d 7.5% of income to be<br>not include any expe     |  |  | vide details of cor   | \$500 in noncash cha<br>atributions. Rules rec<br>all contributions. |         |  |  |
|---|----------------------|--|--|--|-----------------------|--|---------|--|--|
| Dentists  | \$                   | Hospitals  | \$   | Cash   | \$                    |  |         |  |  |
| Doctors   | \$                   | Insurance  | \$   | Noncash contribut                                  |                       |  |         |  |  |
| Equipment   | \$                   | Prescriptions                                      | \$   | items must be in good used condition or better. \$ |                       |  |         |  |  |
| Eyeglasses  | \$                   | Other  | \$   | Did you transfer fu                                | d.                    |  |         |  |  |
| Medical miles   | :                    | @ 16¢  |  | charity? Yes Charitable mileage                    | No                    |  | \$      |  |  |
|   |                      | s paid for full or partia<br>siness use of the hom |  | Casualty and The                                   |                       |  |         |  |  |
| State withhold  |                      |  | Reported on W-2  |  |                       | cted damage or loss  |         |  |  |
| State estimated taxes—paid in 2021  |                      | \$   | preparer. Yes  | y-deciared disast<br>No                            | er area, provide deta | ills to your tax   |         |  |  |
| Real estate tax   | residence            |  | \$   | 1 1  | emized Deducti        | ons. Miscellaneous i   | temized |  |  |
| Real estate tax—other   |                      | \$   | Miscellaneous Itemized Deductions. Miscellaneous itemized deductions subject to the 2% AGI limitation are no longer deductible on the federal return. However, these expenses may still be deductible on your state return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer? Yes No |  |                       |  |         |  |  |
| Personal property taxes   |                      | \$   |  |  |                       |  |         |  |  |
| Property tax refund—received in 2021  |                      | \$( )  |  |  |                       |  |         |  |  |
|   |                      | \$   |  |  |                       |  |         |  |  |
| Other   |                      |  | \$   | Dues   | \$                    | Subscriptions  | \$      |  |  |
| Other   |                      |  | \$   | Investment   | \$                    | Supplies   | \$      |  |  |
| Other   |                      |  | \$   | expenses   |                       |  |         |  |  |
| Balance paid i  | n 2021 from prior y  | rear state returns                                 |  | Job education                                      | \$                    | Tax prep fees  | \$      |  |  |
| (do not includ  | e interest or penalt | ies)   | \$   | Job seeking  | \$                    | Tools  | \$      |  |  |
|   |                      | x paid during 2021?                                | Yes No   | Legal fees   | \$                    | Uniforms   | \$      |  |  |
| Did you purch Sales tax paid S  |                      | oat, or home in 2021? e vaid \$ Date               | Yes No   | Licenses   | \$                    | Union dues   | \$      |  |  |
|   |                      | ·  |  | Safety equipment                                   | \$                    | Other  | \$      |  |  |
| <b>Interest Paid.</b> Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide al Forms 1098 or lender information and ID numbers. |                      |  | Other Deduction income limit.  | s. The following                                   | deductions are not s  | ubject to a 2% of  |         |  |  |
| Main home   | \$                   | Equity loan  | \$   | Gambling losses                                    | \$                    | Federal estate tax on IRD  | \$      |  |  |
| Second home   | \$                   | Equity loan  | \$   | Impairment-  | \$                    | Other  | \$      |  |  |
| Points  | \$                   | Investment interest                                | \$   | related expenses                                   | Ψ                     | Other  | Ψ       |  |  |
| Did you pay a   | mortgage insuran     | ce premium when you                                | ı purchased your l   | nome? Amount \$                                    | Date                  | 1  | 1       |  |  |

# **Other Deductions or Questions**

- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
  Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

# **Adjustments Worksheet**

| Aujustinents Worksheet   |              |
|--|--------------|
| Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.   | \$           |
| Health savings account deduction (HSA). Some contributions for 2021 may be made in 2022.   | \$           |
| Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2021 may be made in 2022.   | \$           |
| Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.   | \$           |
| Penalty on early withdrawal of savings.  | \$           |
| IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2021 may be made in 2022.  | \$           |
| Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.   | \$           |
| Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station. | Ask preparer |
| Business expenses of reservists, performing artists, and fee-based government officials.   | Ask preparer |
| Charitable contributions. For taxpayers who take the standard deduction. Up to \$300 (\$600 for MFJ).  | \$           |
| Other adjustments. Include description.  | \$           |

| Estimated Tax Payments — Tax Year 2021 |           |         |           |       |  |  |
|--|-----------|---------|-----------|-------|--|--|
| Installment                            | Date paid | Federal | Date paid | State |  |  |
| First                                  |           | \$      |           | \$    |  |  |
| Second                                 |           | \$      |           | \$    |  |  |
| Third                                  |           | \$      |           | \$    |  |  |
| Fourth                                 |           | \$      |           | \$    |  |  |
| Amount applied from 2020 overpayment?  |           | \$      |           | \$    |  |  |
| Total                                  |           | \$      |           | \$    |  |  |

| Payment date    | Amount received | Payment date       | Amount received | Payment date      | Amount received |
|-----------------|-----------------|--------------------|-----------------|-------------------|-----------------|
| July 15, 2021   | \$              | Septebmer 15, 2021 | \$              | November 15, 2021 | \$              |
| August 15, 2021 | \$              | October 15, 2021   | \$              | December 15, 2021 | \$              |

# **Tax Preparation Checklist**

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2021.

# **Taxpayer Responsibilities**

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion,
  you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the
  future.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

| Taxpayer | Spouse | Date |
|----------|--------|------|

# **Privacy Policy**

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.