

READ THIS FIRST

This tax organizer is designed to help you maximize your deductions and minimize problems in preparing and filing your tax return. Please keep in mind that taxes can be very complicated and even though this organizer will accommodate most taxpayers' needs, if you have a special situation not covered, please list it under "QUESTIONS YOU MAY HAVE."

The "ALERT FLAGS" designate certain special conditions as follows:



Indicates areas that MUST be completed by new clients and only need to be filled in by existing clients when the information has changed.



This flag denotes areas where the IRS has concentrated their computer matching programs. Incorrect information may trigger a correspondence audit. Pay particular attention to instructions with this flag.

TAXPAYER INFORMATION

Name (Must match SS Administration)		Social Security Number* & Driver License Number	Birth Date
You		-----	
Spouse		-----	
Occupation		Home Phone	<input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone
You			
Spouse			

* Caution - If you have been a victim of identity theft, please contact this office immediately.

ADDRESS & STATUS

Street Address _____

City _____ State _____ ZIP _____

Email _____

Status Changes This Year - Enter Dates

Married	Spouse Deceased	Sold Home
Separated	Dependent Dec'd.	Sold Property
Divorced	Moved	Legally Blind <input type="checkbox"/> You <input type="checkbox"/> Spouse

DEPENDENTS

Social Security Numbers are MANDATORY

Name (Include last name if different)	Social Security Number	**	Mo. In Home During Year	Birth Date	If over age 18	
					Income	✓ If Student

Enter the amount of advanced child tax credit received _____

** S = Son, D = Daughter, R = Relative, O = Other

Note: For children of divorced or separated parents, the dependency generally goes to the parent with whom the child resided for the longer period of time during the year (custodial parent).

ESTIMATED TAXES PAID

Please provide cancelled checks if available.

Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund			
First Quarter April			
Second Quarter June			
Third Quarter Sept.			
Fourth Quarter THIS Jan.			

INTEREST INCOME

IRS computer matches payer and amount. Always use payer name listed on the 1099 even if not the original source.

Name of Payer (Please provide all forms 1099-INT & 1099-OID)	Banks, Credit Unions, Bonds, etc.	Home State Municipal Bonds (Generally tax free)	Other State Municipal Bonds (Federal tax free)	Direct U.S. Obligations Savings Bonds, T-Bills, etc. (State tax free)
1				
2				
3				
4 Seller Financed Mortgage (Payer name, address & Social Security Number required)		Name, Address & Soc. Sec. #:		
5 FORFEITED INTEREST (early withdrawals)		FEDERAL WITH-HOLDING ON INT & DIV:		
6 Do you have an ownership interest in or signature authority over a foreign financial, bank or securities account?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7 Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8 Did you make or receive gifts from a non-resident alien or foreign entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

DIVIDEND INCOME

IRS computer matches payer and amount. Always use payer name listed on the 1099 even if not the original source.

Name of Payer (Please provide all forms 1099-DIV)	Foreign Taxes Paid	Ordinary Dividends	Qualified Portion*	Capital Gains Dividends	Source U.S. Obligations Savings Bonds, T-Bills, etc. (State tax free)	Taxable to State Only	Nontaxable State and Federal
1							
2							

*The amount in the "Ordinary" column will include the "Qualified" dividends shown in the "Qualified Portion" column. The portion of ordinary dividends that are qualified receive special tax treatment.

SPECIAL INFORMATION



You Spouse

Employer Pension/Retirement Plan? Yes No

Traditional IRA, Keogh & SEP Plans:

Contributions - no longer limited to under age 70½ _____

Withdrawals (1099-R) (1) _____

Rollovers (2) or Conversions (3) _____

Roth IRA:

Contributions _____

Withdrawals (1099-R) (1) _____

Rollovers (2) or Conversions (3) _____

State Tax Refund (1099-G) _____

Social Security or RR Benefits (SSA-1099/RRB-1099) _____

Alimony Received - matched with payer (4) _____

Unreported Tips Received _____

Unemployment or Paid Family Leave Received (1099-G) _____

2021 Economic Impact Payments Received - (Notice 1444-C) (if joint enter in "You" column) _____

Alimony (only required amounts) paid (provide information below) (4) _____

Paid to: _____ SS#: _____

Salaries, Pensions, REIT, & Misc. Income (Provide W-2s and 1099s)
S-Corporation, Partnership & Trust Income (Provide K-1s)

Gross Gambling Winnings \$ _____ Student Loan Interest Paid \$ _____

Coverdell ESA Contribution \$ _____ Sec. 529 Plan Contribution \$ _____

Educator Expenses \$ _____ HSA Out of Pocket \$ _____

If you have been denied EITC, Child Credit or Education Credit by the IRS. If so, have you been re-certified? _____ Yes No

If you bought, sold, or gifted real estate last year. If so, please call in advance to discuss what documents are required.

If you incurred any adoption expenses this year. If so, enter amount. _____

If you had any cryptocurrency transactions during the year.

If you invested in a Qualified Opportunity Fund during the year.

If you chose to include 1/3 of a 2020 coronavirus-related distribution in each of 2020, 2021 and 2022 returns. Total amount of distribution. _____

If you redeposited some or all of a 2020 coronavirus-related distribution in 2021. If so, enter amount. _____

(1) Provide copy of 1099-R and, if under age 59½, show reason.
(2) Must be reported even if not taxable unless "transferred".
(3) Conversions (rollovers) from a Traditional IRA or other Qualified Plan to a Roth IRA are generally taxable.
(4) Enter date divorce or separate maintenance agreement finalized or last modified: _____

MEDICAL INSURANCE INFORMATION (ACA)



If you had coverage through a Government Marketplace. If so, provide all Forms 1095-A received from the Marketplace.

If you, your spouse or dependent was covered by another individual's policy with the Marketplace. If so, provide the Form 1095-A for that policy.

If a dependent filed a tax return (provide a copy).

If you received Forms 1095-B or 1095-C (provide copies).

PLEASE PROVIDE THE FOLLOWING

- ✓ LAST YEAR'S TAX RETURN (only if you are a new client)
- ✓ ALL WAGE AND INCOME STATEMENTS (W-2s and 1099s)

REFUND DIRECT DEPOSIT

Bank Routing Number:

Account Number:

Checking or Savings

Note: If you wish to direct deposit in up to three accounts (including IRA accounts), please provide the above information for the additional accounts and specify the refund allocations, on a separate sheet.

QUESTIONS YOU MAY HAVE

MEDICAL EXPENSES PAID

To be deductible, medical expenses must exceed 7.5% of your adjusted gross income, and then, only the amount that exceeds the 7.5% floor is deductible. Example: Your income is \$40,000 for the year - your medical expenses must exceed \$3,000 (7.5% of \$40,000) before the first dollar is deductible. Do not include medical expenses that were reimbursed by insurance or paid for with pretax funds.

Hospital, Medical, Dental, Vision, Medicare* Insurance Premiums	
Doctors, Dentists, Psychotherapy & Psychological Counseling	
Hospitals, Nursing Home, Nursing Care, Lodging (max. \$50 per night per person), etc.	
Prescription Drugs (no "over-the-counter" drugs except insulin)	
Glasses, Hearing Aids, Batteries, etc.	Auto Travel mi
Lab & X-Ray	Parking Fees
Supplies, Rentals, etc.:	Phone (toll charges)
Other: _____	
Other: _____	
Other: _____	

*Do not include Medicare withheld from Form W-2, box 6.

TAXES PAID

List all taxes even though the total may be limited.

Real Estate - Home & 2nd Homes ONLY (not rental)	
Real Estate - Investment Property (land, etc.) (not rental)	
Vehicle License Fees: (1) _____ (2) _____ (3) _____ (4) _____	
Personal Property Tax (boat, plane, etc.)	
State Income Tax Paid (provide cancelled checks if available)	
Balance Due on Last Year's Return	Prior Year's Tax or Adjustment
Extension Payment Last Year's Return	Last Year's 4th Quarter Paid Jan. of this Year

HOME MORTGAGE INTEREST PAID



Provide 1098s		Primary Home	Second Home
Enter Rental Interest in Rental section.			
1st TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual (**must list name, address & SS# below)		
2nd TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual (**must list name, address & SS# below)		
Home Equity Loan <small>Equity interest is no longer deductible, but for in case it can be traced to another deductible or state use.</small>			

*Amounts must agree with Form 1098 issued by the financial institution. If not, check here . If Form 1098 was issued in another's Social Security Number, enter that person's name and Social Security Number here.

Name:	SS#:
**Individual's Name:	**SS#:
**Address:	

If the second home is a qualified motor home, boat, etc., list the name of the payee here:

	YES	NO
Did you refinance during the year? If so, provide escrow statement....	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase your home after December 15, 2017?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, does the sum of all home mortgages exceed \$750,000?	<input type="checkbox"/>	<input type="checkbox"/>
• If no, does the sum of all home mortgages exceed \$1,000,000?	<input type="checkbox"/>	<input type="checkbox"/>

INVESTMENT INTEREST PAID

Interest paid for investments, such as land, stocks, etc.

Vacant Land	
Brokerage Margin Accounts	
Other: _____	

MISCELLANEOUS DEDUCTIONS

Gambling Losses (limited to taxable winnings)	
Impairment Related Business Expenses	
Repayment of Previously Taxed Income (only if more than \$3,000)	
NOTE: Tax reform, for federal purposes, repealed all miscellaneous deductions that were subject to the 2% of AGI limitation - see list below. However, some states may still allow them. Only enter if allowed by your state.	
Employee Business Expenses	
Investment Expenses	
Attorney Fees	
Casualty Losses (losses in federally declared disaster areas are still allowed on federal return)	

CHARITABLE CONTRIBUTIONS

CASH

If you are not itemizing, you can still deduct up to \$300 (\$600 married joint) of 2021 cash contributions. All cash contributions must be documented with either a bank record or written verification from the charity.

House of Worship		Red Cross	
Payroll Deduction		Other: _____	
Cancer		Other: _____	
NON-CASH - Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.			
Fair Market Value of Clothing & Household Items Contributed			
Automobile Travel for Charitable Purposes		mi	
Expenses in Connection with a Charitable Organization			
Explain: _____			
Vehicle Donation (provide 1098-C)			

CHILD OR DEPENDENT CARE EXPENSES



Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care. IRS matches employer benefits SS# and EID#.

If employer provides dependent care benefits.

PROVIDER INFORMATION		Payments must be allocated by Child		
Payee SS# or EID# MANDATORY unless exempt organizations.		Child:	Child:	Child:
Name		Amount	Amount	Amount
Address				
Phone				
SS# or EID#				
Name		Amount	Amount	Amount
Address				
Phone				
SS# or EID#				

EDUCATION EXPENSES



CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be segregated by student. Use a different column for each student in the family. In order to claim an education credit you MUST provide the 1098-T issued by the educational institution.

STUDENT:	THIS COLUMN IS DESIGNATED FOR:		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR TUITION CREDIT ONLY - At institutions eligible to participate in U.S. Dept. of Ed. Aid Programs			
Check if at least half-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary Tuition - First 4 Years			
Tuition After First 4 Years			
Fees - Enrollment/Attendance Only			
Other Expenses - Apply to a variety of education tax benefits.			
Tuition K-12 (Coverdell, Sec 529 distributions)			
Books, Supplies & Equipment (education credits, Sec 529 distributions)			
Room/Board (applies to Sec 529 plan distributions only)			
Computers (education credits, Sec 529 distributions)			

SECURITIES & PROPERTY SOLD



IRS matches broker gross proceeds of sale reported on form 1099-B. The IRS also matches the sales price of "covered" securities (ones where the broker reported cost basis). All transactions must be reported even if there is no profit. If broker provides a summary of transactions, bring it and only enter other transactions, if any, in this section.

Description	✓ If Inherited	Date Acquired	Date Sold	Selling Price	Cost or Other Basis Check box if broker reported basis on 1099-B <input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. Business gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

BUSINESS VEHICLE INSTRUCTIONS

Miles Driven section MUST be completed for every vehicle that is used for business. Actual expenses are NOT required if you are using the government's "standard mileage rate." However, they are generally required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service. If this is the first year of business use for the vehicle, provide a copy of the purchase or lease contract.

ONLY complete this section or the Business Vehicle Expense section if your vehicle is used for self-employment purposes. Do not include personal miles or miles driven as an employee in the Business Miles Driven section.	Vehicle 1 <input type="checkbox"/> You <input type="checkbox"/> Spouse	Vehicle 2 <input type="checkbox"/> You <input type="checkbox"/> Spouse
Description of Vehicle (make/model)		
Date Originally Acquired		
Parking - Business Only (do not include parking at place of business)		
Total Miles Auto Driven, Personal & Business (required)	mi	mi
BUSINESS MILES DRIVEN		
Self-employed Business	mi	mi
Other: _____	mi	mi
Other: _____	mi	mi
Total Commuting for the Year (required)	mi	mi

BUSINESS VEHICLE EXPENSES

Complete only if vehicle used for business.
*Not required if using the standard mileage rate.

Gasoline, Oil, Lubrication*	
Repairs & Maintenance*	
Tires, Batteries, etc.*	
Insurance* (DO NOT DUPLICATE ELSEWHERE)	
License & Taxes (DO NOT DUPLICATE ELSEWHERE)	
Interest (DO NOT DUPLICATE ELSEWHERE)	
Wash & Wax*	
Lease Payments*	
Other*: _____	

AWAY-FROM-HOME EXPENSES

	You	Spouse
Airfare		
Auto Rental, Taxi, Uber, etc.		
Meals & Tips at Restaurants (enter 100%)		
Other Meals & Tips (enter 100%)		
Lodging & Tips (do not include meals)		
Laundry		
Other: _____		

"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. A home office deduction is not allowed for employees on the federal return. If you qualify, you have the option of deducting \$5 per square foot (300 square feet maximum) or itemizing your home office expenses. If you choose not to itemize your home office expenses, only complete the square footage entries.

Total Sq. Feet of:	Home	Office	Storage
Expenses:	Rent*	Utilities	Insurance
Condo or Management Fees	Other:		
Maintenance & Repairs: Office	Home in General**		

*If you own your home, provide purchase settlement statement and list of improvements to office.
**Roof, outside painting OK; not lawn/garden care or pool maintenance.

SEC 199A DEDUCTION PASS-THROUGH INFORMATION

Income passed through from a business activity via a K-1 may qualify for a special tax deduction.

The information needed to compute this deduction is included on a separate statement, usually attached to the K-1 where the business income or loss is from partnerships, S-corporations and trusts.

BUSINESS ASSET PURCHASES

Date	Description	Business Activity	Cost

RENTAL INCOME & EXPENSES

If the property was purchased or converted to rental use this year, provide purchase settlement statement and county tax bill. List business vehicle expenses and travel expenses in Business Mileage, Rental Property, this page.

Property	Address	Type Code			
1					
2					
3					

1 - Single Family Residence
2 - Multi-Family Residence
3 - Vacation Home Rental
4 - Commercial
5 - Land
6 - Royalties
7 - Self-Rental
8 - Other

Property	1	2	3
Income			
Advertising			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Acquisition Debt Interest			
Other Interest: _____			
Repairs: Carpentry, Hardware			
Electrical, Plumbing			
Paint & Decorating			
Supplies			
Taxes			
Utilities			
Wages & Salaries			
Condo, HOA &/or Management Fees			
Telephone (toll calls only)			
Improvements & Replacements	See Instructions Below.		
Other: _____			
Number of Days Used Personally			
Days Rented at Fair Rental Value			

Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, or improvements. Provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item.

SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page. Effective 2018, entertainment expenses are NOT deductible. Did this business obtain a PPP loan? Yes No
If yes, amount forgiven \$ _____

Did you claim employee retention credit &/or paid sick/family leave credit? Yes No

	You	Spouse
Credit Card Sales (provide 1099-Ks)		
Cash and Bartering Sales		
Returns & Refunds	<	>
Cost of Inventory at Beginning of Year		
Cost of Merchandise Purchased		
Cost of Items for Personal Use		
Cost of Inventory at End of Year		

Expense	You	Spouse	Expense	You	Spouse
Advertising			Office Expense		
Bank Charges			Rent (equipment)		
Bus Meals (restaurant)			Rent (other)		
Bus Meals (other)			Repairs		
Commissions			Supplies		
Dues			Taxes-Payroll		
Publications			Taxes-Sales		
Freight			Taxes-Property		
Gifts (see business expense instructions)			Telephone		
Insurance			Utilities		
Interest (mortgage)			Wages (W-2)		
Interest (other)			Other: _____		
Legal/Professional			Equipment:		

Provide list including description, purchase date and cost.

RETURN SERVICE REQUESTED



IMPORTANT

YOUR

TAX APPOINTMENT

INFORMATION IS ENCLOSED!



YOUR TAX APPOINTMENT IS:

DAY: _____ DATE: _____ TIME: _____ AM PM

Please keep this appointment even if some of your information is not yet available. You can send the missing information later.

MAKE THE MOST OF YOUR APPOINTMENT - BE PREPARED.

Please carefully read and complete this entire questionnaire before our tax appointment and verify by signing below.

To the best of my knowledge, all information contained within this document is true, correct and complete.

Taxpayer's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

PLEASE NOTE: As a matter of policy and for future reference, this completed questionnaire may be kept on file in our office. If you want a photocopy for your records, please ask for one.