2021 Individual Taxpayer Organizer

Taxpayer						SSN				
First Name	M.I.	Las	st Name	Em	ail			IP PIN		
Occupation		Date	of birth			Are you ne	w to ou		Yes	No
Address		City				State		Zip		
County		Hon	ne phone			Work or ce	11			
Driver's License No.				Stat	te Issue	Date	Exp	v. Date		
Spouse						SSN				
First Name	M.I.	Las	st Name	Em	ail			IP PIN		
Occupation		Date	of birth			Are you ne	w to ou	r firm?	Yes	No
Address (If different from Taxpayer)		City				State		Zip		
County Home phone							11			
Driver's License No.				Stat	te Issue	Date	Exp	v. Date		
If you moved during 2021, enter your	previous address	s.				Date of mo	ve			
Were you divorced or separated during Individuals who are in registered don Have you received any notice from the	nestic partnership	s (RD		ions	are not consid	deaths in the fa dered married fo Yes No	-		lo pose:	5.
Names of dependent children Child's full name	Social Secu		IP PIN		Date of birti	Months lived		lationship taxpayer		College tudent?
Did any of the children have unearned Is it anticipated that a different taxpay Other dependents or people who live	ver will seek to cla			les re as		of the children h ent for tax year		sability? Yes N	Ye	s No
Other dependents of people who have	ed with you			Τ		Months lived in				
Name	Social Security	#	IP PIN	I	Date of birth	home in 2021	Relat	ionship	In	come
				+						
Bank information: Use for Direct de	eposit of refund	Dire	ect debit of balar	nce d	lue Name of	bank				
Checking Savings Routing tra	-				Account nu					
Ask your tax preparer for information	about depositing	g a ref	fund into an IRA	acco	ount or splitti	ng the deposit i	nto more	e than on	e acce	ount.

	res No Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your nome:											
	Yes No Did you make any new energy-efficient improvements to your home? If yes, provide details.											
Sta	State information Full-year resident Part-year resident Nonresident School district											
Sta	ites of re	siden	ce during 2021 and dates			Do you rent or own your home?	Rent	Own				

Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?

If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.

Did you work from a home office or use your car for business?

Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)?

Did you purchase or sell a main home during the year? If yes, provide closing statement.

Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement.

Yes

Yes

Yes

Yes

Yes

Yes

BUSINESS

No

No

No

No

No

NΙα

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.

	"T" for taxpayer, "S" for spouse, "J" for join				1 1		its if more room is needed		
	W-2 — Wage and Tax Statement								
T/S	Employer name			T/S	Employe	er name			
	1)				4)	4)			
	2)				5)	•			
	3)			6)					
Forms 2	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	Name of	issuer				
	1)			4)					
	2)				5)	5)			
	3)			6)					
Forms	1099-R—Distributions From Pensions, Annu	uities, Ret	irement	or Profit	-Sharing l	Plans, IRAs, Insurance Co	ontracts, Etc.		
T/S	Name of issuer			T/S	Name of	fissuer			
	1)				4)				
	2)				5)				
	3)				6)				
If the d	istribution is before age 59½, give a reason to	determin	e if an e	exception	to penalty	applies.			
Tax-Exe	empt Interest (such as municipal bonds—inc	clude state	ement)						
Payer	4	5		Payer			\$		
Other I	ncome						·		
State ta	x refund		\$			Unreported tips	\$		
Unemp	loyment compensation		\$			Other	\$		
Social S	ecurity (taxpayer)—provide SSA-1099 or RF	RB-1099	\$				\$		
Social S	ecurity (spouse)—provide SSA-1099 or RRB	-1099	\$				\$		
Gambli	ng income—provide W-2G		\$				\$		
Busines	s income (see Sole Proprietorship Tax Organize	er)				Stock sales	See "Sales and Exchanges		
Rental	income (see Rental Property Tax Organizer)					Sale of other property Worksheet" below.			
Sale	s and Exchanges Worksh	eet							
	e information about sales of stock, real estate,		propert	v. along w	vith Forms	1099-B, 1099-S, or other	supporting statements		

Notes:

Description of property

• 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.

Purchase date

Cost/basis

\$

\$

Sale date

Sale price

\$

\$

- 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.

	r dependents—do	17.5% of income to be not include any expe			Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.					
Dentists	\$	Hospitals	\$		Cash			\$		
Doctors	\$	Insurance	\$		Noncash contribut					
Equipment	\$	Prescriptions	\$		items must be in go		\$			
Eyeglasses	\$	Other	\$		Did you transfer fu charity? Yes	directly to a	\$			
Medical miles:		@ 16¢			charity? Yes Charitable mileage		D			
Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.					Casualty and The					
State withhold	Reported of	on W-2			cted damage or loss					
State estimated	d taxes—paid in 20	21	\$		preparer. Yes	y-declared disast No	er area, provide deta	alls to your tax		
Real estate tax	—residence		\$	Miscellaneous Itemized Deductions. Miscellaneou			ons. Miscellaneous i	itemized		
Real estate tax	\$		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							
Personal property taxes									\$	
Property tax re	Property tax refund—received in 2021)	expenses, provide information on a separate sheet. Were any expenses					
Foreign tax pai	id		\$		reimbursed by your employer? Yes No					
Other			\$		Dues	\$	Subscriptions	\$		
Other			\$		Investment	\$	Supplies	\$		
Other			\$		expenses		m .			
	n 2021 from prior y				Job education	\$	Tax prep fees	\$		
	e interest or penalti		\$		Job seeking	\$	Tools	\$		
		x paid during 2021? at, or home in 2021?		No No	Legal fees	\$	Uniforms	\$		
Sales tax paid \$				NO	Licenses	\$	Union dues	\$		
		erest paid for full or	partial busi	iness	Safety equipment	\$	Other	\$		
or rental-use p		business use of the ho			Other Deductions 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	4	Oulei	φ		
Did you pay a	mortgage insuranc	e premium when you	u purchased	d your h		Date	•	'		
			-							

Other Deductions or Questions

Notes

- $\bullet \ \text{Gambling losses are deductible only up to the amount of gambling winnings reported}. \ A \ \log \ must \ be \ kept \ to \ verify \ losses.$
- 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

\$
\$
\$
\$
\$
\$
\$
Ask preparer
Ask preparer
\$
\$

Installment	fax Payments –		Date paid		Federal	Date paid	State
First			· ·		\$	Вис риш	\$
Second					\$		\$
Third					\$		\$
Fourth					\$		\$
Amount applied from 2020 overpayment?					\$		\$
Total					\$		\$
Advance Cl	hild Tax Credit	Pavn	nents Rec	eiv	ed	<u> </u>	'
Payment date	Amount received		ayment date		mount received	Payment date	Amount received
July 15, 2021	\$	_	bmer 15, 2021	\$		November 15, 2021	\$
August 13, 2021	\$	+ -	er 15, 2021	\$		December 15, 2021	\$
☐ If you are a nev☐ The completed the "Yes" or "N☐ Copy of the clo☐ Mileage figures☐ Detail of estimated	nange), or Form 1095-C or client, provide copies or client, provide copies of Individual Income Tax of Io" questions under "Questions under "Questions statement if you be a for any automobile expected tax payments made ductions categorized on I deductions categorized nowledgement letters respectively.	of last your of last your or	ear's tax returner. Note: If you —All Taxpaye sold real estate laimed, includi ate sheet for bu parate sheet fo	ns. I choose Irs." Its Ing tota Isiness Irs Irs Irs Irs Irs Irs Irs Irs Irs I	se not to fill out to al mileage, comm or rental activitical, taxes, intere	he organizer, you mu nuting mileage, and b ies. st, charitable, and mis	usiness mileage. scellaneous deduction
☐ List of itemized							
☐ List of itemized☐ Copy of all ack☐	esponsibilities						

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.

Sole Proprietorship Tax Organizer

Sole Proprie	etor General Informat	ion	1							
Name of sole										
Business nan	ne (if different)								EIN (if applicable)	
Business add	ress (if different from ho	те	address)							
Principal bus	siness activity						Date business started		Date business closed	
	duct or service									
Yes No	Was the primary pur	pos	se of the bu	usine	ess activi	ity to	realize a profit?			
Yes No	Did you materially p	arti	icipate in t	the o	peration	of th	is business?			
Yes No	Has the business repo	orte	ed any loss	ses ii	n prior y	ears?				
Accounting r	nethod: Cash A	ccr	ual Ot	her ((specify)					
Yes No	Does the business file	e ui	nder a cale	enda	r year? (If no, l	list the fiscal year.)			
Sole Proprie	etor Specific Question	าร								
Yes No	Did you pay any fam	ily	members	for s	services?	?				
Yes No	es No Did you make any payments of \$600 or more to subcontractors, attorneys, accountants, directors, etc.?									
Yes No	If Yes, did you issue	For	m 1099-N	EC?	List name	e and s	social security number (SSN	I) for each per	son to whom you paid \$60	0 or more.
	Name								SSN	
	Name								SSN	
Yes No	Did you make, or do	yo	u plan to r	make	e, any co	ntribu	ations to a self-employed	retirement p	lan?	
	Type of plan				, ,		1 /	1		\$
Yes No		rov	wn health/	/den	tal insur	ance?	If Yes, provide amount of p	remiums paid		\$
Yes No	Did you have any em						<i>y</i> , , , , , , , , , , , , , , , , , , ,		8 7	
Yes No	Did you have any ba	_		actio	ns in 202	21?				
	etor Business Income		0							
			Corme 1099	NEC	list nav	me of v	payer and amount separately	from arose re	eceinte or cales)	\$
Form 1099		и1		\$, usi nun		orm 1099-K	Jioni gross ic	\$	ν
Total of all Forms 1099-NEC and 1099-K received \$								r.		
Returns and		199-	-K received	л						\$ (
			:							⊅ (\$
	e (not included in gross i				ingtood a	of Eor	m W-2) if you are not cla	asified as an		T
							From Business, claim any e			
	f-employment (SE) tax				i rojii or i	L033 1	Tom Dusiness, Claim arry C	хреньев авы	clated with the meonic	received, an
	etor Cost of Goods So				COVID-1	9 Rel	ated			
	irers, wholesalers, and b		nesses	F,	Yes	No	Did the business receive	a Pavcheck	Protection Program loan	?
that make, buy	y, or sell goods)				105	140	Did the business receive	u i uy cheek	rotection rogram tour	•
Inventory at	the beginning of the yea	ar	\$		Yes	No	Did you receive an Ecor through the SBA?	nomic Injury	Disaster Loan or Emerge	ency Advanc
Purchases			\$		Yes	No	Did you delay payment	of employer	payroll taxes?	
Cost of labor			\$		Yes	No	Were you eligible to rece	eive a tax cre	dit for sick leave due to	COVID-19?
Materials and	d supplies		\$		Yes	No	Were you eligible to rece COVID-19?	eive a tax cre	dit for paid family leave	due to
Inventory at	the end of the year		\$		Yes	No	Did you receive a payro	ll tax credit fo	or a business suspension	or slowdow
Sole Proprie	etor Business Expens	es								
Advertising		\$		Inte	erest – mo	ortgag	ge	\$	Rent or lease – other business property	\$
Bad debts		\$		Into	erest – otl	her		\$	Repairs and maintenand	7e \$
Bank charges		\$			ernet serv			\$	Supplies (not included in inventory cost)	
Business licer	ises	\$		Lea	ral and pr	rofessi	ional services	\$	Taxes – payroll ¹	\$
Commissions		\$		_	nagemen		ionar services	\$	Taxes – property	\$
Contract labo		\$					n restaurants (100% deduct.)	\$	Taxes – sales	\$
	nefit programs	\$					iness meals (50% deduct.)	\$	Taxes – state	\$
		\$					nicos means (50 /0 deduct.)	\$		\$
Employee nea	alth care plans	\$			ice suppl		t year of hyginess)	\$	Telephone Utilities	
Gifts	ı	\$					t year of business)	\$		\$
	on than h - 141- :	<u> </u>		_		_	t sharing plans	· ·	Wages 1	\$
	er than health insurance)		0 E. 04				, machinery, equipment	\$ ¶CC 1	Other	\$
	nes of Form W-3, Form ent is no longer deducti				orm 1096	, rorn	n 1099-NEC, Form 1099-N	иэс, and an	y state tax forms filed.	

Other Business Exp									
	,	,, , , , , , , , , , , , , , , , , , ,	\$	T					\$
			\$						\$ \$
			\$						\$
			\$						\$
			\$						\$
			\$						\$
			\$						\$ \$
			\$						\$
			\$						\$
			\$						\$
Car Expenses (use a	a conarato fo	orm for each vehicle)	1						*
Make/Model	а зерагате п	iiii ioi eacii veilicie/			Date car	placed in servi	ice		
					Date car	placed in servi			
					Did you	trade in your o	ar this year?	Yes	No
					Cost of		Trade-in		
	· ·					\$	varac		
103 140 13 you	ar evidence	Mileage			Ψ		Actual Expens	200	
Beginning of year oc	dometer	wincage			Gas/oil		\$		
End of year odomete					Insuran	ce	\$		
Business mileage	CI				_	fees/tolls	\$		
Commuting mileage	e					tion/fees	\$		
Other mileage					Repairs	ition, ices	\$		
Generally, you can u	use either th	ne standard mileage	rate or actual eyne	nees to		the deductible		ting your	car for busin
Travel Expenses	1		11		1/7 1			11	,
• Meals. You can de home on business. standard meal allo	. You can us owance per	st of meals while tra e the actual cost of y diem, which can var	your meals or the y by location.	per Inc	nses of tra cluded exp	ing. You can daveling away front from the second consess are transported to the second consess are distributed to the second consess are distribut	om your hon	ne for bus fare, taxi,	siness purpo lodging, etc.
• Meals. You can dechome on business.	. You can us owance per	e the actual cost of	your meals or the	per Inc	nses of tra	aveling away froenses are trans	om your hon	ne for bus fare, taxi,	siness purpos
• Meals. You can de home on business. standard meal allo	. You can us owance per	e the actual cost of	your meals or the y by location.	per Inc	nses of tra cluded exp	aveling away froenses are trans	om your hon	ne for bus fare, taxi,	siness purpo lodging, etc.
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• Meals. You can de home on business. standard meal allo	. You can us owance per	e the actual cost of	your meals or the y by location.	per Inc	nses of tra cluded exp	aveling away froenses are trans	om your hon	ne for bus fare, taxi,	siness purpo lodging, etc.
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• Meals. You can dechome on business. standard meal allo City visited (for per di	. You can us owance per	e the actual cost of	your meals or the y by location.	per Inc	nses of tra cluded exp isited (for p	aveling away froenses are trans	om your hon	ne for bus fare, taxi,	siness purpo lodging, etc.
Travel Expenses • Meals. You can dee home on business. standard meal allo City visited (for per di	. You can us owance per	e the actual cost of	your meals or the y by location. # of days in city	per Inc	nses of tra cluded exp isited (for p	aveling away froenses are trans	om your hon	ne for bus	siness purpo lodging, etc.
Travel Expenses • Meals. You can dee home on business. standard meal allo City visited (for per di	. You can us owance per	e the actual cost of	your meals or the y by location. # of days in city \$	per Inc	nses of tra cluded exp isited (for p	aveling away froenses are trans	om your hon	ne for bus	siness purpo lodging, etc. # of days in ci
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Travel Expenses • Meals. You can dee home on business. standard meal allo City visited (for per did a line) Travel expenses Airfare Bus, train, taxi Entertainment Lodging Parking and tolls	You can us owance per diem)	e the actual cost of y	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Other	nses of tra- cluded exp isited (for)	eveling away from the services are transfer diem)	below)	ne for bus	siness purpoilodging, etc. # of days in cit \$ \$ \$ \$ \$ \$ \$
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Travel Expenses • Meals. You can dee home on business. standard meal allo City visited (for per did a line) Travel expenses Airfare Bus, train, taxi Entertainment Lodging Parking and tolls Meals (actual receipts Equipment Purchas	You can us owance per diem)	e the actual cost of y	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Other	nses of tra- cluded exp isited (for)	penses (describe penses (describe Cost \$	below)	ne for bus	siness purpoilodging, etc. # of days in cit \$ \$ \$ \$ \$ \$ \$ \$
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number of years. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year									
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?					
			\$						
			\$						
			\$						
			\$						

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers	For Day Care Only				
A) Business use area (square footage)		1) Hours used for day care			
B) Total area of home (square footage)		2) Total hours in year	8,760 hrs.		

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2021, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$
Rent	\$	\$	Other	\$	\$
Depreciation of the Home					
Lower of cost or fair market value of	home	\$	Improvements?	Yes No	
Value of land		\$	Casualty losses in 2021?	Yes No	

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a day care facility.

Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- You home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

Self-Employment (SE) Tax

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400
 or more, or you had church employee income of \$108.28 or more. The SE
 tax rules apply no matter how old you are and even if you are already
 receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$142,800 (2021) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.