2021 Tax Organizer Personal Information

Persona	al Infor	mation							
		Name			s	SN	Has IP PIN	Date	e of birth
Taxpayer	New	Client			*	**_**_***			
Spouse									
Name of pe	erson to wi	nom all information should be addressed, if not t	he taxpayer						
Street add	dress, cit	y, state, and ZIP							
		Occupation		Daytime phone	Evening	phone		Cell pl	hone
Taxpayer	,								
Spouse									
Taxpayer	email								
Spouse e	mail								
Marri Yes No	Are you Are you Are you Are you At any If you of age If you and su Was y If Did you	separately - If married but filing separately or your spouse blind? Ou or your spouse disabled? Ou or your spouse a full-time student? Ou or your spouse want to designate \$3 to time during 2021 did you receive, sell, or were 18 years of age, or under 24 and a seand agree this status can be disclosed were 18 years of age, or under 24 and a supporting yourself? Our earned income in 2021 less than your "Yes," enter the amount of your 2019 earned our receive the third stimulus payment (Ecor "Yes," enter the amount received for each Taxpayer	o go to the Preside exchange, or other a student, at the er to the IRS? a student, at the er ur earned income rned income.	ential Election Campaign Frwise dispose of any finance and of 2021, were you in fos and of 2021, were you home in 2019?	und? ial interest ii ter care on d eless or at ri	n any virtu or after tur sk of beco	al curren ning 14 j	years	
		nformation of photo ID		Spouse's type of photo	ın				
	er's licer	_		Driver's license		ate-issued	photo II	D	
Photo ID r	number			Photo ID number					
State phot	to ID was	s issued		State photo ID was issued	d				
Date photo	o ID was	issued		Date photo ID was issued	l				
Date phote	o ID exp	ires		Date photo ID expires					
Accoun	nt Infori	mation for Deposits and Withdra	wals						
		Name of bank	Bank	Bank	Type of a				count for
			routing number	account number	Checking	Savings	Depo	osits	Withdrawals
Appoint	tment I	nformation							
/our 2021	annoint	ment is scheduled for							

ame: New Client								
Dependent Information								
First and last name SSN		Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses
st dependents required to file a	return							
es No								
	ance payments of the Chi							
If "Yes," enter th the amount rece	e amount each taxpayer ived as shown on IRS Le	received etter 6419	and the number of c), box 2. Or, provide	hildren tak Letter 6419	en into account to from the IRS.	determin	е	
Taxpayer _								
Spouse								
If you were married	last year and filed a joint			ou filing a	joint return with th	ne same s _i	pouse th	is year?
				ou filing a	joint return with th	ne same s	pouse th	is year?
				rou filing a	joint return with th	ne same s		is year?
Child and Other Depender			th your spouse, are y	rou filing a	joint retum with th			
Child and Other Depender			th your spouse, are y	ou filing a	joint retum with th			
Child and Other Depender			th your spouse, are y	ou filing a	joint retum with th			
hild and Other Depender			th your spouse, are y	ou filing a	joint retum with th			
Child and Other Depender Name of care provider			th your spouse, are y	ou filing a	joint retum with th			
Name of care provider	rederal	retum wi	th your spouse, are y Address Resi	dent State		SSN or E		Amount Paid
Name of care provider Stimates Perpayment applied	rederal		th your spouse, are y	dent State	joint return with the	SSN or E	IN	Amount Paid
Name of care provider Stimates rerpayment applied m 2020	rederal	retum wi	th your spouse, are y Address Resi	dent State		SSN or E	IN	Amount Paid
Name of care provider Stimates Verpayment applied m 2020 St quarter	rederal	retum wi	th your spouse, are y Address Resi	dent State		SSN or E	IN	Amount Paid
Name of care provider Stimates Verpayment applied om 2020 rst quarter econd quarter	rederal	retum wi	th your spouse, are y Address Resi	dent State		SSN or E	IN	Amount Paid
Name of care provider Name of care provider Estimates verpayment applied om 2020 rst quarter econd quarter hird quarter	rederal	retum wi	th your spouse, are y Address Resi	dent State		SSN or E	IN	Amount Paid
Name of care provider Stimates Verpayment applied om 2020 rst quarter econd quarter	rederal	retum wi	th your spouse, are y Address Resi	dent State		SSN or E	IN	Amount Paid

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Name: New Client	SSN: ***-**-
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This check list is provided to help you gather necessary information for us to prepare your 2021 income tax return. Return ur 2020

this list, alor tax year.	ng with the supporting documentation, to our office and let us know of any significant changes from you
Stimulus p	ayment (Economic Impact Payment - IRS Notice 1444-C or Letter 6475)
[]	Amount of stimulus payment
Advanced	payment of Child Tax Credit (IRS Letter 6419)
[]	Taxpayer
	Spouse
State and o	city refunds and other government payments (Form 1099-G)
[]	Unemployment compensation
Other Inco	me (provide supporting documentation for income received for the following items)
[]	Sale of assets or property
[]	Cancellation of debt
[]	Other income
Payments ((provide supporting documentation for payments made for the following items)
	Educator classroom expenses
	Employee business expenses
[]	Contributions to a Health Savings Account
[]	Expenses related to work relocation
[]	Alimony
[]	Student loan interest
[]	Tuition and fees for higher education
[]	Expenses related to child or dependent care
[]	Contributions to a Retirement Savings Account
[]	Medical and dental expenses
[]	Real estate taxes
[]	Other state and local taxes
[]	Mortgage interest
[]	Investment interest
[]	Cash contributions
[]	Noncash contributions
	Unreimbursed employee expenses
	Investment expenses
	Gambling losses
	Other payments

	Questionnaire	
Name: New Client		SSN: ***-***
		0014.
Questionnaire		
Personal Inform	ation	
Yes No		
[][]	Did your marital status change during the year? If "Yes," explain	
[][]	If your filing status is married, but you are filing separately from your spouse, did you and your live apart for the last six months of 2021?	spouse
[][]	Can you or your spouse be claimed as a dependent by someone else?	
[][]	If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster after turning 14 years of age and agree this status can be disclosed to the IRS?	care on or
[][]	If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless	s or at risk
	of becoming homeless and supporting yourself?	
[][]	Did your address change during the year?	
[][]	Were you, your spouse, or any dependents a victim of identity theft? If "Yes," explain	
[][]	Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)? If "Yes," provide Notice CP01A from the IRS.	
Provide p	proof of identity to be eligible to e-file your tax return (driver's license or state-issued pho	to ID)
Dependent Infor	mation	
Yes No		
[][]	Did you have any changes in dependents during the year? If "Yes," explain	
[][]	Can another person qualify to claim any of your dependents?	
[][]	Did you receive advance payments of the Child Tax Credit from the IRS at any time from July December 2021?	through
	If "Yes," provide Letter 6419 from the IRS. Or, enter the amount each taxpayer received ar number of children taken into account to determine the amount received as shown on IRS box 2. If you were married last year and filed a joint tax return with your spouse, are you fil a joint return with the same spouse this year?	Letter 6419,
	Taxpayer	
1111	Spouse Did you have any childcare expenses during the year?	
[][]	Did you have any adoption expenses during the year?	
[][]	Did you have any children under age 19 or a full-time student under age 24 with more than \$2	200 of
[][]	unearned income?	,200 01
Provide d	locumentation for proof of dependent credits (school records, medical records, daycare	records, etc.)
Health Care Info	rmation	
[][]	Did any member of your household have healthcare coverage through the Marketplace (Obam If "Yes," provide copies of Form 1095-A.	na Care)?
[][]	Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medic	care Advantage
[][]	MSA during the year?	aro navamago
Income, Purchas	ses, Sales, and Debt Information	
Yes No		
[][]	Did you receive any tips not reported to your employer?	
[][]	Did you receive any disability income during the year?	
[][]	Did you cash in any U.S. savings bonds during the year?	
[][]	Did you start a new business or purchase any rental property during the year?	
[][]	Did you sell an existing business, rental property, or other property during the year?	
[][]	Did you purchase any business assets or convert any assets to business use?	

Questionnaire

Name: New Client	SSN: ***-**-	k
Questionnaire		

Questionnaire	
	If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
[][]	Did you purchase any gasoline, diesel, or special fuels for off-road business use?
[][]	Did you buy or sell any stocks, bonds, or other investments during the year?
[][]	Did you sell a principal residence during the year?
	If "Yes," provide closing documentation for the purchase and sale of the home.
[][]	Did you have a principal residence or a piece of real property foreclosed on during the year?
() ()	Did you abandon a principal residence or a piece of real property during the year?
[][]	Did you refinance your principal home or second home or take out a home equity loan during the year?
	If "Yes," provide all escrow, closing, and other pertinent documentation and information.
[][]	Did you receive any principal or interest during this year from property sold in prior years?
() ()	Did you rent out your home or use it for business?
[][]	Did you sell, exchange, or purchase any real estate during the year?
[][]	Did you acquire a new or additional interest in a partnership or S corporation?
[][]	Did you have any debts canceled or forgiven this year?
[][]	Does anyone owe you money that has become uncollectible?
[][]	Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the
	year?
	If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
[][]	Did you receive income or incur expenses associated with a fantasy sport league?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
	If "Yes," attach Form 1099-MISC, Form 1099-NEC, and Form 1099-K.
[][]	Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
	If "Yes," attach Form 1099-K or Form W-2.
[][]	Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
	If "Yes," provide documentation.
[][]	Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
	If "Yes," attach Form 1099-K.
[][]	Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
	If "Yes," provide documentation.
[][]	Did you receive any other income you have not provided information for with this organizer? If "Yes," explain
	II Tes, explain
Itemized Deduct	ion Information
Yes No	
[][]	Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the
	year?
[][]	Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
[][]	Did you receive any state or local income tax refunds from prior years?
[][]	Did you make any major purchases (vehicle, boat, etc.) during the year?
[][]	Did you pay any real estate property taxes or personal taxes during the year?
[][]	Did you pay mortgage interest during the year?
[][]	Did you make cash donations to charity during the year?
[][]	Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
[][]	Did you donate a boat or vehicle during the year? If "Yes," attach Form 1098-C.
[][]	Did you have gambling winnings or losses during the year?
[][]	Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety
	equipment, etc.)?
[][]	Did you use your vehicle on the job other than for commuting to work?
[][]	Did you work out of town at any time during the year?

Retirement Information

Name			Questionnaire
Yes No Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year? Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year? Did you receive any Social Security benefits during the year? Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? Did anyone in your household attend a post-secondary school during the year? Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? Did you pay student loan interest for yourself, your spouse, or your dependents during the year? Miscellaneous Information Yes No 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	Name: Ne	ew Client	SSN: ***_***
Yes No Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year? Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year? Did you receive any Social Security benefits during the year? Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? Did anyone in your household attend a post-secondary school during the year? Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? Did you pay student loan interest for yourself, your spouse, or your dependents during the year? Miscellaneous Information Yes No 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	Questio	nnaire	
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Education Information Yes No [Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
Yes No Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? Did ayone in your household attend a post-secondary school during the year? Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? Did you pay student loan interest for yourself, your spouse, or your dependents during the year? Did you pay student loan interest for yourself, your spouse, or your dependents during the year? Did you pay student loan interest for yourself, your spouse, or your dependents during the year? Miscellaneous Information Yes No	[][]	Did you receive any Social Security benefits during the year?
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Tuition Program during the year? [[][]	Did anyone in your household attend a post-secondary school during the year?
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Taxpayer]] []	If "Yes," enter the amount received for each taxpayer and provide Notice-1444-C or Letter 6475 from
Spouse Was your earned income in 2021 less than your earned income in 2019?			
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	Questionnaire	
Name: New Client	SSN:	***_**
Questionnaire		
[] [] [] [] [] [] [] [] [] []	Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust? Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year? Did you have any income from, or pay taxes to, a foreign country? Did you own property in a foreign country?	
Preparer Notes		

Other Income and Adjustments

Other Income		
	2021 Taxpayer	2021 Spouse
Scholarships or grants not reported on Form W-2		
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
State income tax refund (attach Forms 1099-G)		-
Alimony received Divorce or separation date Amount		
Unemployment compensation (attach Forms 1099-G)		
Unemployment compensation repaid in 2021		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
Jury duty pay		
ABLE distributions		
Other income:		
Other income:	2021	2021
Other income:	2021 Taxpayer	2021 Spouse
Other income: Adjustments	2021 Taxpayer	2021 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	2021 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	2021 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	2021 Spouse
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Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	2021 Spouse
Adjustments Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	2021 Taxpayer	2021 Spouse

Schedule A - Itemized Deductions

Name: New Client	SSN: ***_****
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	Donations to charity Cash Noncash Amount
Long-term care premiums (you)	·
Long-term care premiums (your spouse) · · · · · · ·	Boy or Girl Scouts
Long-term care premiums (dependents)	Goodwill
Mileage driven for medical purposes	Red Cross
Medical & dental expenses	Salvation Army
Doctor, dental, etc	United Way
Prescription medicines	Veterans
Insulin	Hospital
Glasses & contacts	University
Hearing aids	Other
Braces	Miles driven for charitable purposes
Medical equipment & supplies	Other Miscellaneous Deductions
Hospital services	Amortizable bond premiums
Laboratory services	Federal estate tax
Nursing services	Gambling losses
Other	Impairment-related work expenses
Taxes Paid	Claim repayments
State and local income taxes	Unrecovered pension investments
General sales tax (vehicle, boat, home, etc.)	Loss from other activities from Schedule K-1
Real estate taxes	Ordinary loss debt instrument
Personal property taxes	Excess deduction on termination
Other taxes (list)	Job Expenses & Certain Miscellaneous Deductions
	Necessary job expenses you paid that were not reimbursed by your employer
	Safety equipment, tools, & supplies
Interest Paid	Uniforms
Home mortgage interest paid (attach Form 1098)	Protective clothing (shoes, hardhats, glasses, etc.)
Some of your home mortgage loan was not	Dues to professional organizations
☐ used to buy, build, or improve your home. Home mortgage interest paid to an individual	Books & subscriptions
Paid to:	Other
Name	Union dues
Address	Tax preparation fees
City, State, ZIP	Other nonpersonal expenses related to taxable income
SSN or EIN	Safe deposit box fees
Home mortgage insurance premiums	Investment expenses not entered elsewhere
Investment interest	Other
	Home equity interest · · · · · · · · · · · · · · · · · · ·

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Mortgage Interest				
Provide all copies of Form 1098				
Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid	
		•	•	
	_			
Employee Business Expenses				
You are a qualified performing artist		You are a member of the clergy		
You are a fee-based state or local government officialYou are a disabled employee with impairment-related work expens		d your personal vehi	cle for your job during 2021	
You are a reservist	NOT reimbursed	Reim	bursed by your employer	
	by your employer		cluded in box 1 of your W-2	
Parking fees, tolls, local transportation	·			
Meals				
Parking fees, tolls, local transportation				
Meals	·			
Meals	·			
Meals	·			
deals	·			
Meals	·			
Meals	FEMA code			
Meals	FEMA code			
Meals	FEMA code			
Casualties and Thefts EMA code roperty description roperty location	FEMA code Property description Property location			
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Meals	FEMA code Property description Property location Date property was a Date property was d Cost of property dan Fair market value be	cquiredamaged or stolenefore incident		

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Name: New Client		SSN:	***_**_***
Education Expenses			
Provide all copies of Form 1098-T			
Student name		Student name	
Type of expense	Amount	Type of expense	Amount
			
Student name		Student name	
Type of expense	Amount	Type of expense	Amount
2		0. 1	
Student name		Student name	
Type of expense	Amount	Type of expense	Amount
Job-related Moving Expenses			
Job-related Moving Expenses Select this box and complete the fields below if and moved due to a military order for a permar	f you are a member of ent change of station.	the Armed Forces on active duty,	2021
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New Client ***-**

2021 Information Pertaining to the American Rescue Plan Act (ARPA)

On March 11, 2021, the President of the United States signed into law the American Rescue Plan Act (ARPA) that authorized a third round of stimulus payments and advanced payment of the Child Tax Credit. The IRS issued notices that provided the amounts you received for these payments. This information is necessary to accurately complete your 2021 individual tax return. Information provided below explains what notice you received and how to obtain the information if you no longer have the notice or have yet to receive a letter.

Stimulus Payment (Economic Impact Payment (EIP)

The third round of EIP or stimulus payments began mid-March 2021. Individuals could have received up to \$1,400 (\$2,800 for married couples filing a joint return). Qualifying dependents may have also received \$1,400. Unlike the first two payments, EIP3 was not limited to children under 17. Families may have received the payment based on all of the qualifying dependents claimed on the tax return. Most families received \$1,400 per person, meaning, a single person with no dependents may have received \$1,400 while a family of four may have received \$5,600. Notice 1444-C was sent following the payments and Letter 6475 will be issued in January 2022 with a combined total.

If you no longer have Notice 1444-C, or have not received Letter 6475, log in to your IRS Online Account to get the accurate amount of EIP3 received.

- 1. Go to irs.gov.
- 2. Select "View Your Account Information."
- 3. Select "Log in to your Online Account" and follow the prompts provided.

Advance Child Tax Credit Payments

Under ARPA, the maximum amount for the Child Tax Credit (CTC) was increased from \$2,000 to \$3,600 for each child 5 years old and under. For children ages 6 - 17, the maximum increased to \$3,000. In July 2021, eligible families that did not opt out began receiving advanced CTC payments up to \$300 per month for each child age 5 and under and up to \$250 for each child between the age of 6 and 17. IRS will issue Letter 6419 to provide the amount received per taxpayer and how many children were taken into account to determine the amount received.

If you no longer have Letter 6419, or have not yet received it, follow the directions above to log in to your online account to access the Child Tax Credit Update Portal or log directly in to the portal using the instructions below. For married couples filing a joint return, the taxpayer and spouse will both need to log in to get the amount apportioned to each taxpayer.

- 1. Go to irs.gov.
- 2. Select "Child Tax Credit Update Portal."
- 3. Select "Manage Advance Payments" and follow the prompts provided.