2021 INCOME TAX ORGANIZER

Taxpayer's Name	Social Security Number										
Spouse's Name							Social Security Number				
Taxpayer's Occupation					Date of Birth (D.O.B.)			Blind?			
Spouse's Occupation					Date of Birth (D.O.B.)			Blind?			
Address					e-mail address						
City		State Zip			Home Phone			Work Phone			
DEPENDENT CHILDREN (who lived with you more than 6 months)											
	Social Sec	•	D.O.B.		2) Na	-	than o m	Social Security	y No.	D.O.B.	
3) Name	3) Name Social Secu		D.O.B.		4) Na	lame		Social Security No.		D.O.B.	
~@				HER DEPENDENTS							
1) Name		Social Secur		ne at h		ENIS Relationship	Income	Support by yo	u Sup	port by depen-	
,	4	r o				-			dent	& others	
2) Name		Social Secur	ity Ti	ne at h	nome	Relationship	Income	Support by yo	dent	& others	
 K-1s from Partnerships, Corporations or Estates Statements for Assets Held Outside the USA Cryptocurrency (e.g. Bitcoin) Sales/Earnings Business/Rental/Farm Income & Expenses Records of Estimated Taxes Paid HSA forms (1099-SA & 5498-SA) Childcare Provider Information 						 Last Pay Stub of the Year Voided Check for Direct Deposit Form(s) 1095 - Health Insurance Copy of Driver's License for Taxpayer & Spouse Copy of Social Security Card for New Family Members Pandemic Related Business Loans/Credits (bring details) 					
	eived) ed) IESS LC ven ent s R PROPE <u>Cost:</u> \$ \$ \$ \$ \$ \$ \$	\$\$ ANS/CRE \$\$ ERTY <u>Sale:</u> \$\$ \$ \$	 DITS 		Cen EIP Gan Une Alim Prize Sch Deb Part Esta Soci Stat Roy Sick Vete With	HER INCOME sus Work ("stimulus") R hbling Winning mployment (1) iony Received es/Awards olarships & Fe t Cancellation nerships & S-(ttes & Trusts ial Security/RF e Tax Refunds alties (music/w Pay &/or Disa eran's Paymen ndrawals from	eceived gs 099-G) Corporation R Retiremen s writing/other ability	\$\$			

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

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Potential Deduction	is and credit items				
ADJUSTMENTS	CONTRIBUTIONS				
Payments to an IRA Traditional Roth	Churches (receipted)				
-	Other Contributions of Money (receipted)				
Taxpayer Amount [\$ SEP - SIMPLE -	Charitable Auto Mileage				
Spouse Amount \$	Volunteer Expenses (receipted)				
	Property Donated (for which you have receipts)				
Penalty for Early Withdrawal	Fair market value (bring				
Alimony Paid \$: SS#:	documentation if over \$500)				
Self-Employed Health Insurance	Auto, Boat Donations (Form 1098C)				
Student Loan Interest	Qualified Charitable Distribution from IRA?YN (bring details)				
Payments to HSA/MSA: Taxpayer Spouse	CASUALTY & THEFT LOSSES				
Classroom Materials for Educators	Cost of Property Lost				
	Fair Market Value of Property				
MEDICAL EXPENSES	Insurance Reimbursement Received				
Insurance & Medicare (not pretax)	Federally Declared Disaster Area?YN (bring details)				
Long Term Care Insurance	AUTOMOBILE EXPENSE				
Prescriptions	Total Miles				
Eyeglasses, Hearing Aids & Batteries	Business Miles				
Doctors					
Hospital / Ambulance	Commuting Miles				
Auto Mileagemiles Other Medical Expenses, Travel	Jan. 1, 2021 Odometer Beginning:				
Reimbursement	Dec. 31 2021 Odometer Ending:				
Did you receive reimbursement at work?	Gas & Oil				
TAXES	Tolls & Local Transportation				
	Lease Payments				
Real Estate Taxes	Other:				
State taxes paid in '21 for '20 or earlier					
Sales tax paid on vehicles, boats, planes	BUSINESS EXPENSES				
Sales tax paid (from receipts)					
2021 State Tax Estimates	Taxes				
date pd\$ date pd\$					
date pd\$ date pd\$					
2021 Federal Tax Estimates	Repairs				
date pd\$ date pd\$	Business Meals				
date pd\$ date pd\$	Business Travel				
Vehicle License Tabs, Pers. Prop. Tax	Advertising				
	Professional Dues/Memberships				
INTEREST EXPENSE	Legal/Professional Fees				
	Wages (bring copies of W2s/941s if they have been filed)				
Home Mortgage–Paid to Financial Institutions (Form 1098)	Contract Labor				
First Mortgage/Refinance	Equipment (bring a list with details)				
Loan Origination Fee/Discount Fee	Other:				
Second Mortgage	Is your primary place of business in your home? If yes, bring all home				
Home Equity	related expenses, total square footage and square footage of space tha				
Equity loan used only to buy/build/improve home? Y D N D	is exclusively and regularly used for business.				
Mortgage Insurance					
Second Home Interest Payments	CHILD CARE EXPENSES				
Home Mortgage–Pd. to Individuals	Names, addresses, and ID#s of provider(s), amount paid.				
(name, address, Social Security number)	π_{α} π_{β} , π_{α} π_{β} , π_{β} $\pi_$				
Investment Interest: Margin Account					

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

ADOPTION EXPENSES

Amount Paid: _____ Date Finalized: _____

(bring papers)

ENERGY CREDITS / PLUG-IN VEHICLE (BRING RECEIPTS AND DETAILS)

Solar □ Wind □ Geothermal □ Plug-in Vehicle □

Please sign here_

OTHER MISCELLANEOUS EXPENSES

HIGHER EDUCATION EXPENSES

Date: _____ Year in School _____

Gambling Losses

Post Secondary Tuition/Req. Fees Paid

Impairment Related Work Expenses

_ date ____