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2021 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2021 tax return.

To save you time, selected information from your 2020 tax return has been entered in this organizer. Please line through any information that does not apply to your 2021 tax return.

In some cases, 2020 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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344 MINNIE STREET • FAIRBANKS, AK 99701
(907) 456-8115 • FAX (907) 452-7491

2021 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

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



2021

Questions (Page 1 of 5)**2**

The following questions pertain to the 2021 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

| | Yes | No |
|---|--------------------------|--------------------------|
| Did your marital status change? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, do you and your spouse want to file separate returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you or your spouse be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents:

| | | |
|--|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Note: Include non-child dependents for whom you provided more than half the support. | | |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children under age 18 with unearned income more than \$1,100? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you adopt a child or begin adoption proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? | <input type="checkbox"/> | <input type="checkbox"/> |

Healthcare:

| | | |
|---|--------------------------|--------------------------|
| Did you obtain healthcare coverage through the Marketplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1095-A. | | |
| If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your dependents required to file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |

**Healthcare (continued):**

| | | |
|--|--------------------------|--------------------------|
| Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you eligible for employer-sponsored healthcare coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have any transactions pertaining to a health savings account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received a distribution from an HSA, include all Forms 1099-SA. | | |
| Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received a distribution from an MSA, include all Forms 1099-SA. | | |
| Did you or your spouse receive any distributions from long-term care insurance contracts? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1099-LTC. | | |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many months were you covered? _____ | | |
| If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many months were you covered? _____ | | |
| Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

Education:

| | | |
|--|--------------------------|--------------------------|
| Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse pay any student loan interest? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1099-Q. | | |
| If Yes, were the amounts withdrawn used for qualified tuition expenses? | <input type="checkbox"/> | <input type="checkbox"/> |

Deductions and Credits:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less. | | |
| Did you or your spouse incur any casualty or theft losses? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any large purchases, such as motor vehicles and boats? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. | | |
| _____ Gallons _____ Type | | |
| Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? | <input type="checkbox"/> | <input type="checkbox"/> |



2021

Questions (Page 3 of 5)**2C****Investments:**

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make a qualified charitable distribution directly from an IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

| | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address. | | |
| If Yes, did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$750,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Did you or your spouse take out a home equity loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. | | |



2021

Questions (Page 4 of 5)**2D****Sale of Your Home:**

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you sell your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive Form 1099-S? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include Form 1099-S. | | |
| Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever rent out the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse ever use any portion of the home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse sold a principal residence within the last two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both | | |

Gifts:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse forgive any indebtedness to any individual, trust or entity? | <input type="checkbox"/> | <input type="checkbox"/> |

Foreign Matters:

| | | |
|---|--------------------------|--------------------------|
| Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse create or transfer money or property to a foreign trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse own any foreign financial assets? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did the corporation cease to be an S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you or your spouse transfer any share of stock in the corporation? | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous:**

| | | |
|--|--------------------------|--------------------------|
| Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,300 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive unreported tip income of \$20 or more in any month? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive an economic impact payment? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the amount of any economic impact payment received. _____ | | |
| If Yes, did you or your spouse repay any of the economic impact payment received? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the amount of the economic impact payment repaid. _____ | | |
| Did you or your spouse receive any advanced child tax credit payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, attach all IRS Letters 6419 and enter the amount of the payments received. _____ | | |
| If self-employed, were you unable to work due to contracting COVID-19, being in quarantine or isolation due to COVID-19, caring for an individual who contracted COVID-19 or was in quarantine due to COVID-19, or due to caring for a son or daughter because the child's school or childcare provider was closed or unavailable due to COVID-19 precautions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse take out a Payroll Protection Program loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date and total amount of the Payroll Protection Program loan(s) disbursed. Date (Mo/Da/Yr) _____ Amount _____ | | |
| If Yes, did you or your spouse have any eligible expenses that were paid with the Payroll Protection Program loan(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, are these amounts included in the expenses reported for the business? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you or your spouse receive loan forgiveness or are you or your spouse seeking forgiveness? | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr) _____ | | |
| If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness. Amount _____ | | |

Additional state pages have been included at the back of the organizer and should be reviewed.



3

| | | | | | |
|--|--|--|--------------------------|------------------------|--|
| First Name and Initial | | Last Name | | Social Security Number | |
| Occupation | | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | | |
| Driver's License or State-Issued ID Number | | Expiration Date (Mo/Da/Yr) | Issue Date (Mo/Da/Yr) | State | <input type="checkbox"/> Does not expire |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> State-Issued ID | <input type="checkbox"/> No Identification | | | |

| | | | | | |
|--|--|--|--------------------------|------------------------|--|
| First Name and Initial | | Last Name | | Social Security Number | |
| Occupation | | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | | |
| Driver's License or State-Issued ID Number | | Expiration Date (Mo/Da/Yr) | Issue Date (Mo/Da/Yr) | State | <input type="checkbox"/> Does not expire |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> State-Issued ID | <input type="checkbox"/> No Identification | | | |

| | | |
|-----------------------------|-----------------------------|------------------------|
| Street Address | | Apartment Number |
| City | State | ZIP or Postal Code |
| Foreign Province or County | | |
| Foreign Country | | |
| Taxpayer Daytime/Work Phone | Taxpayer Evening/Home Phone | Taxpayer Foreign Phone |
| Taxpayer Cell Phone | Taxpayer Fax Number | |
| Spouse Daytime/Work Phone | Spouse Evening/Home Phone | Spouse Foreign Phone |
| Spouse Cell Phone | Spouse Fax Number | |
| Taxpayer Email Address | | |
| Spouse Email Address | | |
| Preferred Method of Contact | | |

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

| Taxpayer | | Spouse | |
|----------|----|--------|----|
| Yes | No | Yes | No |
| | | | |
| | | | |
| | | | |
| | | | |

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit [IRS.gov](https://www.irs.gov) to retrieve it or apply.

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
| | | | | |
| | | | | |

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |

Did dependent have income over \$4,300?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
| | | | Federal | FICA/TIER 1 | Medicare | State | Local |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



2021

Dependents

3A

Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |

Did dependent have income over \$4,300?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.



2021

Electronic Filing

4

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ☐

Do not electronically file the state return(s) ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Taxpayer

Spouse

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.

If you qualify for electronic filing, would you like to file the return electronically with the IRS?

| |
|--------------------------|
| Yes |
| <input type="checkbox"/> |

| |
|--------------------------|
| No |
| <input type="checkbox"/> |

If you qualify, would you like to file your state returns electronically?

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?
Taxpayer

| |
|--------------------------|
| Yes |
| <input type="checkbox"/> |

| |
|--------------------------|
| No |
| <input type="checkbox"/> |

Spouse

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

If No, provide a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2021

Electronic Filing

4

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:

_____ has informed me (us) that my (our) 2021 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

Taxpayer

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

| |
|--------------------------|
| No |
| <input type="checkbox"/> |

Spouse

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

| |
|--------------------------|
| <input type="checkbox"/> |
|--------------------------|

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN

Spouse PIN



2021

Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2020, your account information is already included below.

| | Yes | No |
|---|--------------------------|--------------------------|
| Would you like any refunds owed to you directly deposited? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr) | | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr) | | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> | <input type="checkbox"/> |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

| | Yes | No |
|---|--------------------------|--------------------------|
| Would you like any refunds owed to you directly deposited? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr) | | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what amount would you like withdrawn, if not the entire balance due? | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr) | | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> | <input type="checkbox"/> |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐



Interest Income

5A

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

| TSJ | Name of Payer | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | 2020 Interest Amount |
|-----|---------------|-----------------|----------------------------|------|---------------------|----------------------|
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Seller-Financed Mortgage Interest Information:

| Name of Individual from Whom Mortgage Interest Was Received | Identification Number of Individual | 2021 Interest Amount | 2020 Interest Amount |
|---|-------------------------------------|----------------------|----------------------|
| | | | |

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

| |
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Note: List all items sold during the year on Form 7.



2021

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|-------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2020 Gross Dividends Amount |
|-------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

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Note: List all items sold during the year on Form 7.



2021

Brokerage Statement Details

5EA

| | TSJ | Payer Name | Account No. | Information Included (X or ✓) |
|---|-----|------------|-------------|-------------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |
| I | | | | |
| J | | | | |
| K | | | | |
| L | | | | |
| M | | | | |
| N | | | | |
| O | | | | |
| P | | | | |
| Q | | | | |
| R | | | | |
| S | | | | |
| T | | | | |

| | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|---|-----------------|----------------------------|------|---------------------|---------------------------------|----------------------------|--|--|
| A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |
| D | | | | | | | | |
| E | | | | | | | | |
| F | | | | | | | | |
| G | | | | | | | | |
| H | | | | | | | | |
| I | | | | | | | | |
| J | | | | | | | | |
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| N | | | | | | | | |
| O | | | | | | | | |
| P | | | | | | | | |
| Q | | | | | | | | |
| R | | | | | | | | |
| S | | | | | | | | |
| T | | | | | | | | |



Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



2021

Consolidated Brokerage Statement**5E**

| | | |
|----------------|-----|----------------|
| Brokerage Name | TSJ | Account Number |
| | | |

| |
|-------------------|
| Brokerage Address |
| |

Interest Income and Foreign Information**Interest Income:** (List all items sold during the year on Form 5G.)

Special Interest Code: 2 - Early Withdrawal Penalty 4 - Accrued Interest 6 - Amortizable Bond
 1 - Qualified Educational Series EE Bonds 3 - Nominee Interest 5 - Original Issue Discount Adjustment Premium Adjustment

| | Source | Interest Income | U.S. Bonds and Obligations | Code | Special Interest |
|---|--------|-----------------|----------------------------|------|------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

| | Code | Tax-Exempt Interest | Investment Expenses | Federal Withholding | State Withholding | Tax Exempt Bond CUSIP No. | 2020 Interest Amount |
|---|------|---------------------|---------------------|---------------------|-------------------|---------------------------|----------------------|
| A | | | | | | | |
| B | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |

Foreign Taxes Paid or Accrued:

| | Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|---|--------|--------------------------------------|------------------|---------------------------------|----------------------------------|------------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

Additional State Information:

| | Payer ID | New Hampshire or Illinois Reason Interest is Nontaxable |
|---|----------|---|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |



2021

Consolidated Brokerage Statement Dividend Income and Foreign Information

5F

List all items sold during the year on Form 5G.

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Dividend Income:

| Source | Form 1099-DIV | | | | |
|--------|---------------------------------------|----------------------------------|--|------|------------------------|
| | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | U.S. Bond Interest Amount or Percent in Box 1a | Code | Tax-Exempt Interest |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

| Form 1099-DIV | | | | | |
|---|--|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Box 2a Total Capital Gain Distribution | Box 2b Unrecaptured Section 1250 Gain | Box 2c Section 1202 Gain | Box 2d Collectibles (28%) Gain | Box 3 Nondividend Distributions | 2020 Gross Dividends Amount |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

| Form 1099-DIV | | | |
|---------------------------------|------------------------------------|---------------------------------|----------------------|
| Box 4 Federal Withholding | Box 5 Section 199A Dividends | Box 6 Investment Expenses | State Withholding |
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |

Foreign Taxes Paid or Accrued:

| Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|--------|---|---------------------|---------------------------------------|--|------------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Additional State Information:

| Payer ID | New Hampshire Reason Dividend is Nontaxable |
|----------|---|
| A | |
| B | |
| C | |
| D | |
| E | |



2021

Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock
- Securities which became worthless

| Yes | No |
|-----|----|
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| | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|---|----------------------------------|----------|--------------------------|----------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |

Other Income:

| Nature and Source | 2021 Amount | 2020 Amount |
|-------------------|-------------|-------------|
| | | |
| | | |

Other Adjustments to Income:

| Nature and Source | 2021 Amount | 2020 Amount |
|-------------------|-------------|-------------|
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| Paid To | 2021 Amount | 2020 Amount |
|---------|-------------|-------------|
| | | |
| | | |

Foreign Bank Accounts and Trusts:

- At any time during 2021, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- If Yes, enter name of foreign country
- Were you the grantor of, or transferor to, a foreign trust that existed during 2021, whether or not you had any beneficial interest in it?

| Yes | No |
|-----|----|
| | |
| | |
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2021

Business Income and Cost of Goods Sold**6**

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2021:

| | Yes | No |
|--|-----|----|
| Did you dispose of this business? _____ | | |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr) | | |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | | |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____ | | |
| Have you prepared or will you prepare all required Forms 1099? _____ | | |

| | 2021 Amount | 2020 Amount |
|---|-------------|-------------|
| Health insurance premiums paid for yourself and your dependents _____ | | |

Income:

Include all Forms 1099-K

Payment card and third party transactions:

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
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Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

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Other Income:

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|--|--|--|
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Other gross receipts or sales _____
 Less returns and allowances _____

| | |
|--|--|
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Cost of Goods Sold:

Beginning inventory _____
 Purchases less cost of items withdrawn for personal use _____
 Cost of labor (do not include amounts paid to yourself) _____
 Materials and supplies _____
 Other costs of goods sold: _____

| 2021 Amount | 2020 Amount |
|-------------|-------------|
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| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
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Ending inventory _____



6A

Principal Business or Profession:

| | |
|--|--|
| Advertising | |
| Car and truck expenses | |
| Parking fees and tolls | |
| Commissions and fees | |
| Contract labor | |
| Employee benefit programs and health insurance (other than pension and profit-sharing plans) | |
| Insurance (other than health) | |
| Interest - mortgage (paid to banks, etc.) | |
| Interest - other | |
| Legal and professional fees | |
| Office expense | |
| Pension and profit-sharing plans | |
| Rent or lease - vehicles, machinery and equipment | |
| Rent or lease - other business property | |
| Repairs and maintenance | |
| Supplies (not included in Cost of Goods Sold) | |
| Taxes and licenses | |
| Travel | |
| Meals | |
| Entertainment (deductible only on some state returns) | |
| Utilities | |
| Wages | |
| Dependent care benefits | |

[illegible][illegible]

| X if not new | Acquisitions - Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|----------------------------|--------------------------|------|
| | | | |
| | | | |
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| Dispositions - Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|----------------------------|--------------------------|------|----------------------|---------------|
| | | | | |
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2021

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2021:

| | Yes | No |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | Yes | No |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? ☐ Yes ☐ No

Was your vehicle available for use during off-duty hours?

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases

| Vehicle 1 | | Vehicle 2 | |
|--|----------------------|--|----------------------|
| Description of vehicle | | Description of vehicle | |
| Date placed in service (Mo/Da/Yr) | | Date placed in service (Mo/Da/Yr) | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | | Was your vehicle available for use during off-duty hours? | |
| 2021 Miles | 2020 Miles | 2021 Miles | 2020 Miles |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2021 Amount | 2020 Amount | 2021 Amount | 2020 Amount |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



2021

Business Expenses

6C

Name of Business: _____
Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business _____ %

| | 2021 Amount | 2020 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |

Other Business Expenses:

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses _____
Amount received for meals _____
Amount received for entertainment _____

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? _____

| 2021 Amount | 2020 Amount |
|-------------|-------------|
| | |
| | |
| | |

☐ Yes ☐ No

Vehicle:

If not 100%, please enter the percentage to apply to this business _____ %

Description of vehicle _____
Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? _____

Was your vehicle available for personal use during off-duty hours? _____

☐ Yes ☐ No
☐ Yes ☐ No

| | 2021 | 2020 |
|-------------------------------------|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |



2021

Business Use of Home**6D**

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

| 2021 | 2020 |
|------|------|
| | |
| | |
| | |

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

| | |
|-----|----|
| Yes | No |
| | |
| | |

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2021 Amount | 2020 Amount | 2021 Amount | 2020 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2021 Amount | 2020 Amount | 2021 Amount | 2020 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



2021

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Mutual fund transactions

Exchange of any securities or investments for something other than cash

Sales of inherited property

Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale

Commodity sales, short sales or straddles

Reinvestment of the proceeds of gains in a qualified opportunity fund

Sale of any investments in qualified opportunity funds

Debts that became uncollectible

Securities that became worthless

Sale of any property where you will receive payments in future years

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Installment Sales: **Do not include interest received in principal amount**

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2021 Principal Received | 2020 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____
 Date acquired _____ (Mo/Da/Yr)
 Date sold _____ (Mo/Da/Yr)
 Selling price _____

Original Cost and Cost of Improvements:

| Description | Amount |
|-------------|--------|
| | |
| | |
| | |

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
| | |
| | |
| | |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
 If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live
 in the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
 If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage
 was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____
 Were the moving expenses reimbursed by your employer? ☐ Yes ☐ No
 Enter reimbursements not included in wages on your Form W-2 _____
 Was the move due to a permanent change of station pursuant to a military order? ☐ Yes ☐ No

Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) _____
 Number of miles from old home to old workplace (applicable only on some state returns) _____
 Number of automobile miles in move _____

Transportation Expenses:

Costs of transportation of household goods and personal effects _____
 Costs of travel and lodging (do not include meals or automobile expenses) _____
 Automobile expenses (gasoline, oil, etc.) _____
 Meals (Pennsylvania only) _____



9

TS

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |
| | |
| | |

[illegible]



2021

Pension, Annuity and Retirement Plan Information**9A****Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2021 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2020 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Taxpayer

| | |
|-----|----|
| Yes | No |
| | |
| | |

Spouse

| | |
|-----|----|
| Yes | No |
| | |
| | |

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

| 2021 Amount |
|-------------|
| |
| |
| |
| |

| 2021 Amount |
|-------------|
| |
| |
| |
| |



2021

Rental and Royalty Income

Location of Property: _____

TSJ _____
Type of property _____

| | |
|-----|----|
| Yes | No |
|-----|----|

Have you prepared or will you prepare all required Forms 1099?

Ownership percentage if not 100% %
How many days was this property rented at fair market value?
How many days was this property used personally (including use by family members)?

| 2021 | 2020 |
|------|------|
| | |
| | |
| | |

Income:

Rents received
Royalties received

| 2021 Amount | 2020 Amount |
|-------------|-------------|
| | |
| | |

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Other income:

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |



2021

Rental and Royalty Expenses

10A

Location of Property: _____

Expenses:

| | 2021 Amount | 2020 Amount |
|---|-------------|-------------|
| Advertising | | |
| Auto and travel | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Insurance | | |
| Legal and other professional fees | | |
| Management fees | | |
| Mortgage interest paid to banks, etc. | | |
| Mortgage interest paid to individuals | | |
| Other interest | | |
| Repairs | | |
| Supplies | | |
| Taxes | | |
| Utilities | | |
| Dependent care benefits | | |
| Employee benefits | | |
| Other Expenses: | | |

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



2021

Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

| X if not new | Description | Date Acquired (Mo/Da/Yr) | Cost |
|-----------------|-------------|-----------------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

Dispositions:

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|-----------------------------|------|-------------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |

Percentage Depletion Information:

| Production Type | Royalty Income | |
|-----------------|----------------|-------------|
| | 2021 Amount | 2020 Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



Rental and Royalty Vehicle and Other Listed Property

10C

Location of Property: _____

Listed Property Questions for 2021:

| | Yes | No |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | Yes | No |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle
Date placed in service . . . (Mo/Da/Yr) _____
Do you (or your spouse) have another vehicle available for your personal use?
Was your vehicle available for use during off-duty hours?

| Vehicle 1 | | Vehicle 2 | |
|--|-------------|--|-------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2021 Miles | 2020 Miles | 2021 Miles | 2020 Miles |
| | | | |
| | | | |
| | | | |
| 2021 Amount | 2020 Amount | 2021 Amount | 2020 Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Mileage:

Total miles
Total business miles
Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc
Interest
Taxes
Fair market value of leased vehicle
Vehicle rentals/leases



2021

Rental - Business Use of Home

10E

Location of Property: _____

Partial Use of Your Home for Business:

| |
|------|
| 2021 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . ☐ Yes ☐ No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2021 Amount | 2020 Amount | 2021 Amount | 2020 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2021 Amount | 2020 Amount | 2021 Amount | 2020 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



2021

Partnership, S Corporation, Estate, Trust
and REMIC Income

Partnership Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
|-----|-------------|--------------------|---------------------------------|
| | | | |
| | | | |
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| | | | |
| | | | |

S Corporation Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
|-----|-------------|--------------------|---------------------------------|
| | | | |
| | | | |
| | | | |
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| | | | |
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| | | | |

Estate and Trust Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number |
|-----|-------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

| TSJ | Entity Name | Employer ID Number |
|-----|-------------|--------------------|
| | | |
| | | |



2021

Partnership and S Corporation Business Expenses

11A

Activity Name:

Business Expenses: Enter all expenses at 100 percent

If not 100%, enter the percentage to apply to this business %

| | 2021 Amount | 2020 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |
| Other Business Expenses: | | |

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

| | 2021 Amount | 2020 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Vehicle:

If not 100%, enter the percentage to apply to this business %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No

Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

| | 2021 | 2020 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |
| Other Vehicle Expenses: | | |

| Description | 2021 Amount | 2020 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |



2021

Passthrough Business Use of Home

11B

Activity Name:

Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home

| |
|------|
| 2021 |
| |
| |

Were improvements made to the home and/or home office since the time you began using the home for business? ... ☐ Yes ☐ No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2021 Amount | 2020 Amount | 2021 Amount | 2020 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2021 Amount | 2020 Amount | 2021 Amount | 2020 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



2021

Miscellaneous Income, Adjustments and Alimony

13

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

| | TSJ _____ | | | TSJ _____ | |
|--|-------------|-------------|--|-------------|-------------|
| | 2021 Amount | 2020 Amount | | 2021 Amount | 2020 Amount |
| Unemployment compensation received | | | | | |
| Unemployment compensation repaid in 2021 | | | | | |
| Social security benefits received | | | | | |
| Social security benefits repaid in 2021 | | | | | |
| Medicare premiums withheld | | | | | |
| Tier 1 railroad retirement benefits received | | | | | |
| Tier 1 railroad retirement benefits repaid in 2021 | | | | | |
| Total lump sum social security received | | | | | |
| Lump sum taxable social security | | | | | |
| Other federal withholding | | | | | |
| Other state withholding | | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Income:

| TSJ | Nature and Source | 2021 Amount | 2020 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2021 Amount | 2020 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



2021

Miscellaneous Adjustments**13A****Educator Expenses:** **Deduction for amounts paid by educators of kindergarten through Grade 12**

| TS | 2021 Amount | 2020 Amount |
|----|-------------|-------------|
| | | |
| | | |

Health Savings Accounts (HSAs)

| TS | Description | 2021 Amount | 2020 Amount |
|----|--|-------------|-------------|
| | Contributions made for 2021 | | |
| | Distributions received from all HSAs in 2021 | | |

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: **Include all Forms 1098-E for Student Loan Interest Paid**

| TSJ | Nature and Source | 2021 Amount | 2020 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



2021

Ministerial Income

13B

TS

| | |
|-----|----|
| Yes | No |
| | |

Do you have any expenses associated with a business as a minister?

If Yes, enter the name of the business:

Do you have any expenses associated with your wages received as a minister? ☐ ☐

If Yes, enter the occupation:

Parsonage:

Fair rental value of parsonage provided by church
Utility allowance of parsonage
Actual expenses for utilities of parsonage

| 2021 Amount | 2020 Amount |
|-------------|-------------|
| | |
| | |
| | |

Rental or Parsonage Allowance:

Parsonage or rental allowance
Utility allowance
Actual expenses for parsonage
Actual expenses for utilities
Fair rental value of home, plus the cost of utilities

| 2021 Amount | 2020 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |
| | |



2021

Itemized Deductions - Medical and Taxes**14****Medical and Dental Expenses:**

Prescription medicines and drugs
 Total medical insurance premiums paid *
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts

| TSJ | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

| 2021 Amount | 2020 Amount |
|-------------|-------------|
| | |
| | |

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

| TSJ | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|
| | | |
| | | |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2021 Amount | 2020 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Taxes Paid:

| TSJ | Description | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

If you purchased or sold your home in 2021, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



2021

Itemized Deductions - Mortgage Interest and Points**14A****Mortgage Questions for 2021:**

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you refinance your home? (If Yes, enclose the closing statement.) . . .

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, how many years is your new mortgage loan? . . .

Did you purchase a new home or sell your former home during the year? . . .

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, enclose the closing statements from the purchase and sale of your new and former homes.

If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US

during the 3 year period prior to the purchase of this home? . . .

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence

in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . .

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2021 Amount | 2020 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2021 Amount | 2020 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2021 Amount | 2020 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2021 Amount | 2020 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2021 Amount | 2020 Amount |
|-----|---|-------------|-------------|
| | | | |
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| TSJ | Conservation Real Property | 2021 Amount | 2020 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2021 Miles | 2020 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less: Include all documentation.

| TSJ | Description of Donated Property | 2021 Amount | 2020 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A | | | | |
| B | | | | |
| C | | | | |

| | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A | | | | |
| B | | | | |
| C | | | | |

1 - Appraisal
2 - Catalog

3 - Comparable Sale
4 - Other (Describe)

5 - Thrift Shop Value

1 - Gift
2 - Inheritance

3 - Exchange
4 - Purchase

| | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A | | |
| B | | |
| C | | |



* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

Union and professional dues *
 Tax preparation fee *
 Professional subscriptions *
 Hobby expense (To extent of income) *
 Safe deposit box *
 Uniforms and protective clothing *
 Work tools *
 Gambling losses
 Estate taxes

| TSJ | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|
| | | |
| | | |
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Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Employment agency fees *
- Impairment-related work expense of a disabled person
- Investment expenses *
- Certain educational expenses *
- Repayment of amounts under a claim of right
- Custodial fees *
- Amortizable bond premium

| TSJ | Description | 2021 Amount | 2020 Amount |
|-----|-------------|-------------|-------------|
| | | | |
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Casualty or Theft Loss:

TSJ _____

Property description _____

Which of the following describes the type of property that sustained the casualty or theft loss?

- ☐ Personal use
 ☐ Business use
 ☐ Income producing
 ☐ Employee Use
 ☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? ☐ Yes ☐ No

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis _____

Fair market value before casualty _____

Fair market value after casualty _____

Cost of replacement _____

Insurance reimbursement _____



2021

Child/Dependent Care Expenses & Education Expenses

18

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? ☐ Yes ☐ No
 Did you pay an individual for services performed in your home? ☐ Yes ☐ No

Expenses incurred in 2020 but paid in 2021
 Employer-provided dependent care benefits that were forfeited in 2021
 2020 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:
 Name
 Street address
 City, state, ZIP or postal code, and country,
 Social security number OR
 Employer identification number
 Telephone number (California only)

| | 2021 Amount | 2020 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2021 | | |
| Expenses incurred and not paid in 2021 | | |

Provider 2:
 Name
 Street address
 City, state, ZIP or postal code, and country,
 Social security number OR
 Employer identification number
 Telephone number (California only)

| | 2021 Amount | 2020 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2021 | | |
| Expenses incurred and not paid in 2021 | | |

Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | 2021 Expenses Incurred | 2020 Expenses Incurred |
|------------------------|-----------|------------------------|------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

| First Name and Initial | Last Name | Social Security Number | 2021 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

**General Information:**

TSJ

Employer identification number

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you pay any one household employee cash wages of \$2,300 or more in 2021?

Did you withhold any federal income tax from wages paid to any household employee?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Cash wages subject to additional Medicare tax withholding

Federal income tax withheld

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

| 2021 Amount | 2020 Amount |
|-------------|-------------|
| | |
| | |
| | |
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| | |

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Were all of the wages subject to FUTA tax subject to the state's unemployment tax?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

| State | Total Cash Wages Subject to FUTA | 2020 Amount |
|-------|----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2022



| Name of State | Total Taxable Wages | Contribution Paid to Unemployment Fund | X | 2020 Amount |
|---------------|---------------------|--|---|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



2021

Federal Tax Payments

20

Refund Application:

If you have an overpayment of 2021 taxes, do you want the excess:

Refunded ☐ Yes ☐ No
Applied to your 2022 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2021 1st Quarter Estimate (Due 04-15-2021)
2021 2nd Quarter Estimate (Due 06-15-2021)
2021 3rd Quarter Estimate (Due 09-15-2021)
2021 4th Quarter Estimate (Due 01-18-2022)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--|-------------|
| | | |
| | | |
| | | |
| | | |

2020 overpayment applied to 2021 estimate

Tax Planning Information for Tax Year 2022:

Do you expect any of the following to occur in 2022?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

| |
|--|
| |
| |
| |
| |
| |



2021

State and City Tax Payments**20A****State and City Estimated Tax Payments:**

2021 1st Quarter Estimate

2021 2nd Quarter Estimate

2021 3rd Quarter Estimate

2021 4th Quarter Estimate

If you have an overpayment of 2021 taxes, do you

want the excess applied to your 2022 estimated tax liability?

☐ Yes ☐ No

2020 overpayment applied to 2021 estimate

Balance of prior year(s)' tax paid in 2021 plus

amount paid with 2020 extensions

Estimated tax payments for 2020 paid in 2021

| TSJ _____ | | |
|------------------|--|-------------|
| State/City _____ | | |
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

State and City Estimated Tax Payments:

2021 1st Quarter Estimate

2021 2nd Quarter Estimate

2021 3rd Quarter Estimate

2021 4th Quarter Estimate

If you have an overpayment of 2021 taxes, do you

want the excess applied to your 2022 estimated tax liability?

☐ Yes ☐ No

2020 overpayment applied to 2021 estimate

Balance of prior year(s)' tax paid in 2021 plus

amount paid with 2020 extensions

Estimated tax payments for 2020 paid in 2021

| TSJ _____ | | |
|------------------|--|-------------|
| State/City _____ | | |
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

State and City Estimated Tax Payments:

2021 1st Quarter Estimate

2021 2nd Quarter Estimate

2021 3rd Quarter Estimate

2021 4th Quarter Estimate

If you have an overpayment of 2021 taxes, do you

want the excess applied to your 2022 estimated tax liability?

☐ Yes ☐ No

2020 overpayment applied to 2021 estimate

Balance of prior year(s)' tax paid in 2021 plus

amount paid with 2020 extensions

Estimated tax payments for 2020 paid in 2021

| TSJ _____ | | |
|------------------|--|-------------|
| State/City _____ | | |
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |



21

Include all of your current year Forms W-2G

[illegible]



2021

2021 Tax Return Checklist

Client Name:

| | Prior Year | Current Year |
|--|------------|--------------|
| Income: | | |
| Wages (IRS W-2) | _____ | _____ |
| Interest Income (IRS 1099-INT) | _____ | _____ |
| Dividend Income (IRS 1099-DIV) | _____ | _____ |
| Brokerage Statements (Form 1099-A,B,S) | _____ | _____ |
| IRA/Pension/Annuity Income (IRS 1099R) | _____ | _____ |
| Schedule K-1s (IRS K-1) | _____ | _____ |
| Miscellaneous Income and Adjustments (IRS-1099-MISC, NEC, G) | _____ | _____ |
| Rent and Royalty Income | _____ | _____ |
| Itemized Deductions: | | |
| Medical/Dental Expenses | _____ | _____ |
| Real Estate Taxes | _____ | _____ |
| Property Taxes | _____ | _____ |
| Mortgage Interest (Form 1098) | _____ | _____ |
| Charitable Contributions | _____ | _____ |
| Other: | | |
| Estimated Tax Payments | _____ | _____ |

* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.



2021

Federal, State, and City Tax Payments

Refund Application:

If you have an overpayment of taxes, do you want the excess:

Refunded ☐ Yes ☐ No
Applied to next year's estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2021 1st Quarter Estimate (Due 04-15-2021)
2021 2nd Quarter Estimate (Due 06-15-2021)
2021 3rd Quarter Estimate (Due 09-15-2021)
2021 4th Quarter Estimate (Due 01-18-2022)

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|-------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

State and City Estimated Tax Payments:

2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

| TSJ _____ State/City Name _____ | | |
|------------------------------------|-------------------------|-------------|
| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

| TSJ _____ State/City Name _____ | | |
|------------------------------------|-------------------------|-------------|
| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

| TSJ _____ State/City Name _____ | | |
|------------------------------------|-------------------------|-------------|
| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

| TSJ _____ State/City Name _____ | | |
|------------------------------------|-------------------------|-------------|
| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
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| | | |