

2021 TAX ORGANIZER

**Kositzka, Wicks and Company
A Professional Corporation**

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The enclosed tax organizer was prepared specifically for you and is designed to assist you in the accumulation of your tax data. Included is an engagement letter, which sets forth the nature of our mutual responsibilities concerning the preparation of your return. Please sign the letter and return it with your completed Organizer.

Returns are prepared in the order received. In many cases you will not have all of your tax material until late March or early April, especially K-1's from partnerships, trusts, and S corporations. These items can be remitted to us separately in order to not delay the preparation of your returns. We cannot guarantee completion of your return by the filing date unless we have your information, with the aforementioned exception, by **March 11, 2022.**

If an extension of the time is required, any tax due with a return must be paid with that extension. Any amounts not paid by the filing deadline may be subject to penalties and/or interest.

We appreciate the opportunity to provide our services on your behalf and look forward to working with you. If we may be of further assistance, please contact us at your convenience.

(703) 642-2700

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2021 TAX ORGANIZER

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O**

KOSITZKA, WICKS AND COMPANY
A PROFESSIONAL CORPORATION
5270 SHAWNEE ROAD, SUITE 250
ALEXANDRIA, VIRGINIA 22312

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 |

Kositzka, Wicks and Company
A Professional Corporation
5270 Shawnee Road, Suite 250
Alexandria, Virginia 22312
703-642-2700

Re: Client No.

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2021 federal and requested state income tax returns from information that you furnish us. The filing deadline for these tax returns is April 18, 2022. In order to meet this filing deadline, the information needed to complete the returns must be received in our office no later than March 11, 2022. If an extension of time to file a return is required, any amount that may be due with the return must be paid with that extension. Any tax not paid by the filing deadline may be subject to interest and late payment and/or late filing penalties.

For returns that are extended beyond April 18, 2022, in order to meet the extended filing deadline of October 17, 2022, any information needed to complete your returns must be received in our office no later than September 15, 2022. A reasonable amount of time will be given for receipt of Schedule K-1's that are normally completed around September 15, 2022.

The duration and impact of the coronavirus pandemic have been expansive, and several stimulus packages have been signed into law in the United States since March 2020 providing economic relief to businesses and individuals. Many of those relief measures have been in the form of tax provisions, and some of those tax provisions have retroactive application. If you have any questions regarding the application of these economic tax relief measures, please ask us for advice in that regard.

In addition, if your individual return includes a business, and that business has employees working remotely in another locality, state and/or foreign country, even on a temporary basis, your company may be viewed as having "nexus" in that location for tax purposes. If a business is deemed to have "nexus" for that location, the business may be obligated to pay additional franchise, income, sales or use tax; payroll or other business tax; and to comply with other tax or reporting requirements. By your signature below, you understand that management is responsible for tracking the locations where company employees live and work and determining the tax compliance requirements in those respective locations. If you require our assistance to assess your potential tax exposure in locations other than your normal place of business where you may have employees residing, please let us know. Any additional services will be covered under a separate engagement letter.

To assist you in gathering and organizing the necessary information required for the preparation of your individual income tax returns, we are furnishing you with a tax organizer. Providing us with your completed tax organizer will help ensure that you are not overlooking important information that may be necessary for complete and accurate returns, as well as may help minimize our fees. At a minimum, we require that you return the completed questionnaire pages. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns, including but not limited to, providing us with the information necessary to identify (1) all states and foreign countries in which you “do business” or derive income (directly or indirectly) and (2) the extent of business operations in each relevant state and/or country. You should retain all the documents, cancelled checks, and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that the expenses for meals, travel, business gifts, charitable contributions, dues and memberships, and vehicle use are supported by records as required by law.

You are responsible for the accuracy and completeness of all data, information and representations provided to us, whether written or oral, for purposes of this engagement. You release and indemnify our firm and its personnel from any and all claims, liabilities, costs and expenses attributable to any misrepresentation or omission by you or your agents.

We will use our judgment to resolve questions in your favor where the tax law is unclear, or where there are conflicts between the taxing authorities’ interpretation of the law and what seem to be other supportable positions.

You agree that our firm is not responsible for a taxing authority’s disallowance of deductions or inadequately supported documentation, nor for resulting taxes, penalties, and interest. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

The law provides for a penalty to be imposed where a taxpayer makes a substantial understatement of their tax liability. Taxpayers may seek to avoid all or part of the penalty by showing (1) that they acted in good faith and there was reasonable cause for the understatement, (2) that the understatement was based on substantial authority, or (3) that the relevant facts affecting the item’s tax treatment were adequately disclosed on the return. You agree to advise us if you wish disclosure to be made in your returns or if you desire us to identify or perform further research with respect to any material tax issues for the purpose of ascertaining whether, in our opinion, there is “substantial authority” for the position proposed to be taken on such issue in your returns.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expense incurred.

Our engagement is limited to the tax work specifically set forth in this letter and does not encompass any other tax services including, without limitation, responding to any federal or state notices with regard to this engagement or any other tax year filings, any sales and use tax, property tax, business license or payroll preparation services.

Virtual Currency

Please note that the Internal Revenue Service (IRS) considers virtual currency (e.g., Bitcoin) as property for U.S. federal tax purposes. As such, any transactions in, or transactions that use, virtual currency are subject to the same general tax principles that apply to other property transactions. If there was virtual currency activity during the 2021 tax year, there may be tax consequences associated with such transactions, and there may be additional foreign reporting obligations.

You agree to provide us with complete and accurate information regarding any transactions in, or transactions that have used, virtual currency during the applicable tax year. Please ask us for advice if you have any questions regarding the type of records required for virtual currency transactions.

Foreign Related Reporting Requirements

There are numerous different reporting requirements related to foreign matters. Failure to timely and adequately disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties.

FINCen Form 114: Report of Foreign Bank and Financial Accounts (FBAR):

Any person or entity subject to the jurisdiction of the U.S. having a financial interest in or signature or other authority over a bank, securities, or other financial account(s) in a foreign country having an aggregate value exceeding \$10,000 on any day of the year shall report such relationship. This informational report is due April 15th. An extension up to six months is available.

Statement of Specified Foreign Financial Assets (Form 8938):

Individuals with interests in specified foreign financial assets with an aggregate value greater than the threshold amounts are required to disclose information with respect to each asset. Specified foreign financial assets include, but are not limited to, an interest in a foreign estate or trust, foreign held/issued brokerage accounts, life insurance policies, and foreign retirement accounts. This requirement is a part of your Form 1040. In addition to substantial penalties for failure to disclose, failing to file a required Form 8938 could cause an unfavorable extension of the statute of limitations for the tax year.

The reporting threshold amount for single and married filing separate filers is \$50,000 on the last day of the year or more than \$75,000 at any time during the tax year. These amounts are doubled for married taxpayers filing a joint return. Taxpayers living outside of the U.S. have different thresholds.

Other Reporting Requirements may include, but are not limited to:

- Form 5471 – For officers, directors or shareholders with respect to certain foreign corporations;
- Form 926 – For transferors of property to a foreign corporation;
- Form 3520 or 3520-A – For an interest in a foreign trust and receipt of certain large gifts or bequests from certain foreign persons;
- Form 8865 – For an interest in a foreign partnership.

Failure to timely file the appropriate forms with the U.S. Department of the Treasury and the Internal Revenue Service may result in substantial monetary penalties. Either by your signature below or the act of sending us your materials to prepare your tax return, you accept responsibility for informing us if you believe that you may have foreign reporting requirements and you agree to timely provide us with the information necessary to prepare the appropriate form(s). We will not accept liability for penalties associated with the failure to file, or untimely filing, of any foreign reporting forms if the information needed to prepare the required forms is not provided to our firm at least 30 days in advance of the respective filing date(s).

Fees

Fees for our services will be at our standard rates plus computer charges and out-of-pocket expenses. Our fees for these services are due when invoices are rendered and interim invoices may be submitted as work progresses and expenses are incurred. Invoices remaining outstanding will be assessed a service fee equal to one-half percent (½%) per month beginning 30 days from the date of the initial invoice. If we have not received payment within 120 days of our invoice, all work will be suspended until your account is brought current. You acknowledge and agree that in the event we stop work or withdraw from this engagement as a result of your failure to pay on a timely basis for services rendered as required by this engagement letter, we shall not be liable for any damages that occur as a result of our ceasing to render services.

Retention Policy

It is our policy to keep records related to this engagement for eight years. However, Kositzka, Wicks and Company does not keep any original client records, so we will return those to you at the completion of the services rendered under this engagement. It is your responsibility to retain and protect your records (which includes any work product we provide to you as well as any records that we return) for possible future use, including potential examination by any government or regulatory agencies. Kositzka, Wicks and Company does not accept responsibility for hosting client information; therefore, you have the sole responsibility for ensuring you retain and maintain in your possession all your financial and non-financial information, data and records.

By your signature below, you acknowledge and agree that, upon the expiration of the eight year period, Kositzka, Wicks and Company shall be free to destroy our records related to this engagement.

Electronic Filing

The Internal Revenue Service and states have an electronic filing mandate. We will prepare your returns for electronic filing unless you request otherwise. We are unable to submit income tax returns until we have received all required electronic filing authorizations signed by you. We will not be responsible for interest and penalties assessed for late filed returns when electronic filing authorizations have not been received by the applicable due date of the returns.

If the above fairly sets forth your understanding, please sign below and return it to us. Please note that you are affirming to Kositzka, Wicks and Company your understanding of, and agreement to, the terms and conditions of this Engagement Letter by any one of the following actions: returning your signed Engagement Letter to our firm; sending your income tax information to us for use in the preparation of your returns; the submission of the tax returns we have prepared for you to the taxing authorities; or the payment of our return preparation fees.

We appreciate the opportunity to serve you.

Sincerely,

Kositzka, Wicks and Company

Kositzka, Wicks and Company

Client No.

Please indicate your preferred method of receiving the client copy of your returns:
_____ Paper with Method of Delivery – circle one: FedEx USPS Courier Pick-Up
_____ PDF copy via secure electronic delivery

Preferred Email address: _____

Accepted By: _____ Date: _____

KOSITZKA, WICKS AND COMPANY
A PROFESSIONAL CORPORATION

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

| <u>Form</u> | <u>Form</u> |
|---|---|
| Alimony Paid or Received 13 | Gambling Winnings 21 |
| Annuity Payments Received 9A | Gifts 34, 35 |
| Application of Refund 20 | Health Savings Accounts 13A |
| Business Income and Expenses 6, 6A | Household Employment Taxes 19 |
| Business Use of Home: | Installment Sale Receipts 7 |
| Business 6D | Interest Income 5A |
| Employee Business Expenses 17B | Interest Paid 14A |
| Farm 12E | Investment Interest Expense 14A |
| Itemized Deductions 16A | IRA Contributions 9 |
| Passthrough 11B | IRA Distributions 9 |
| Rental 10E | Keogh Plan Contributions 9A |
| Calendar 33 | Medical and Dental Expenses 14 |
| Casualty or Theft Losses 16 | Ministerial Income 13B |
| Child and Dependent Care Expenses 18 | Miscellaneous Income and Adjustments 13 |
| Consolidated Brokerage Statements: | Miscellaneous Itemized Deductions 16 |
| Interest Income & Foreign Information 5E | Mortgage Interest Paid 14A |
| Dividend Income & Foreign Information 5F | Moving Expenses 8 |
| Sales of Stocks, Securities, Capital Assets & Misc. Income 5G | Partnership Income 11 |
| Contributions 15 | Pension Income 9A |
| Dependent Information 3A | Personal Information 3 |
| Depreciable Property and Equipment: | Railroad Retirement Benefits 13 |
| Business 6A | Real Estate Mortgage Investment Conduit Income (REMIC) ... 11 |
| Employee Business Expenses 17A | Rental and Royalty Income and Expenses 10, 10A |
| Farm 12B | Roth IRA Contributions/Conversions 9 |
| Rental and Royalty 10B | S Corporation Income 11 |
| Direct Deposit Information 4A | Sale of Stock, Securities and Other Capital Assets 7 |
| Dividend Income 5B | Sale of Your Home 8 |
| Education Expenses 18 | Savings Bond Purchases 4B |
| Educator (Teacher) Expenses 13A | SEP/SIMPLE Plan Contributions 9A |
| Electronic Filing 4 | Social Security Benefits 13 |
| Employee Business Expenses 17, 17A | State and Local Tax Refunds 13 |
| Estate Income 11 | Student Loan Interest 13A |
| Farm Income and Expenses 12, 12A, 12B | Taxes Paid 14 |
| Federal, State and City Estimated Taxes 20, 20A | Trust Income 11 |
| Foreign Assets 5C, 5D | Unemployment Compensation 13 |
| Foreign Employment Information 30, 30A, 30B | Vehicle/Other Listed Property Information: |
| Foreign Housing Expenses 30C | Business 6B, 6C |
| Foreign Taxes 32 | Employee Business Expenses 17A |
| Foreign Travel and Workdays 30D | Farm 12C, 12D |
| Foreign Wages and Other Income 31, 31A, 31B | Rental and Royalty 10C, 10D |
| | Partnership/S Corporation 11A |
| | Wages and Salaries 3A |



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? Yes No
- Were you eligible for employer-sponsored healthcare coverage?
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?
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)?
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?
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?
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?
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?

Education:

- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?
- Did you or your spouse pay any student loan interest?
- 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?
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?
If Yes, include all Forms 1099-Q.
If Yes, were the amounts withdrawn used for qualified tuition expenses?

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?
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?
- Did you or your spouse make any large purchases, such as motor vehicles and boats?
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?
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?
- 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?



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. | | |



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.



2021

Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Contact Information:

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? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

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 to retrieve it or apply.

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

Tax Organizer Legend:

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 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



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? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Taxpayer | | <input type="checkbox"/> | <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.

| | |
|---|---|
| Would you like any refunds owed to you directly deposited? | Yes No |
| | <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.

| | |
|---|---|
| Would you like any refunds owed to you directly deposited? | Yes No |
| | <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.



2021

Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Title of filer _____
 Enter all countries where you have foreign bank accounts _____

Foreign Identification:

| | Yes | No |
|-------------|-----|----|
| Passport | | |
| Foreign TIN | | |

If not passport or TIN, enter description _____
 Number _____
 Country of issue _____

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

| Account Type | If Other Account Type, Describe | Maximum Account Value | Account Number | Financial Institution Name |
|--------------|---------------------------------|-----------------------|----------------|----------------------------|
| A | | | | |
| B | | | | |

| Street Address | City |
|----------------|------|
| A | |
| B | |

| State | ZIP/Postal Code | Country | GIIN |
|-------|-----------------|---------|------|
| A | | | |
| B | | | |

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

| Last Name or Organization Name | First Name | Middle Initial | Suffix | Taxpayer ID Number |
|--------------------------------|------------|----------------|--------|--------------------|
| A | | | | |
| B | | | | |

| # of Joint Owners | Street Address | City |
|-------------------|----------------|------|
| A | | |
| B | | |

1 - No financial interest 1B - No financial interest - US person, officer or employee, residing outside US 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

| State | ZIP/Postal Code | Country | Owner-ship Code | Filer's Title |
|-------|-----------------|---------|-----------------|---------------|
| A | | | | |
| B | | | | |

1 - Deposit 2 - Custodial

| Type | Foreign Currency | Exchange Rate | Source of Exchange | Acct Open | Acct Closed | Joint | No Tax Items Reported |
|------|------------------|---------------|--------------------|-----------|-------------|-------|-----------------------|
| A | | | | | | | |
| B | | | | | | | |



2021

Foreign Assets

5D

Asset Information:

| Description | Identifying Number | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Jointly Owned | No Tax Items Reported |
|-------------|--------------------|--------------------------|----------------------|---------------|-----------------------|
| | | | | | |

| Value | Foreign Currency | Exchange Rate | Source of Exchange Rate |
|-------|------------------|---------------|-------------------------|
| | | | |

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

| Name of Foreign Entity | Type of Foreign Entity | Mailing Address of Foreign Entity | | |
|------------------------|------------------------|-----------------------------------|--|--|
| | | | | |

| City or Town of Foreign Entity | Province, County or State of Foreign Entity | Country of Foreign Entity | Postal Code of Foreign Entity | GIIN |
|--------------------------------|---|---------------------------|-------------------------------|------|
| | | | | |

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - U.S. person
2 - Foreign person

1 - Issuer 2 - Counterparty

| Name of Issuer | Issuer Code | Type of Issuer | Residence of Issuer |
|----------------|-------------|----------------|---------------------|
| | | | |
| | | | |

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

| Mailing Address of Issuer | City or Town of Issuer |
|---------------------------|------------------------|
| | |
| | |

| Province, County or State of Issuer | Country of Issuer | Postal Code of Issuer |
|-------------------------------------|-------------------|-----------------------|
| | | |
| | | |

Foreign assets were acquired or sold during the tax year Yes No

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? Yes No

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



2021

Business Income and Cost of Goods Sold

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? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

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

Other Income:

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

Other gross receipts or sales _____

Less returns and allowances _____

Cost of Goods Sold:

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

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:

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

Ending inventory _____



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? Yes No

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

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

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**

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

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

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



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

Defined benefit plan

Defined contribution plan

SIMPLE plan

2021 Amount

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

2021 Amount

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



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 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 |
| | | |
| | | |
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| | | |



Location of Property: _____

Listed Property Questions for 2021:

Do you have evidence to support your deduction? If Yes, is the evidence written? Do you have evidence to support the business use percentage claimed on listed property? If Yes, is the evidence written?

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

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you treat all use of vehicles by employees as personal use? 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? 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?

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?

Table for Vehicle 1 with columns for 2021 Miles, 2020 Miles, 2021 Amount, and 2020 Amount.

Table for Vehicle 2 with columns for 2021 Miles, 2020 Miles, 2021 Amount, and 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



Rental and Royalty Business Expenses

2021

Location of Property: _____

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

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 |
| | | | | |
| | | | | |
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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 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:

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



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:

Table with columns for TSJ (2021 Amount, 2020 Amount) and rows for Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2021 Amount, and 2020 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security Number, Date of Original Divorce or Separation, Date Divorce or Separation Agreement Modified, Alimony Received?, 2021 Amount, and 2020 Amount.



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

Were any HSA contributions listed above also shown on your Form W-2? Yes No

Were all distributions from your HSA for unreimbursed medical expenses? Yes No

Did you or your spouse enroll in Medicare? Yes No

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 |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
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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 |
|-----|-------------|-------------|
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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:

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . | <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 3 - Comparable Sale 5 - Thrift Shop Value
 2 - Catalog 4 - Other (Describe)

1 - Gift 3 - Exchange
 2 - Inheritance 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 *
- Investment expenses *
- Custodial fees *
- Employment agency fees *
- Certain educational expenses *
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

| 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

Employee Business Expenses (Page 1 of 2)

TS: _____ Occupation: _____

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

Occupation code _____

- | | | |
|--------------------------|--|--|
| 1 - Performing artist | 3 - Fee-basis state or local government official | 5 - Outside salesperson (Big Rapids, MI only) |
| 2 - Handicapped employee | 4 - National Guard or Reserve | |

If not 100%, enter the percentage to apply to Schedule A _____ %

| | 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 | | |

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,300 or more in 2021? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021? Yes No

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)

Table with 2 columns: 2021 Amount, 2020 Amount

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 3 columns: 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

Table with 5 columns: Name of State, Total Taxable Wages, Contribution Paid to Unemployment Fund, X, 2020 Amount



2021

Federal Tax Payments

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.

| |
|--|
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2021

State and City Tax Payments

20A

State and City Estimated Tax Payments:

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

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

State and City Estimated Tax Payments:

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

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

State and City Estimated Tax Payments:

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

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



NOTE: Only complete Forms 34 and/or 35 if in 2021:

- You made gifts of cash or marketable securities to an individual that exceeded \$15,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

| | | | |
|--|-----------------------------------|---------------------------------|--------------------------------|
| Person giving the gift | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift | _____ | | |
| Address of person | _____ | | |
| Your relationship to the person (e.g., son, granddaughter or friend) | _____ | | |
| Age of the person | _____ | | |
| Date(s) of gift(s) | (Mo/Da/Yr) _____ | | |
| Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) | _____ | | |
| Cost basis of assets gifted if other than cash | | | |
| Value of assets gifted if other than cash | | | |

Gift 2:

| | | | |
|--|-----------------------------------|---------------------------------|--------------------------------|
| Person giving the gift | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift | _____ | | |
| Address of person | _____ | | |
| Your relationship to the person (e.g., son, granddaughter or friend) | _____ | | |
| Age of the person | _____ | | |
| Date(s) of gift(s) | (Mo/Da/Yr) _____ | | |
| Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) | _____ | | |
| Cost basis of assets gifted if other than cash | | | |
| Value of assets gifted if other than cash | | | |



NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) _____

Age of the beneficiary _____

Date(s) of gift(s) (Mo/Da/Yr) _____

Description and amount of assets gifted
(e.g., \$15,000 in cash or 500 shares of ABC stock) _____

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



2021

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in the District of Columbia for all of 2021, enter the dates you did live in the District of Columbia

Enter the state names other than the District of Columbia where you had income

Education Savings:

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

Did you or your spouse make any contributions to a qualified DC "529" College Savings Plan account?

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2021 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Property Tax Credit Information:

TS

Enter the amount of rent paid

What type of property is the property tax credit for? House Apartment Rooming house Condominium

Landlord's information:

Name Address Apartment number City, state and ZIP code Telephone number

Business Credits

Organ and Bone Marrow Donor Credit Job Growth Incentive Act Credit Amount of homeownership assistance provided to eligible employees Number of eligible employees

Voluntary Contributions:

Enter the amount you wish to contribute on your 2021 tax return to:

Tax-Payer Support for Afterschool Programs for At-Risk Students DC Statehood Delegation Fund Anacostia River Cleanup and Protection Fund



2021

Disability Income Exclusion Information:

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

Were you physically or mentally impaired on January 1, 2021?

Is your disability expected to last 12 months or more?

Did you file a physician's certification in prior years?

| | | |
|--|----------|----------|
| | TS _____ | TS _____ |
| Date retired (Mo/Da/Yr) | _____ | _____ |
| Name of employer | _____ | _____ |
| Name of payer | _____ | _____ |
| Physician's name | _____ | _____ |
| Physician's address | _____ | _____ |
| Physician's apartment number | _____ | _____ |
| Physician's city, state and ZIP code | _____ | _____ |
| Physician's telephone number | _____ | _____ |

Non-Custodial Parent EITC Claim Information:

| | | |
|---|-------|-------|
| Dependent name | _____ | _____ |
| Dependent SSN | _____ | _____ |
| Location of court | _____ | _____ |
| Case or Docket number | _____ | _____ |
| Name of government agency | _____ | _____ |
| Street address of government agency | _____ | _____ |
| City, state and ZIP code | _____ | _____ |
| Monthly court ordered payments | _____ | _____ |
| Start date of ordered payments (Mo/Da/Yr) | _____ | _____ |

| | |
|--|-------|
| Custodian first name and initial | _____ |
| Custodian last name | _____ |
| Custodian social security number | _____ |
| Custodian street address | _____ |
| City, state and ZIP code | _____ |
| Custodian date of birth (Mo/Da/Year) | _____ |

Health Insurance Information

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

Did you and all household members have health insurance coverage for the entire year?

If No, did you or any household members qualify for an exemption?

If Yes, enter the applicable exemption. _____

If No, indicate which months you and/or your household members did not have health insurance coverage and did not have an exemption.

| Household Member Names | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| _____ | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| _____ | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| _____ | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Enter Any Additional District of Columbia Information:

| |
|-------|
| _____ |
| _____ |



2021

Unincorporated Business Franchise Tax Information:

General Information:

TSJ _____

Number of business locations: _____

 Within DC _____

 Outside DC _____

DC business tax number _____

Sales and use tax account number _____

Federal employer I.D. number _____

Fiscal year begin date _____

Fiscal year end date _____

Business name _____

Business street address _____

Business city, state, and ZIP code _____

Supplemental Information:

Principal business activity _____

Type of ownership _____

Date business began (Mo/Da/Yr) _____

Was the business terminated during 2021? Yes No

 If Yes, enter the termination date and reason below.

 Termination date (Mo/Da/Yr) _____

 Termination reason _____

IRS Service Center where the 2021 federal income tax return was filed _____

Taxpayer name shown on the 2021 federal income tax return filed _____

Have you filed annual Federal Information Return Forms 1096 and 1099? Yes No

 If No, enter the reason for not filing Forms 1096 and 1099 _____

Which method is used on the federal income tax return? Accrual Cash Other (specify) _____

Did you withhold DC income tax from your employees' wages during 2021? Yes No

 If No, enter the reason for not withholding DC income tax _____

Did you file a DC franchise tax return for the business for 2020? Yes No

 If No, enter the reason for not filing a DC franchise tax return _____

Did you file an annual ballpark fee return? Yes No

Has the IRS made or proposed any adjustments to your 2021 income tax return, or did you file any amended federal income tax returns? Yes No



2021

General Information:

Political subdivision _____

If the political subdivision is not known, enter the county of residence and city, town, or taxing area:

County of residence on December 31, 2021 _____

Incorporated city, town or taxing area on December 31, 2021 _____

Taxpayer Spouse

Yes No Yes No

Do you qualify as totally disabled? _____

Do you or will you have health care coverage at the time the income tax return is filed? _____

If No, do you want to authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for low- or no-cost health care coverage? _____

Yes No Yes No

Are you or your spouse a member of the military? _____

Do all dependents that will be listed on the return have or will they have health care coverage at the time the income tax return is filed? _____

Yes No Yes No

Residency Information:

From To (Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in Maryland for all of 2021:

Enter the dates you did live in Maryland _____

Enter the other state of residence _____

Enter the state names other than Maryland where you had income _____

Pennsylvania residents:

What is the name of your township? _____

What is the name of your county? _____

If you are a nonresident of Maryland, did you reside the full year in your state of legal residency? Yes No

Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account? Yes No

If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2021 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2021 tax return to:

Table with 2 columns: Fund Name, Amount

Long-Term Care Insurance Information:

Table with 5 columns: Name of Insured, Age, Social Security Number, Relationship to Taxpayer, Amount of Premium Paid



2021

General Information:

City or county of residence on January 1, 2022:

Taxpayer
Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Taxpayer

Spouse

Residency Information:

Taxpayer
From (Mo/Da/Yr) To (Mo/Da/Yr)

Spouse
From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Virginia for all of 2021, enter the dates you did live in Virginia

Enter the state names other than Virginia where you had income

Education Savings:

Did you or your spouse make any contributions to a Virginia College Savings Plan account?
If Yes, enter the following:

Yes No

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2021 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2021 tax return to:

- Virginia Nongame Wildlife Program
Virginia Democratic Party political contribution
Virginia Republican Party political contribution
Virginia Housing Program
Elderly and Disabled Transportation Fund
Virginia Arts Foundation
Open Space Recreation and Conservation Fund
Chesapeake Bay Restoration Fund
Family and Children's Trust Fund (FACT)
Virginia State Forests Fund
Virginia Federation of Humane Societies
Spay and Neuter Fund
Cancer Centers of Virginia
Children of America Finding Hope
Virginia Military Family Relief Fund
Federation of Virginia Food Banks
Public School Foundation Contribution
Foundation name(s)

Taxpayer

Spouse

Public Library Foundation Contribution
Foundation name(s)

