

Tax Organizer For 2021 Income Tax Return

Prepared For:

Prepared By:

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This Tax Organizer can be used to help identify information needed to prepare your 2021 income tax return. Enter your 2021 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2021 income tax return.

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name		SSN or ITIN		Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer							☐	☐
Spouse							☐	☐
Street Address		Apt.	City or town		State	Zip Code	County	
Foreign country		Foreign province/state				Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone		

2. FILING STATUS

☐ Single	☐ Check if parent (or someone else) can claim you as a dependent on their return.
☐ Married Filing Joint	
☐ Married Filing Separate	☐ Check if you lived apart from your spouse for all of 2021.
☐ Head of Household	
☐ Qualifying Widow(er)	Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? ☐ Yes ☐ No

Bank Account		Bank Account	
Ownership	☐ Taxpayer ☐ Spouse ☐ Joint	Ownership	☐ Taxpayer ☐ Spouse ☐ Joint
Type	☐ Checking ☐ Savings	Type	☐ Checking ☐ Savings
Bank name	_____	Bank name	_____
Routing number	_____	Routing number	_____
Account number	_____	Account number	_____
Account outside the jurisdiction of the United States?	☐ Yes	Account outside the jurisdiction of the United States?	☐ Yes

5. IDENTIFICATION INFORMATION

Taxpayer	Spouse
Type of ID: ☐ Driver's license ☐ State-issued ID ☐ No ID	Type of ID: ☐ Driver's license ☐ State-issued ID ☐ No ID
ID number _____	ID number _____
Location of issuance _____	Location of issuance _____
Issue date _____	Issue date _____
Expiration date _____	Expiration date _____

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

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PERSONAL INFORMATION ORGANIZER
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7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.	☐ Taxpayer	☐ Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS?	☐ Yes	☐ No
If Yes, please furnish the 6-digit PIN issued to you by the IRS		
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2021?	☐ Yes	☐ No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	☐ Yes	☐ No
5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,200?	☐ Yes	☐ No
6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?	☐ Yes	☐ No
7. Did you give a gift of more than \$15,000 to one or more people?	☐ Yes	☐ No
8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040?	☐ Yes	☐ No

8. COMMENTS

INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	☒	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

Unreported tip income received: _____

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth IRA	Other IRA	Taxpayer	Spouse
Payer Name				
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	☐	☐
Did you receive railroad retirement benefits?	☐	☐

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Date of original divorce/separation agreement	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? ☐ Yes ☐ No
2. Did you earn any foreign income or pay any foreign taxes? ☐ Yes ☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? ☐ Yes ☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? ☐ Yes ☐ No
If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2021? ☐ Yes ☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? ☐ Yes ☐ No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☐ No

BUSINESS INCOME AND EXPENSES (Schedule C)Indicate the owner of this business: ☐ Taxpayer ☐ Spouse ☐ Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2021? ☐ Yes ☐ NoAccounting Method: ☐ Cash ☐ Accrual ☐ Other (describe) _____Method used to value inventory: ☐ Cost ☐ Lower of cost or market ☐ Other (describe) _____**Income and Cost of Goods Sold**

	2021 Amount	2020 Amount
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	2021 Amount	2020 Amount		2021 Amount	2020 Amount
Advertising			Wages		
Commissions and fees			Other: _____		
Contract labor			_____		
Depletion			_____		
Employee benefits			_____		
Insurance (other than health)			_____		
Mortgage interest			_____		
Other interest			_____		
Legal and professional fees			_____		
Office expenses			_____		
Pension and profit sharing			_____		
Rent - Vehicle, machinery			_____		
Rent - Other			_____		
Repairs and maintenance			_____		
Supplies			_____		
Taxes and licenses			_____		
Travel			_____		
Meals and entertainment			_____		
Utilities			_____		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in 2021 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home

Area used exclusively for business _____ Total area of home _____

Was the home used as a day care facility? ☐ Yes ☐ No Date home placed in service _____

Casualty losses _____ Insurance _____ Rent _____

Mortgage interest _____ Repairs and maintenance _____ FMV of home _____

Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____

Carryover of unallowed expenses to 2021 ☐ Yes ☐ No If yes, enter amount: _____

RENTAL AND ROYALTY INCOME AND EXPENSES (Schedule E, pg 1)Indicate the owner of this property: ☐ Taxpayer ☐ Spouse ☐ Joint

Description of property _____

Location of property _____

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? ☐ Yes ☐ NoDid you meet the Active Participation requirements for this property? ☐ Yes ☐ No

(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during 2021? ☐ Yes ☐ No

Income	2021 Amount	2020 Amount
Rents received		
Royalties received		

Expenses	2021 Amount	2020 Amount
Advertising		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other _____		

Amortization		
Section 481(a) adjustment		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Travel expenses _____

Sales, Purchases, and Disposition of Assets in 2021

(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐
		☐	☐	☐	☐	☐				☐

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	_____
Gas and Oil.	_____
Mileage	_____
Other	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace	_____
Member of the Armed Forces?	☐ Yes ☐ No

3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA.	_____
Contributions to a ROTH IRA	_____

4. OTHER DEDUCTIONS

Description	Amount
Educator expenses.	_____
Alimony paid Rec. SSN: _____ Date of original divorce/separation _____	_____
Health Savings Account contributions	_____
Archer Medical Savings Account contributions	_____
Jury duty repayment to employer	_____
Foreign qualified housing expenses.	_____
Contributions to College 529 Savings Plan. .	_____
Qualified business net (loss) carryover from 2020	_____
Qualified REIT dividends and PTP net (loss) carryover	_____
_____	_____
_____	_____
_____	_____

5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2021 for which you paid a large amount of sales tax? ☐ Yes ☐ No
2. Did you refinance a mortgage during 2021? ☐ Yes ☐ No

[illegible]

ITEMIZED DEDUCTIONS (continued)**Casualty and Theft Losses** (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.

(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: _____ Residential property ☐ Business property ☐
Description of property: _____ Federal Disaster ☐
Date of loss: _____ FEMA disaster declaration # _____

Amount of damage _____ Cost basis of property _____ Repair Costs _____
Insurance reimbursement _____ FMV of property before loss _____ Other _____
Federal monies received _____ FMV of property after loss _____ Other _____

Unreimbursed Employee Business Expenses

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
Subscriptions related to your work _____
Licenses and regulatory fees _____
Tools and supplies used in your work _____
Work clothes, uniforms if required _____
Medical exams required by your employer _____
Work related education (books, tuition) _____
Legal fees related to your job _____
Job search expenses (current occupation) _____

***In home office:**

Total square footage _____
Office square footage _____
Office square footage _____
Rent _____
Insurance _____
Utilities _____
Repairs/Maintenance _____

Vehicle Information

Vehicle description _____
Date placed in service _____
Cost or basis _____

Miles of vehicle

Business miles _____
Commuting miles _____
Other miles _____

Expenses

Actual expenses _____
(gas, oil, repairs, etc)
Parking fees and tolls _____
Travel expenses _____

*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

Sales, Purchases, and Disposition of Assets in 2021

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees _____
Safe deposit box _____
Custodial, trust admin fees _____
Fees to collect interest and dividends _____
Tax advice not related to investment income _____
Legal fees related to producing taxable income _____
Other _____
Other _____
Other _____

Other Misc. Deductions

Gambling losses _____
Estate tax deduction (in respect of a decedent) _____
Portfolio from Schedule K-1 _____
Unrecovered investment in a pension _____
Amortizable premium on taxable bonds _____
Disabled persons work expenses _____
Other _____
Other _____
Other _____

CREDITS AND PAYMENTS ORGANIZER
Please complete this Organizer before your appointment.

1. REBATE RECOVERY CREDIT - ECONOMIC IMPACT PAYMENT RECEIVED

Taxpayer _____
Spouse _____

2. ADVANCE CHILD TAX CREDIT - PAYMENT AMOUNT RECEIVED

July _____ August _____ September _____
October _____ November _____ December _____

3. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):			Telephone	Identification	
Care Provider Name	Address	Tax-Exempt	Number	Number	Amount Paid
_____	_____	☐	_____	_____	_____
_____	_____	☐	_____	_____	_____
_____	_____	☐	_____	_____	_____
_____	_____	☐	_____	_____	_____
_____	_____	☐	_____	_____	_____

4. RESIDENTIAL ENERGY CREDIT

Solar electric property _____	Metal or asphalt roof _____
Solar water heating _____	Exterior windows and skylights _____
Small wind energy _____	Electric heat pump or central air conditioner _____
Geothermal heat pump _____	Natural gas, propane or oil water heater _____
Fuel cell property _____	Biomass fuel stove _____
Insulation material _____	Natural gas, propane or oil furnace _____
Exterior doors _____	Advanced main air circulating fan _____

1. Were the qualified improvements for your main home in the United States? ☐ Yes ☐ No
2. Were any of the improvements related to the construction of this main home? ☐ Yes ☐ No

5. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? ☐ Yes ☐ No
2. Are you currently repaying the First-Time Homebuyer Credit? ☐ Yes ☐ No
3. Do you (and your spouse) have a social security number that allows you to work and is valid? ☐ Yes ☐ No
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? ☐ Yes ☐ No

6. ESTIMATED TAX PAYMENTS

Federal estimated payments		Date Paid	Amount Paid
Applied from 2020 federal refund _____		_____	_____
1st quarter payment _____		_____	_____
2nd quarter payment _____		_____	_____
3rd quarter payment _____		_____	_____
4th quarter payment _____		_____	_____
State estimated payments		Date Paid	Amount Paid
Applied from 2020 state refund _____		_____	_____
1st quarter payment _____		_____	_____
2nd quarter payment _____		_____	_____
3rd quarter payment _____		_____	_____
4th quarter payment _____		_____	_____
State Name _____		_____	_____
Local estimated payments		Date Paid	Amount Paid
Applied from 2020 local refund _____		_____	_____
1st quarter payment _____		_____	_____
2nd quarter payment _____		_____	_____
3rd quarter payment _____		_____	_____
4th quarter payment _____		_____	_____
Locality Name _____		_____	_____