# 2021 Individual Taxpayer Organizer

(See next page for Organizer)



## **2021 Individual Taxpayer Organizer**

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| Taxpayer   |                  |                  |                        |              |                                 | SSN                             |          |                          |                     |
|--|------------------|------------------|------------------------|--------------|---------------------------------|---------------------------------|----------|--------------------------|---------------------|
| First Name   | M.I.             | Las              | t Name                 | Ema          | ail                             | I                               |          | IP<br>PIN                |                     |
| Occupation   |                  | Date             | of birth               |              |                                 | Are you nev                     | w to our | firm? \( \square\)       | es No               |
| Address  |                  | City             |                        |              |                                 | State                           |          | Zip                      |                     |
| County   |                  | Hom              | e phone                |              |                                 | Work or cell                    | l        |                          |                     |
| Driver's License No.   |                  |                  |                        | State        | e Issue                         | Date                            | Ехр      | . Date                   |                     |
| Spouse   |                  |                  |                        |              |                                 | SSN                             |          |                          |                     |
| First Name   | M.I.             | Las              | t Name                 | Ema          | ail                             | '                               |          | IP<br>PIN                |                     |
| Occupation   |                  | Date             | of birth               |              |                                 | Are you nev                     | v to our | firm? Y                  | es No               |
| Address<br>(If different from Taxpayer)  |                  | City             |                        |              |                                 | State                           |          | Zip                      |                     |
| County   |                  | Hom              | e phone                |              |                                 | Work or cel                     | l        |                          |                     |
| Driver's License No.   |                  |                  |                        | State        | e Issue                         | Date                            | Ехр      | . Date                   |                     |
| If you moved during 2021, enter your   | previous addres  | S.               |                        |              |                                 | Date of mov                     | ⁄e       |                          |                     |
| Marital status at 12/31/21: Single Were you divorced or separated during Individuals who are in registered don Have you received any notice from the | ng the year? Ye  | es DN<br>os (RD) | lo<br>Ps) and civil un | We<br>ions a | ere there any<br>are not consid | deaths in the far               | nily?    | Yes No                   | Jnsure<br>oses.     |
| Names of dependent children<br>Child's full name   | Social Secu      |                  | IP PIN                 |              | Date of birt                    | Months lived                    |          | ationship to<br>taxpayer | College<br>student? |
|  |                  |                  |                        |              |                                 |                                 |          |                          |                     |
| Did any of the children have unearned<br>Is it anticipated that a different taxpay   |                  |                  | •                      |              |                                 |                                 |          |                          | Yes No              |
| Other dependents or people who liv   | ed with you      |                  |                        |              |                                 | 3.5 (1.1) 1.                    |          |                          |                     |
| Name   | Social Security  | #                | IP PIN                 | D            | Pate of birth                   | Months lived in<br>home in 2021 | Relati   | onship                   | Income              |
|  |                  |                  |                        |              |                                 |                                 |          |                          |                     |
| Bank information: Use for Direct d   | eposit of refund | Dire             | ect debit of bala      | nce d        | ue Name of                      | bank                            |          |                          |                     |
| Checking Savings Routing tra   | nsit number      |                  |                        |              | Account nu                      | ımber                           |          |                          |                     |
| Ask your tax preparer for information  | about depositing | g a refi         | und into an IRA        | acco         | unt or splitti                  | ng the deposit in               | to more  | than one a               | iccount.            |

| 0                    | .u(  | estion      | s—All Taxp                                       | ayers                    |                           |                               |             | (Provide relate    | ed statements or               | other documentation.) |
|----------------------|--|-------------|--|--------------------------|---------------------------|-------------------------------|-------------|--------------------|--------------------------------|-----------------------|
| "Yo                  | u"   | refers to b | oth taxpayer and spo                             | ouse—enter '             | '?" if unsure abo         | out a question                | າ.          |                    |                                |                       |
|                      |  | Yes No      | Are either you or y                              | your spouse l            | egally blind?             |                               |             |                    |                                |                       |
|                      | Г  | Yes No      | Did you pay or red                               | ceive alimony<br>ed   \$ | in 2021?                  | Recipient                     | t's SSN     |                    | Date of divorce                | e or separation       |
|                      |  | Yes No      | Did you purchase                                 | health insura            | nce through a p           | ublic exchan                  | ge?         |                    |                                |                       |
|                      |  | Yes No      | Will there be any s                              | ignificant cha           | anges in income           | or deduction                  | ns next ye  | ar, such as retire | ment?                          |                       |
| ES                   |  | Yes No      | Did you pay anyo                                 | ne for domes             | tic services in yo        | our home?                     |             |                    |                                |                       |
| ZAX                  |  | Yes No      | Did you purchase                                 | a new energy             | y-efficient car, tru      | uck, or van?                  |             |                    |                                |                       |
| YLE 8                |  | Yes No      | Are you involved                                 | in bankruptc             | y, foreclosure, re        | possession, o                 | or had any  | y debt (including  | g credit cards) o              | cancelled?            |
| LIFESTYLE & TAXES    |  | Yes No      | Are you a member                                 | r of the milita          | ry?                       |                               | State of    | residency          |                                |                       |
| 7                    |  | Yes No      | Were you a citizen                               | of or lived in           | n a foreign count         | ry?                           | Foreign     | country            |                                |                       |
|                      |  | Yes No      | Do you own or ha                                 | ve financial i           | nterest in a forei        | gn bank or fi                 | nancial a   | ccount? Balance    | exceeds \$50,00                | 0∐Yes∏No              |
|                      |  | Yes No      | Did you receive ar<br>If yes, provide the        |                          |                           |                               | ayments)    | during 2021?       |                                |                       |
|                      |  | Yes No      | Would you like to Designee's name                | allow your ta            |                           | nother persor<br>Phone number | n to discu  | ss your return w   | rith the IRS?<br>PIN (any five | e digits)             |
|                      |  | Yes No      | Were any children                                | born or adop             | oted in 2021? ( <i>Pr</i> | ovide stateme                 | nt for othe | r expenses.)       |                                | -                     |
|                      |  | Yes No      | Did you receive ar                               | ny advance C             | hild Tax Credit p         | payment? If y                 | es, enter   | the amounts on     | last page. (Atta               | ach Letter 6419.)     |
|                      |  | Yes No      |  | Year in                  | Paid by you:              | Tuition \$                    |             | Student loan int   | erest \$                       | Books \$              |
| 2                    |  |             | attending college?                               | college                  | Paid by studer            | nt: Tuition \$                |             | Student loan int   | erest \$                       | Books \$              |
| CHILDREN & EDUCATION |  | Yes No      | Did you pay any t                                | uition for a p           | rivate school for         | a dependen                    | t or take o | classes yourself?  |                                |                       |
| EDU                  |  |             | Student  |                          |                           |                               |             |                    | Amount paid                    | \$                    |
| EN 8                 |  |             | Name and address o                               | f school                 |                           |                               |             |                    |                                |                       |
| HILDR                | ┎  | Yes No      | Did you pay for ch                               | nild or depen            | dent care so you          | could work                    | or go to s  | school? (add state | ment if needed)                |                       |
| 3                    |  |             | Name of provider                                 |                          |                           |                               |             |                    | EIN or SSN                     |                       |
|                      |  |             | Address  |                          |                           |                               |             |                    | Amount paid                    | \$                    |
|                      |  | Yes No      | Do you have any o                                | children who             | have unearned             | income of \$1                 | ,100 or m   | ore?               |                                |                       |
|                      |  | Yes No      | Did you make any                                 | contribution             | is to a 529 plan ii       | n 2021?                       |             |                    | ,                              |                       |
|                      | 느  | Yes LNo     | 1 , ,  |                          |                           |                               |             |                    | Traditional                    | IRA Roth IRA          |
| S                    | 느  | Yes No      |  |                          |                           |                               |             |                    |                                |                       |
| MENTS                | 느  | Yes No      | Did you sell or tra                              | nsfer any sto            | ck or sell rental o       | or investmen                  | t property  | y?                 |                                |                       |
| INVESTA              | 느  | Yes No      | 1  | •                        |                           |                               |             |                    |                                |                       |
| <u> </u>             | 느  | Yes LNo     | <del>                                     </del> |                          |                           |                               |             |                    | theft in 2021?                 |                       |
|                      | 느  | Yes No      | 1 , 0 .  |                          |                           |                               |             |                    |                                |                       |
|                      | 느  | Yes No      | <del>-</del>                                     |                          |                           |                               |             |                    |                                |                       |
| SN                   | 느  | Yes No      | +  |                          |                           |                               |             |                    |                                | de details.           |
| DEDUCTIONS           | 느  | Yes No      | , , , ,  |                          |                           |                               |             |                    |                                |                       |
| DED                  | 느  | Yes No      | 1 1  |                          |                           |                               |             |                    | <u>'</u>                       |                       |
|                      | 늗  | Yes No      | , , ,  |                          |                           |                               |             | etails.            |                                |                       |
| VESS                 | 늗  | Yes No      | ,  |                          | -                         |                               |             | 1 1 1 1            |                                |                       |
| BUSINESS             | 늗  | Yes No      | 1 1  |                          |                           | -                             |             |                    |                                | 2                     |
| _                    | 느  | Yes No      | 1 1  |                          |                           |                               |             |                    |                                | venture?              |
|                      | 느  | Yes No      |  |                          |                           |                               |             |                    |                                | . 1 1 1               |
| HOME                 | 느  | Yes No      | 1  |                          |                           |                               |             |                    |                                | rovide details.       |
| HO                   | 느  | Yes No      | <del>  '</del>                                   |                          |                           |                               |             |                    |                                | 1 2                   |
|                      | F  | Yes No      |  |                          |                           |                               |             |                    |                                | rove your nome?       |
| Ci                   | <u>                                     </u> | Yes No      |  |                          |                           |                               |             |                    | uetans.                        |                       |
|                      |  | informati   | on Full-year resince during 2021 and o           | <del></del> _            | -year resident            | Nonreside                     | erit        | School district    | orum voim hom                  | e? Rent Own           |
| Ju                   | uce  | or restaet  | .icc during 2021 and (                           | aates                    |                           |                               |             | DO YOU TELL OF (   | ovvii your nom                 | CI INCILL I DWIL      |

### **Income Worksheet**

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

| Indicate | e "T" for taxpayer, "S" for spouse, "J" for jo | oint         |           |           | Pro        | vide additional stateme  | nts if more room is needed |  |  |
|----------|--|--------------|-----------|-----------|------------|--------------------------|----------------------------|--|--|
| Forms '  | W-2 — Wage and Tax Statement                   |              |           |           |            |                          |                            |  |  |
| T/S      | Employer name                                  |              |           | T/S       | Employ     | er name                  |                            |  |  |
|          | 1)   |              |           |           | 4)         |                          |                            |  |  |
|          | 2)   |              |           |           | 5)         |                          |                            |  |  |
|          | 3)   |              |           |           | 6)         |                          |                            |  |  |
| Forms ?  | 1099-INT — Interest Income                     |              |           |           |            |                          |                            |  |  |
| T/S/J    | Name of issuer                                 |              |           | T/S/J     | Name o     | f issuer                 |                            |  |  |
|          | 1)   |              |           |           | 4)         |                          |                            |  |  |
|          | 2)   |              |           |           | 5)         |                          |                            |  |  |
|          | 3)   |              |           |           | 6)         |                          |                            |  |  |
| Forms :  | 1099-DIV — Dividends and Distributions         |              |           |           |            |                          |                            |  |  |
| T/S/J    | Name of issuer                                 |              |           | T/S/J     | Name o     | f issuer                 |                            |  |  |
|          | 1)   |              |           |           | 4)         |                          |                            |  |  |
|          | 2)   |              |           |           | 5)         |                          |                            |  |  |
|          | 3)   |              |           |           | 6)         | )                        |                            |  |  |
| Forms 1  | 1099-R—Distributions From Pensions, An         | nuities, Ret | irement   | or Profit | -Sharing   | Plans, IRAs, Insurance C | ontracts, Etc.             |  |  |
| T/S      | Name of issuer                                 |              |           | T/S       | Name o     | f issuer                 |                            |  |  |
|          | 1)   |              |           |           | 4)         |                          |                            |  |  |
|          | 2)   |              |           |           | 5)         |                          |                            |  |  |
|          | 3)   |              |           |           | 6)         |                          |                            |  |  |
| If the d | istribution is before age 59½, give a reason   | to determin  | e if an e | exception | to penalty | y applies.               |                            |  |  |
| Tax-Exe  | empt Interest (such as municipal bonds—i       | nclude state | ement)    |           |            |                          |                            |  |  |
| Payer    |  | \$           |           | Payer     |            |                          | \$                         |  |  |
| Other I  | ncome  |              |           |           |            |                          |                            |  |  |
| State ta | x refund                                       |              | \$        |           |            | Unreported tips          | \$                         |  |  |
| Unemp    | loyment compensation                           |              | \$        |           |            | Other                    | \$                         |  |  |
| Social S | Security (taxpayer)—provide SSA-1099 or I      | RRB-1099     | \$        |           |            |                          | \$                         |  |  |
| Social S | Security (spouse)—provide SSA-1099 or RR       | RB-1099      | \$        |           |            |                          | \$                         |  |  |
| Gambli   | ng income—provide W-2G                         |              | \$        |           |            |                          | \$                         |  |  |
| Busines  | ss income (see Sole Proprietorship Tax Organi  | izer)        |           |           |            | Stock sales              | See "Sales and Exchange    |  |  |
| Rental i | income (see Rental Property Tax Organizer)     |              |           |           |            | Sale of other property   | Worksheet" below.          |  |  |

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

| Description of property | Purchase date | Cost/basis | Sale date | Sale price |
|-------------------------|---------------|------------|-----------|------------|
|                         |               | \$         |           | \$         |
|                         |               | \$         |           | \$         |
|                         |               | \$         |           | \$         |

### Notes:

- When stock is sold, you will usually receive Form 1099-B, Proceeds From Broker and Barter Exchange Transactions, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

| itemize                      | a veau         | ctions worksh   | eet                                   |  |                                    |  |                    |
|------------------------------|----------------|---|---------------------------------------|--|------------------------------------|--|--------------------|
| Deductions r                 | must exceed    | \$12,550 Single, \$25,100 M   | IFJ, \$18,800 HOH,                    | or \$12,550 MFS to                               | be a tax benef                     | it.  |                    |
|                              | or dependent   | exceed 7.5% of income to lts—do not include any exp                                     |                                       | contributions, pr                                | ovide details o                    | over \$500 in noncash ch<br>f contributions. Rules r<br>for all contributions. |                    |
| Dentists                     | \$             | Hospitals   | \$                                    | Cash   |                                    |  | \$                 |
| Doctors                      | \$             | Insurance   | \$                                    | Noncash contrib                                  | utions (FMV).                      | Clothing or household  |                    |
| Equipment                    | \$             | Prescriptions   | \$                                    | items must be in                                 |                                    |  | \$                 |
| Eyeglasses                   | \$             | Other   | \$                                    | Did you transfer                                 |                                    | IRA directly to a  |                    |
| Medical miles                |                | @ 16¢   |                                       | charity? Yes                                     |                                    |  | \$                 |
| Taxes Paid, I                | Do not includ  | e taxes paid for full or part   | ial business or                       | Charitable milea                                 |                                    |  |                    |
| rental-use pro               | perty, includ  | ling business use of the hor  | ne.                                   | Casualty and T                                   |                                    |  |                    |
| State withhole               | ding           |   | Reported on W-2                       |  |                                    | expected damage or los   |                    |
| State estimate               | ed taxes—pa    | id in 2021  | \$                                    | preparer. Yes                                    | ally-declared d<br>                | isaster area, provide de   | etails to your tax |
| Real estate tax              | x—residence    | ;   | \$                                    | <del>                                     </del> |                                    | uctions. Miscellaneous   | s itemized         |
| Real estate tax              | x—other        |   | \$                                    |  |                                    | GI limitation are no lon   |                    |
| Personal prop                | perty taxes    |   | \$                                    |  |                                    | these expenses may st  |                    |
| Property tax 1               | refund—rece    | eived in 2021   | \$(                                   | expenses, provid                                 | arn. For use of<br>e information ( | home, auto mileage, or<br>on a separate sheet. We                              | re any expenses    |
| Foreign tax pa               |                |   | \$                                    | reimbursed by yo                                 | our employer?                      | □Yes □No   |                    |
| Other                        |                |   | \$                                    | Dues   | \$                                 | Subscriptions  | \$                 |
| Other                        |                |   | \$                                    | Investment                                       | \$                                 | Supplies   | \$                 |
| Other                        |                |   | \$                                    | expenses   |                                    |  |                    |
| Balance paid                 | in 2021 from   | prior year state returns  |                                       | Job education                                    | \$                                 | Tax prep fees  | \$                 |
| (do not includ               |                |   | \$                                    | Job seeking                                      | \$                                 | Tools  | \$                 |
|                              |                | sales tax paid during 2021?   |                                       | Legal fees                                       | \$                                 | Uniforms   | \$                 |
|                              |                | ane, boat, or home in 2021?   |                                       | Licenses   | \$                                 | Union dues   | \$                 |
| Sales tax paid               |                | urchase paid \$ Da  |                                       | Safety equipmen                                  | t \$                               | Other  | \$                 |
| or rental-use                | property, incl | ude interest paid for full or<br>luding business use of the l<br>mation and ID numbers. | partial business<br>nome. Provide all | Other Deduction income limit.                    | ons. The follow                    | ing deductions are not   | subject to a 2% of |
| Main home                    | \$             | Equity loan   | \$                                    | Gambling losses                                  | \$                                 | Federal estate tax   | \$                 |
| Second home                  | \$             | Equity loan   | \$                                    | -  | 4                                  | on IRD   |                    |
| Points                       | \$             | Investment interest   | <u> </u>                              | Impairment-<br>related expenses                  | \$                                 | Other  | \$                 |
|                              | 1 '            | nsurance premium when yo  |                                       | •  | 1                                  | <br>Date   |                    |
|                              |                |   |                                       | 11011e. 1111011111                               |                                    |  |                    |
| other D                      | eauctio        | ons or Question   | IS                                    |  |                                    |  |                    |
|                              |                |   |                                       |  |                                    |  |                    |
|                              |                |   |                                       |  |                                    |  |                    |
|                              |                | ses are deductible only up<br>g is not deductible if adap                               |                                       |  |                                    |  |                    |
| • E                          | xpenses to e   | nable individuals, who a  | e physically or me                    | entally impaired, to                             | o work are gei                     | nerally deductible.  |                    |
| Adjustn                      | nents V        | Vorksheet   |                                       |  |                                    |  |                    |
| Educator expe                | enses. Classro | oom expenses of teachers,   | counselors, and p                     | rincipals. Maximu                                | m \$250 each.                      |  | \$                 |
| Health saving                | s account ded  | luction (HSA). Some contr   | ibutions for 2021 r                   | may be made in 20.                               | 22.                                |  | \$                 |
| Self-employed                | SEP, SIMPL     | E, and qualified plans. Som   | e contributions fo                    | r 2021 may be mad                                | le in 2022.                        |  | \$                 |
| Self-employed<br>employer co |                | nnce deduction. Sole propri   | etors, partners, an                   | d 2% S corporation                               | n shareholders                     | s if not eligible for  | \$                 |
| Penalty on ear               |                | al of savings.  |                                       |  |                                    |  | \$                 |
|                              |                | onal IRAs. Roth IRAs are  | not deductible. Sc                    | me contributions                                 | for 2021 may b                     | pe made in 2022.   | \$                 |
|                              |                | ction. Paid for taxpayers a   |                                       |  |                                    |  | \$                 |
|                              |                | le only to members of the   |                                       |  |                                    | active duty that   |                    |

Ask preparer

Ask preparer

\$

\$

move pursuant to a military order and incident to a permanent change of station.

Charitable contributions. For taxpayers who take the standard deduction. Up to \$300 (\$600 for MFJ).

Business expenses of reservists, performing artists, and fee-based government officials.

Other adjustments. Include description.

| Installment  |   | - Tax Year 202  |   | T 1 1   | B   | 21.1   |
|--|---|---|---|---|---|--|
| Einst  |   | Date pa   |   | Federal   | Date paid   | State  |
| First  |   |   | \$  |   |   | \$   |
| Second   |   |   | \$  |   |   | \$   |
| Third<br>Fourth  |   |   | \$  |   |   | \$   |
|  | om 2020 overpayment?  |   | 9   |   |   | \$   |
| Total  | oni 2020 overpayment:   |   | 9   |   |   | \$   |
|  | hild Tax Credit   | Pavments Re   |   |   | I   |  |
| Payment date   | Amount received   | Payment date  |   | unt received  | Payment date  | Amount received  |
| July 15, 2021  | \$  | Septebmer 15, 2021  | \$  |   | November 15, 2021   | \$   |
| August 15, 2021  | \$  | October 15, 2021  | \$  |   | December 15, 2021   | \$   |
|  | ation Checklist   |   |   |   |   |  |
| ☐ The completed  | Individual Income Tax   |   | ns.<br>u choose 1                               | nsurance cov  |   | •  |
| ☐ The completed the "Yes" or "N☐ Copy of the clo☐ Mileage figures☐ Detail of estima☐ Income and dec☐ List of itemized  |   | Organizer. <i>Note:</i> If yo lestions—All Taxpay, ught or sold real esta enses claimed, includ, if any.  a separate sheet for bon a separate sheet f                           | ns. u choose rers." te. ling total reusiness or | not to fill out nileage, comr rental activit l, taxes, intere | the organizer, you mu<br>nuting mileage, and b<br>ies.<br>est, charitable, and mi | ist at least answer ousiness mileage. scellaneous deductio |
| <ul> <li>□ The completed the "Yes" or "N</li> <li>□ Copy of the clo</li> <li>□ Mileage figures</li> <li>□ Detail of estima</li> <li>□ Income and dee</li> <li>□ List of itemized</li> <li>□ Copy of all ack</li> </ul> | Individual Income Tax of Jo" questions under "Questions under "Questions statement if you be for any automobile expanded tax payments made ductions categorized on I deductions categorized | Organizer. <i>Note:</i> If yo lestions—All Taxpay ught or sold real esta enses claimed, includ, if any. a separate sheet for bon a separate sheet for boceived from charitable. | ns. u choose rers." te. ling total reusiness or | not to fill out nileage, comr rental activit l, taxes, intere | the organizer, you mu<br>nuting mileage, and b<br>ies.<br>est, charitable, and mi | ousiness mileage.<br>scellaneous deductic                  |

## Taxpayer Privacy Policy

For a joint return, both taxpayers must sign.

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Spouse

Date

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.