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## **2021 TAX ORGANIZER**

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

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

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

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

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

## Questions (Page 1 of 5)

*In an effort to prepare your return in the most efficient and cost effective manner, we would appreciate it if you would answer **all** of the questions in your organizer. If you have questions while you are answering the questions, please feel free to call our office and we will be glad to help you. We provide our clients with an organizer each year to help them gather information so that all income and expenses can be reviewed and included on your 2021 tax return. **For any question answered "Yes", please provide additional information on the last page of questions and include supporting detail or documents.***

**The following questions pertain to the 2021 tax year.**

**Personal Information: Please provide details for any "YES" Answers**

**Yes    No**

Did your marital status change? If so, please provide the effective date: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Are you married? \_\_\_\_\_ \_\_\_\_\_

    If Yes, do you and your spouse want to file separate returns? \_\_\_\_\_ \_\_\_\_\_

Can you or your spouse be claimed as a dependent by another taxpayer? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse serve in the military or were you or your spouse on active duty? \_\_\_\_\_ \_\_\_\_\_

    Did you incur any unreimbursed moving costs? If so, please provide moving expenses. \_\_\_\_\_ \_\_\_\_\_

Have you or your spouse been a victim of identity theft? If so, have you contacted the IRS? \_\_\_\_\_ \_\_\_\_\_

    If Yes, furnish the 6-digit identity protection PIN issued to you by the IRS. \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse

Did you or your spouse receive any IRS notices or any notices from state taxing authorities?  
If so, please provide copies. \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse receive an economic impact payment in 2021? Please provide all documentation. \_\_\_\_\_ \_\_\_\_\_

    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? \_\_\_\_\_ \_\_\_\_\_

    If Yes, enter the amount of the economic impact payment repaid. \_\_\_\_\_

Did you or your spouse receive any advanced child tax credit payments in 2021? \_\_\_\_\_ \_\_\_\_\_

    If Yes, attach all IRS Letters 6419 and enter the amount of 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? \_\_\_\_\_ \_\_\_\_\_

Did you or your spouse take out a Payroll Protection Program loan during 2021? \_\_\_\_\_ \_\_\_\_\_

    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 reported for the business? \_\_\_\_\_ \_\_\_\_\_

        If Yes, are these amounts included in the expenses reported for the business? \_\_\_\_\_ \_\_\_\_\_

    If Yes, did you or your spouse received loan forgiveness or are you or your spouse seeking forgiveness? \_\_\_\_\_ \_\_\_\_\_

        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 \_\_\_\_\_

## Questions (Page 2 of 5)

**Dependents:** *Please provide details for any "YES" Answers*

**Yes      No**

Were there any changes in dependents from the prior year? \_\_\_\_\_

Note: Please 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? \_\_\_\_\_

For dependent children:

Did they have **unearned** income (interest, dividends, capital gains) more than \$1,100? \_\_\_\_\_

Did they have **earned** income? \_\_\_\_\_

If so, do you need assistance preparing their returns? Please provide necessary tax forms. \_\_\_\_\_

Did you adopt a child or begin adoption proceedings? \_\_\_\_\_

**Healthcare:** *Please provide details for any "YES" Answers*

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? \_\_\_\_\_

If Yes, include all Forms 1095-A, 1095-B, and 1095-C.

Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? \_\_\_\_\_

Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? \_\_\_\_\_

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_

Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_

If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? \_\_\_\_\_

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 Form 1099-LTC.

If you or your spouse are self-employed, are you eligible to be covered under an employer's health plan or long-term care plan at another job? \_\_\_\_\_

Health Plan      Long-term Care Plan

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:** *Please provide details for any "YES" Answers*

Did you or your spouse pay any student loan interest? If yes, include Forms 1098-E. \_\_\_\_\_

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. \_\_\_\_\_

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? \_\_\_\_\_

If Yes, provide all Forms 1098-T (required) as well as any other out of pocket qualified educational expenses.

## Questions (Page 3 of 5)

**Deductions and Credits:** *Please provide details for any "YES" Answers*

**Yes      No**

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 in a Federally Declared Disaster Area? \_\_\_\_\_  
If Yes, provide cost to replace and the amount of any insurance reimbursements received.

\$ \_\_\_\_\_ Cost to Replace    \$ \_\_\_\_\_ Insurance Proceeds Received

Did you or your spouse make any large purchases, such as motor vehicles and boats? \_\_\_\_\_

If Yes, provide the amount of sales tax paid. \$ \_\_\_\_\_

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? If yes, please provide details of the 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 or special fuels used for off-highway business purposes.  
\_\_\_\_\_ Gallons    \_\_\_\_\_ Type

Did you or your spouse install any alternative energy equipment in your residence (solar or fuel cells)? \_\_\_\_\_  
If yes, please provide details.

**Investments:** *Please provide details for any "YES" Answers*

Did you or your spouse have any debts canceled, forgiven or refinanced? Please describe and provide information. \_\_\_\_\_

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? If yes, please provide details. \_\_\_\_\_

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? If yes, please provide details. \_\_\_\_\_

Did you or your spouse sell, exchange, or purchase any real estate? 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? If yes, please provide details. \_\_\_\_\_

Did you or your spouse engage in any put or call or close any open short sales transactions? \_\_\_\_\_  
If Yes, provide the transaction details.

Did you or your spouse sell any securities not reported on Form 1099-B? If yes, please provide details. \_\_\_\_\_

Did you or your spouse mine, buy, sell or exchange Bitcoin or other cryptocurrencies; use Bitcoin or other cryptocurrency to pay for goods or services or receive Bitcoin or other cryptocurrency as payment for goods or services? If so, please provide detail of each transaction. \_\_\_\_\_

**Retirement or Severance:** *Please provide details for any "YES" Answers*

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? If yes, please provide documentation. \_\_\_\_\_

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? If yes, please provide documentation. \_\_\_\_\_

Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution? \_\_\_\_\_

Did you or your spouse retire or change jobs? If yes, please expound. \_\_\_\_\_

Did you or your spouse receive deferred, retirement or severance compensation? \_\_\_\_\_  
If Yes, enter the source and date received (Mo/Da/Yr). \_\_\_\_\_

## Questions (Page 4 of 5)

**Retirement or Severance (Continued):** *Please provide details for any "YES" Answers*

**Yes    No**

Did you or your spouse contribute directly to a qualified charity from your IRA or other retirement account (Qualified Charitable Distribution)? If so, please include documentation from the charity and (or) your retirement account to support the charitable distribution.

\_\_\_\_\_

**Personal Residence:** *Please provide details for any "YES" Answers*

Did your address change? If Yes, provide the new address.

\_\_\_\_\_

Was your home rented out or used for business during the year? If so, please identify the business.

\_\_\_\_\_

Did you or your spouse claim a homebuyer credit for a home purchased in 2008?

\_\_\_\_\_

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?

\_\_\_\_\_

Are your total mortgages on your first and/or second residence greater than \$750,000?

\_\_\_\_\_

If Yes, provide the origination date of each mortgage, principal balance and interest rate at the beginning and end of the year.

Did you or your spouse refinance your home loan? If Yes, include closing statement.

\_\_\_\_\_

Did you or your spouse have an outstanding home equity or take out a new equity loan during the year that was used only for the improvement of your home?

\_\_\_\_\_

If Yes, provide the origination date of the mortgage, 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?

\_\_\_\_\_

Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.

\_\_\_\_\_

**Sale of Your Home:** *Please provide details for any "YES" Answers*

Did you sell your home?

\_\_\_\_\_

Did you receive Form 1099-S? 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?

\_\_\_\_\_

Did you or your spouse ever rent out the property?

\_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes?

\_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years?

\_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Both

**Gifts:** *Please provide details for any "YES" Answers*

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?

\_\_\_\_\_

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?

\_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount?

\_\_\_\_\_

Did you or your spouse have a life insurance trust?

\_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?

\_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity?

\_\_\_\_\_

## Questions (Page 5 of 5)

**Foreign Matters:** *Please provide details for any "YES" Answers*

**Yes    No**

- |   |       |       |
|---|-------|-------|
| Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?   | _____ | _____ |
| Were you or your spouse 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? | _____ | _____ |
| Did you or your spouse create or transfer money or property to a foreign trust?   | _____ | _____ |
| Did you or your spouse own any foreign financial assets?  | _____ | _____ |
| Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?   | _____ | _____ |
| Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?   | _____ | _____ |
| Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?  | _____ | _____ |
| If Yes, did the corporation cease to be an S corporation?   | _____ | _____ |
| If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?   | _____ | _____ |
| If Yes, did you or your spouse transfer any share of stock in the corporation?  | _____ | _____ |

**Miscellaneous:** *Please provide details for any "YES" Answers*

- |  |       |       |
|--|-------|-------|
| Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees? | _____ | _____ |
| Did you or your spouse receive unreported tip income of \$20 or more in any month?   | _____ | _____ |
| Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?  | _____ | _____ |
| Did you or your spouse receive any unemployment benefits?  | _____ | _____ |
| Did you or your spouse receive any awards, prizes, hobby income, gambling or lottery winnings?<br>If yes, please describe and attach any W2G(s) or 1099(s) received.   | _____ | _____ |
| Did you or your spouse engage in any bartering transactions?   | _____ | _____ |



# 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) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

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) \_\_\_\_\_

Driver's License or State-Issued ID Number \_\_\_\_\_ Expiration Date (Mo/Da/Yr) \_\_\_\_\_ Issue Date (Mo/Da/Yr) \_\_\_\_\_ State \_\_\_\_\_  Does not expire

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](http://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.**



2021

# Dependents and Wages

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## Dependent Information:

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

Did dependent have income over \$4,300?



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

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

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

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

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

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

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





2021

# Direct Deposit and Withdrawal

## 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? .....	<b>Yes</b> <b>No</b>
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:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> 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? .....	<b>Yes</b> <b>No</b>
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:	<input type="checkbox"/> Checking	<input type="checkbox"/> Traditional Savings	<input type="checkbox"/> IRA Savings
	<input type="checkbox"/> Archer MSA Savings	<input type="checkbox"/> Coverdell Ed. Savings	<input type="checkbox"/> 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

# Interest Income and Foreign Information

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

**Interest Income:**

(List all items sold during the year on Form 7.)

Special Interest Code:      2 - Seller Financed    3 - Early Withdrawal Penalty    5 - Accrued Interest      7 - Amortizable Bond  
 1 - Qualified Educational Series EE Bonds    Mortgage Interest    4 - Nominee Interest      6 - Original Issue Discount Adjustment    Premium Adjustment

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

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

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2020 Interest Amount
A				
B				
C				
D				
E				

**Foreign Taxes Paid or Accrued:**

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

**Additional State Information:**

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

**Foreign Bank Accounts and Trusts:**

At any time during 2021, did you have an interest in or a signature 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?



2021

# Dividend Income and Foreign Information

5B

**Dividend Income:** Include all Forms 1099-DIV or other documents for dividends received  
(List all items sold during the year on Form 7.)

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

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

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

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

### Foreign Taxes Paid or Accrued:

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

### Additional State Information:

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

### 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

# 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:

Passport .....	Yes	No
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	Ownership 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 - Issuer 2 - Counterparty

1 - U.S. person  
2 - Foreign person

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

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

Foreign assets were acquired or sold during the tax year .....

### Foreign Bank Accounts and Trusts:

At any time during 2021, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

If Yes, enter name of foreign country .....

Were you the grantor of, or transferor to, a foreign trust that existed during 2021, whether or not you had any beneficial interest in it?



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 \_\_\_\_\_



# Business Expenses and Property & Equipment

6A

Name of Business: .....

Principal Business or Profession: .....

**Expenses:**

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

2021 Amount	2020 Amount

**Other Expenses:**

Description	2021 Amount	2020 Amount

Property and Equipment:

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

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



# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2021:

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:

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? .....

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

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

	2021	2020
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

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

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

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

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

### 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



# 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?

	Yes	No
Mutual fund transactions .....	<input type="checkbox"/>	<input type="checkbox"/>
Exchange of any securities or investments for something other than cash .....	<input type="checkbox"/>	<input type="checkbox"/>
Sales of inherited property .....	<input type="checkbox"/>	<input type="checkbox"/>
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 .....	<input type="checkbox"/>	<input type="checkbox"/>
Commodity sales, short sales or straddles .....	<input type="checkbox"/>	<input type="checkbox"/>
Reinvestment of the proceeds of gains in a qualified opportunity fund .....	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any investments in qualified opportunity funds .....	<input type="checkbox"/>	<input type="checkbox"/>
Debts that became uncollectible .....	<input type="checkbox"/>	<input type="checkbox"/>
Securities that became worthless .....	<input type="checkbox"/>	<input type="checkbox"/>
Sale of any property where you will receive payments in future years .....	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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



# Sale of Your Home and Moving Expenses

## Sale or Exchange of Your Home:

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

### Former Home Information:

TSJ ..... \_\_\_\_\_

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

### Original Cost and Cost of Improvements:

Description	Amount

### Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

## Moving Expenses:

TSJ ..... \_\_\_\_\_

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order?  Yes  No

### Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) .....

Number of miles from old home to old workplace (applicable only on some state returns) .....

Number of automobile miles in move .....

### Transportation Expenses:

Costs of transportation of household goods and personal effects .....

Costs of travel and lodging (do not include meals or automobile expenses) .....

Automobile expenses (gasoline, oil, etc.) .....

Meals (Pennsylvania only) .....



Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS .....

IRA Questions for 2021:

Table with 2 columns: Yes, No

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you use any IRA as security for a loan this year?
Did you have any transactions with any IRA during the year?
If Yes, explain.

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2021
Note: This information or Form 5498 is required if you received a distribution during the year.
Outstanding rollovers on December 31, 2021
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Contributions:

IRA:
Contributions in 2021 for the 2021 tax return
Contributions in 2022 for the 2021 tax return
Amount for 2021 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2021 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

Table with 7 columns: Name of Payer, 2021 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, 2020 Gross Distributions



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		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2021 Amount	2021 Amount



# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ . . . . . \_\_\_\_\_

Type of property . . . . . \_\_\_\_\_

Have you prepared or will you prepare all required Forms 1099?  Yes  No

Ownership percentage if not 100% . . . . . \_\_\_\_\_ %

How many days was this property rented at fair market value? . . . . . \_\_\_\_\_

How many days was this property used personally (including use by family members)? . . . . . \_\_\_\_\_

2021	2020

**Income:**

Rents received . . . . . \_\_\_\_\_

Royalties received . . . . . \_\_\_\_\_

2021 Amount	2020 Amount

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

Description	2021 Amount	2020 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2021 Amount	2020 Amount

Other income:

Description	2021 Amount	2020 Amount



2021

**Rental and Royalty Expenses**

10A

Location of Property: \_\_\_\_\_

**Expenses:**

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

2021 Amount	2020 Amount

Description	2021 Amount	2020 Amount





# Rental and Royalty Property and Equipment & Depletion

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

**Dispositions:**

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

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2021 Amount	2020 Amount



# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

### Listed Property Questions for 2021:

	<b>Yes</b>	<b>No</b>
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:

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

### Vehicle:

Description of vehicle .....

Date placed in service . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

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

Vehicle 1	
<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

# Rental and Royalty Business Expenses

10D

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? .....

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

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

	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



# Rental - Business Use of Home

Location of Property: \_\_\_\_\_

### Partial Use of Your Home for Business:

2021

Square footage of home used exclusively for business .....

Total square footage of home .....

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

### Expenses: Enter all expenses at 100 percent

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

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

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

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount

### Seller-Financed Mortgage Interest Information:

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

# Oil & Gas Royalty Income and Expenses

(Attach all Forms 1099-Misc)

## Name of Oil Company \_\_\_\_\_

Gross royalty income \_\_\_\_\_  
Severance tax \_\_\_\_\_  
Other Expenses \_\_\_\_\_  
Net received \_\_\_\_\_  
Property taxes paid \_\_\_\_\_

## Name of Oil Company \_\_\_\_\_

Gross royalty income \_\_\_\_\_  
Severance tax \_\_\_\_\_  
Other Expenses \_\_\_\_\_  
Net received \_\_\_\_\_  
Property taxes paid \_\_\_\_\_

## Name of Oil Company \_\_\_\_\_

Gross royalty income \_\_\_\_\_  
Severance tax \_\_\_\_\_  
Other Expenses \_\_\_\_\_  
Net received \_\_\_\_\_  
Property taxes paid \_\_\_\_\_

## Name of Oil Company \_\_\_\_\_

Gross royalty income \_\_\_\_\_  
Severance tax \_\_\_\_\_  
Other Expenses \_\_\_\_\_  
Net received \_\_\_\_\_  
Property taxes paid \_\_\_\_\_

## Name of Oil Company \_\_\_\_\_

Gross royalty income \_\_\_\_\_  
Severance tax \_\_\_\_\_  
Other Expenses \_\_\_\_\_  
Net received \_\_\_\_\_  
Property taxes paid \_\_\_\_\_

Attach additional pages if necessary



## Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

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

TSJ	Entity Name	Employer ID Number



2021

# Farm Income (Page 1 of 2)

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

**Farm Questions for 2021:**

Did you dispose of this farm?  Yes  No  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
Have you prepared or will you prepare all required Forms 1099?

2021 Amount	2020 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

**Sales of Livestock and Other Items Bought for Resale (Cash Method Only):**

Description	2021		2020	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

**Income (Accrual Method):**

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

**Income:**

	2021 Amount	2020 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2021		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



# Farm Income (Page 2 of 2)

12A

Proprietor's Name: .....

Principal Crop or Activity: ..

**Income:**

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

Description	2021 Amount	2020 Amount

Government payments:  Include all Forms 1099-G

Description	2021 Amount	2020 Amount

Miscellaneous income:  Include all Forms 1099-MISC and 1099-NEC

Description	2021 Amount	2020 Amount

Other income:

Description	2021 Amount	2020 Amount





2021

# Farm Expenses and Property & Equipment

12B

Proprietor's Name: .....

Principal Crop or Activity: .....

**Expenses:**

- Business meals .....
- Entertainment (deductible only on some state returns) .....
- Car and truck expenses .....
- Chemicals .....
- Conservation expenses .....
- Custom hire (machine work) .....
- Employee benefit programs and health insurance (other than pension and profit sharing plans) .....
- Feed purchased .....
- Fertilizers and lime .....
- Freight and trucking .....
- Gasoline, fuel and oil .....
- Insurance (other than health) .....
- Interest - mortgage (paid to banks, etc.) .....
- Interest - other .....
- Labor hired .....
- Pension and profit-sharing plans .....
- Rent or lease - vehicles, machinery and equipment .....
- Rent or lease - other (land, animals, etc.) .....
- Repairs and maintenance .....
- Seeds and plants purchased .....
- Storage and warehousing .....
- Supplies purchased .....
- Taxes .....
- Utilities .....
- Veterinary, breeding and medicine .....
- Capitalized preproductive period expenses .....
- Dependent care benefits .....

2021 Amount	2020 Amount

**Other Expenses:**

Description	2021 Amount	2020 Amount

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

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

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



# Farm Vehicle and Other Listed Property

**Proprietor's Name:** .....

**Principal Crop or Activity:** .....

**Listed Property Questions for 2021:**

Do you have evidence to support your deduction? .....	<b>Yes</b>	<b>No</b>
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:**

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

**Vehicle:**

Description of vehicle .....

Date placed in service .. (Mo/Da/Yr) .....

Do you (or your spouse) have another vehicle available for your personal use? .....

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

Vehicle 1	
<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



2021

# Farm Business Expenses

12D

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

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? .....

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

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

	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



# Miscellaneous Income, Adjustments and Alimony

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

**Miscellaneous Income and Adjustments:**

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

**State and Local Income Tax Refunds:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**Other Income:**

TSJ	Nature and Source	2021 Amount	2020 Amount

**Alimony Paid or Received:**

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



# Miscellaneous Adjustments

**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? .....

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

Yes	No

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

TSJ	Nature and Source	2021 Amount	2020 Amount



# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

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

TSJ	2021 Amount	2020 Amount

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

2021 Amount	2020 Amount

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

### Other Medical Expenses:

TSJ	Description	2021 Amount	2020 Amount

### Taxes Paid: Include copies of your tax bills

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

TSJ	2021 Amount	2020 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2021 Amount	2020 Amount

### Other Taxes Paid:

TSJ	Description	2021 Amount	2020 Amount

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



**Mortgage Questions for 2021:**

	<b>Yes</b>	<b>No</b>
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



# Itemized Deductions - Contributions

**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

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

**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

**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 .....



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

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

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

### Child/Dependent Care Providers:

**Provider 1:**

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

	2021 Amount	2020 Amount
Expenses incurred and paid in 2021 .....		
Expenses incurred and not paid in 2021 .....		

**Provider 2:**

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

	2021 Amount	2020 Amount
Expenses incurred and paid in 2021 .....		
Expenses incurred and not paid in 2021 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

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

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

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

**Include copies of all Forms 1098-T**

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



# Household Employment Taxes

### 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) .....

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

State	Total Cash Wages Subject to FUTA	2020 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2022

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



# 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.




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 .....



2021

# Gambling Winnings

Include all of your current year Forms W-2G

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State



# Gifts Made Outright to an Individual

**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 .....	<input type="text"/>		
Value of assets gifted if other than cash .....	<input type="text"/>		

### 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 .....	<input type="text"/>		
Value of assets gifted if other than cash .....	<input type="text"/>		



**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.**





# Detail Depreciation

**DP**

Business or Activity: \_\_\_\_\_

Asset #	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
				Date (Mo/Da/Yr)	Sales Price

