

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

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

2. FILING STATUS

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

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

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

<p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>	<p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>
---	---

5. IDENTIFICATION INFORMATION

<p>Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p>	<p>Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p>
--	--

6. HEALTH CARE INFORMATION

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

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

PERSONAL INFORMATION ORGANIZER
Please complete this Organizer before your appointment.

and

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

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

8. COMMENTS

INCOME ORGANIZER

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

1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Unreported tip income received: _____

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

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth	Other	Taxpayer	Spouse
Payer Name	IRA	IRA		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits? . . .	<input type="checkbox"/>	<input type="checkbox"/>

6. OTHER INCOME

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

7. MISCELLANEOUS INCOME QUESTIONS

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

BUSINESS INCOME AND EXPENSES (Schedule C)
and

Indicate the owner of this business: Taxpayer Spouse Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2021? Yes No

Accounting Method: Cash Accrual Other (describe) _____

Method used to value inventory: Cost Lower of cost or market Other (describe) _____

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

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

Vehicle Information

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

Business miles _____ Commuting miles _____ Other miles _____

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

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

Asset description	Date acquired	Purchase price	Date sold	Sales Price

Business Use of Home

Area used exclusively for business _____ Total area of home _____

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

Casualty losses _____ Insurance _____ Rent _____

Mortgage interest _____ Repairs and maintenance _____ FMV of home _____

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

Carryover of unallowed expenses to 2021 Yes No (if yes, enter amount) _____

DEDUCTIONS ORGANIZER

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

and

1. EDUCATION

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

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging	_____
Gas and Oil	_____
Mileage	_____
Other	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace	_____
Member of the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. IRA CONTRIBUTIONS

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

4. OTHER DEDUCTIONS

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

5. MISCELLANEOUS DEDUCTION QUESTIONS

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

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

and

1. REBATE RECOVERY CREDIT - ECONOMIC IMPACT PAYMENT RECEIVED

Taxpayer _____
Spouse _____

2. ADVANCE CHILD TAX CREDIT - PAYMENT AMOUNT RECEIVED

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

3. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):		Tax-Exempt	Telephone Number	Identification Number	Amount Paid
Care Provider Name	Address				
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

4. RESIDENTIAL ENERGY CREDIT

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

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

5. MISCELLANEOUS CREDIT QUESTIONS

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

6. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from 2020 federal refund _____	_____	_____
1st quarter payment _____	_____	_____
2nd quarter payment _____	_____	_____
3rd quarter payment _____	_____	_____
4th quarter payment _____	_____	_____

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