

## Checklist

Name:

SSN:

## Checklist

This check list is provided to help you gather necessary information for us to prepare your 2021 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2020 tax year.

**Stimulus payment (Economic Impact Payment - IRS Notice 1444-C or Letter 6475)**

☐ Amount of stimulus payment \_\_\_\_\_

**Advanced payment of Child Tax Credit (IRS Letter 6419)**

☐ Taxpayer \_\_\_\_\_

☐ Spouse \_\_\_\_\_

**IRA distributions, pensions, and annuities (Form 1099-R)**

☐ Test Test

**State and city refunds and other government payments (Form 1099-G)**

☐ Unemployment compensation

**Social Security benefits (Form SSA-1099)**

☐ Test Test

**Self-employed Income (Schedule C)**

☐ Test Test

**Other Income (provide supporting documentation for income received for the following items)**

☐ Sale of assets or property

☐ Cancellation of debt

☐ Other income \_\_\_\_\_

**Payments (provide supporting documentation for payments made for the following items)**

☐ Educator classroom expenses

☐ Employee business expenses

☐ Contributions to a Health Savings Account

☐ Expenses related to work relocation

☐ Alimony

☐ Student loan interest

☐ Tuition and fees for higher education

☐ Expenses related to child or dependent care

☐ Contributions to a Retirement Savings Account

☐ Medical and dental expenses

☐ Real estate taxes

☐ Other state and local taxes

☐ Mortgage interest

☐ Investment interest

☐ Cash contributions

☐ Noncash contributions

☐ Unreimbursed employee expenses

☐ Investment expenses

☐ Gambling losses

☐ Other payments \_\_\_\_\_

## Questionnaire

Name:

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## Questionnaire

## Personal Information

Yes No

- ☐ ☐ Did your marital status change during the year?  
If "Yes," explain \_\_\_\_\_
- ☐ ☐ If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2021?
- ☐ ☐ Can you or your spouse be claimed as a dependent by someone else?
- ☐ ☐ If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
- ☐ ☐ If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
- ☐ ☐ Did your address change during the year?
- ☐ ☐ Were you, your spouse, or any dependents a victim of identity theft?  
If "Yes," explain \_\_\_\_\_
- ☐ ☐ Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?  
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

## Dependent Information

Yes No

- ☐ ☐ Did you have any changes in dependents during the year?  
If "Yes," explain \_\_\_\_\_
- ☐ ☐ Can another person qualify to claim any of your dependents?
- ☐ ☐ Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?  
If "Yes," provide Letter 6419 from the IRS. Or, enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. If you were married last year and filed a joint tax return with your spouse, are you filing a joint return with the same spouse this year?  
Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_
- ☐ ☐ Did you have any childcare expenses during the year?
- ☐ ☐ Did you have any adoption expenses during the year?
- ☐ ☐ Did you have any children under age 19 or a full-time student under age 24 with more than \$2,200 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

## Health Care Information

Yes No

- ☐ ☐ Did any member of your household have healthcare coverage through the Marketplace (Obama Care)?  
If "Yes," provide copies of Form 1095-A.
- ☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

## Income, Purchases, Sales, and Debt Information

Yes No

- ☐ ☐ Did you receive any tips not reported to your employer?
- ☐ ☐ Did you receive any disability income during the year?
- ☐ ☐ Did you cash in any U.S. savings bonds during the year?
- ☐ ☐ Did you start a new business or purchase any rental property during the year?
- ☐ ☐ Did you sell an existing business, rental property, or other property during the year?
- ☐ ☐ Did you purchase any business assets or convert any assets to business use?

## Questionnaire

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## Questionnaire

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

- ☐ ☐ ☐ Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- ☐ ☐ ☐ Did you buy or sell any stocks, bonds, or other investments during the year?
- ☐ ☐ ☐ Did you sell a principal residence during the year?
- If "Yes," provide closing documentation for the purchase and sale of the home.
- ☐ ☐ ☐ Did you have a principal residence or a piece of real property foreclosed on during the year?
- ☐ ☐ ☐ Did you abandon a principal residence or a piece of real property during the year?
- ☐ ☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?
- If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- ☐ ☐ ☐ Did you receive any principal or interest during this year from property sold in prior years?
- ☐ ☐ ☐ Did you rent out your home or use it for business?
- ☐ ☐ ☐ Did you sell, exchange, or purchase any real estate during the year?
- ☐ ☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?
- ☐ ☐ ☐ Did you have any debts canceled or forgiven this year?
- ☐ ☐ ☐ Does anyone owe you money that has become uncollectible?
- ☐ ☐ ☐ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

- ☐ ☐ ☐ Did you receive income or incur expenses associated with a fantasy sport league?
- If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
- If "Yes," attach Form 1099-MISC, Form 1099-NEC, and Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
- If "Yes," attach Form 1099-K or Form W-2.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
- If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
- If "Yes," attach Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
- If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive any other income you have not provided information for with this organizer?
- If "Yes," explain \_\_\_\_\_

## Itemized Deduction Information

Yes No

- ☐ ☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- ☐ ☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- ☐ ☐ ☐ Did you receive any state or local income tax refunds from prior years?
- ☐ ☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?
- ☐ ☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?
- ☐ ☐ ☐ Did you pay mortgage interest during the year?
- ☐ ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ ☐ Did you donate a boat or vehicle during the year?
- If "Yes," attach Form 1098-C.
- ☐ ☐ ☐ Did you have gambling winnings or losses during the year?
- ☐ ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ ☐ Did you work out of town at any time during the year?

## Retirement Information

## Questionnaire

Name:

SSN:

## Questionnaire

## Yes No

- ☐ ☐ Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- ☐ ☐ Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ Did you receive any Social Security benefits during the year?

## Education Information

## Yes No

- ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- ☐ ☐ Did anyone in your household attend a post-secondary school during the year?
- ☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- ☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependents during the year?

## Miscellaneous Information

## Yes No

- ☐ ☐ Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?  
If "Yes," enter the amount received for each taxpayer and provide Notice-1444-C or Letter 6475 from the IRS.  
Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_
- ☐ ☐ Was your earned income in 2021 less than your earned income in 2019?  
If "Yes," enter the amount of your 2019 earned income.  
\_\_\_\_\_
- ☐ ☐ Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currencies?
- ☐ ☐ Did you incur a gain or loss due to damaged or stolen property?  
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- ☐ ☐ Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- ☐ ☐ Did you make gifts to any one person in excess of \$15,000 during the year?
- Yes No**
- ☐ ☐ If "Yes," are you splitting the gift with your spouse?
- ☐ ☐ Did you incur moving expenses during the year?
- ☐ ☐ Did you make any energy-efficient improvements to your main home during the year?
- ☐ ☐ Are you a business owner who paid health insurance premiums for your employees during the year?
- ☐ ☐ Did you own interest or shares in a Qualified Opportunity Fund?
- ☐ ☐ Did you apply an overpayment of your 2020 taxes to your 2021 estimated taxes?
- ☐ ☐ If you have an overpayment of 2021 taxes, do you want the refund applied to your 2022 estimated taxes?
- ☐ ☐ Did you make any estimated payments toward your 2021 taxes?
- ☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn?  
If "Yes," provide a canceled checking or savings slip.
- ☐ ☐ Do you anticipate your income or withholdings to be different for 2022?
- ☐ ☐ Did you make any purchases subject to Use Tax?  
If "Yes," provide details.
- ☐ ☐ Did you receive any notices from the IRS or state taxing authority?  
If "Yes," explain \_\_\_\_\_
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

## Foreign Tax Information

## Yes No

**Questionnaire**

Name:

SSN:

**Questionnaire**

- ☐ ☐ Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- ☐ ☐ Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- ☐ ☐ Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- ☐ ☐ Did you have any income from, or pay taxes to, a foreign country?
- ☐ ☐ Did you own property in a foreign country?

**Preparer Notes**

## 2021 Tax Organizer Personal Information

### Personal Information

Name		SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Filing status at the end of 2021

- ☐ Single      ☐ Married      ☐ Widowed - If widowed and your spouse died in 2021, enter the date of death \_\_\_\_\_  
☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? \_\_\_\_\_

Yes      No

- ☐ ☐ Are you or your spouse blind?  
☐ ☐ Are you or your spouse disabled?  
☐ ☐ Are you or your spouse a full-time student?  
☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
☐ ☐ At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  
☐ ☐ If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?  
☐ ☐ If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?  
☐ ☐ Was your earned income in 2021 less than your earned income in 2019?  
     If "Yes," enter the amount of your 2019 earned income. \_\_\_\_\_  
☐ ☐ Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?  
     If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6765 from the IRS.  
     Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

### Identification Information

#### Taxpayer's type of photo ID

- ☐ Driver's license      ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Spouse's type of photo ID

- ☐ Driver's license      ☐ State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2021 appointment is scheduled for \_\_\_\_\_

## Dependent and Other Information

Name:

SSN:

## Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

Yes No

☐ ☐ Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

☐ ☐ If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

## Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

## Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2020	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

## Income

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2021 federal wages	2020 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2021 distribution	2020 distribution

- ☐ Yes    ☐ No    Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  
☐ Yes    ☐ No    Did you use any of the distributions for disaster or coronavirus relief?

## Name: \_\_\_\_\_

SSN:

Provide all brokerage statements

### Installment Sale Income

Description of property: \_\_\_\_\_

Date acquired	Date sold	2021	Prior years

Selling price . . . . .

Mortgages assumed .....

Cost of property sold . . . . .

Depreciation allowed .....

Commissions and expense of sale . . . . .

Gross profit percentage . . . . .

Interest received . . . . .

Principal payments received . . . . .

Property was sold to a related party ☐

## Other Income and Adjustments

Name:

SSN:

## Other Income

	2021 Taxpayer	2020 Taxpayer	2021 Spouse	2020 Spouse
Scholarships or grants not reported on Form W-2 . . . . .				
Social Security Benefits (attach Forms 1099-SSA) . . . . .				
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .				
State income tax refund (attach Forms 1099-G) . . . . .				
Alimony received				
Divorce or separation date _____ Amount _____				
Unemployment compensation (attach Forms 1099-G) . . . . .				
Unemployment compensation repaid in 2021 . . . . .				
Gambling winnings (attach Forms W2-G) . . . . .				
Alaska Permanent Fund . . . . .				
Jury duty pay . . . . .				
ABLE distributions . . . . .				
Other income: _____				
_____				
_____				

## Adjustments

	2021 Taxpayer	2020 Taxpayer	2021 Spouse	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .				
Contributions made to a Health Savings Account (HSA) . . . . .				
Contributions made to a Self-Employed Pension plan (SEP) . . . . .				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .				
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____				
Name _____				
SSN _____ Divorce or separation date _____				
Contributions made to an Individual Retirement Account (IRA) . . . . .				
Contributions made to a Roth IRA . . . . .				
Interest paid on a student loan . . . . .				
Other adjustments: _____				