

2021 TAX ORGANIZER

SECTION 1—PERSONAL INFORMATION

Name: _____ Spouse: _____
 Phone: _____ Spouse Phone: _____
 Email: _____ Spouse Email: _____
 Occupation: _____ Spouse Occupation: _____
 DOB: _____ Spouse DOB: _____
 SSN: _____ Spouse SSN: _____
 Address: _____
 Children/Dependents: _____

| | | |
|------|-----|-----|
| NAME | SSN | DOB |
| NAME | SSN | DOB |

How many dependent children attended a private school or were homeschooled (*not public remote learning*)? _____
 Did you receive any advance child tax credit payments in 2021? Yes___ No___ (*Please provide IRS letter #6419, if received*)
 If so, what was the total amount received? _____
 If a tax refund is issued, would you like direct deposit? (*please provide a voided check.*) _____
 Would you prefer a paper copy or an electronic copy of your return? (*Additional copies available for a fee*) _____
 Would you prefer electronic signing (*DocuSign*) for your returns? Yes___ No___
 Do have any foreign accounts or property? Yes___ No___

SECTION 2—STATEMENTS AND FORMS (*Attach those that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Wages (<i>W-2, 1099-NEC, 1099-MISC</i>) <input type="checkbox"/> Interests & Dividends (<i>Bank or brokerage statements from payers.</i>) <input type="checkbox"/> Gain or loss from sales of stock or other assets (<i>Statements from brokers, property closings for real estate.</i>) | <input type="checkbox"/> Income from Pensions, IRA's or Social Security (<i>1099-R and SSA-1099</i>) <input type="checkbox"/> Income from Partnerships, S Corporations, Estates & Trusts (<i>Schedule(s) K-1 from each business</i>) <input type="checkbox"/> Educational Expenses (<i>1098-T</i>) <input type="checkbox"/> Marketplace Health Insurance (Form 1095-A) |
|---|---|

SECTION 3—OTHER INCOME

Unemployment Compensation/State Income Tax Refund (*Form 1099-G*): \$ _____
 Miscellaneous Income (*Jury Duty, Prizes*): \$ _____
 Gambling Winnings: \$ _____ Gambling Losses: \$ _____

SECTION 4—ESTIMATED TAXES PAID

| | | | | | |
|----------------|-----------|--------|--------------|-----------|--------|
| FEDERAL | DATE PAID | AMOUNT | STATE | DATE PAID | AMOUNT |
| | DATE PAID | AMOUNT | | DATE PAID | AMOUNT |
| | DATE PAID | AMOUNT | | DATE PAID | AMOUNT |
| | DATE PAID | AMOUNT | | DATE PAID | AMOUNT |

At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes___ No___

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SECTION 5—DEDUCTIBLE EXPENSES

MEDICAL EXPENSES

Deductible—Portion that exceeds 7.5% of your adjusted gross income. OUT OF POCKET ONLY

Insurance (Health or Long-Term Care): \$ _____

Doctors Fees: \$ _____

Hospital Fees: \$ _____

Lab Fees: \$ _____

Eyeglasses: \$ _____

Prescription Drugs: \$ _____

Mileage(16 cents/mile)*: _____

**Mileage log now required*

Other Medical _____

TAXES (Estimated Taxes—See Below)

Real Estate Taxes—Personal Residence: \$ _____

Real Estate Taxes—Other: \$ _____

Excise Tax From Auto Registrations
(Include Copy of Registration Form): \$ _____

Sales Tax Paid on Large Item Purchases
(Car, Boat, Etc.) : \$ _____

HOME RENT EXPENSE PAID (Indiana Residents Only)

Total Expense: \$ _____

Number of Months: _____

Same as Current Address? Yes No *If no, what is the new address?*

STREET CITY STATE ZIP CODE

Landlord Name: _____

Landlord Address: _____

STREET CITY STATE ZIP CODE

SECTION 6- MISC. DEDUCTIONS & EXPENSES

IRA/SEP/SIMPLE Contributions: \$ _____ Spouse: \$ _____

HSA Contributions: \$ _____ Spouse: \$ _____

Did you contribute to a 529 Plan during the year? Yes No *If yes, how much?* _____

Child Care Expenses: \$ _____

Name of Caregiver: _____

Address of Caregiver: _____

STREET CITY STATE ZIP CODE

Tax ID of Caregiver: _____

Name of Dependents: _____

Moving Expenses (MILITARY ONLY 17 cents/mile):\$ _____

Casualty & Theft Losses (Presidentially Declared Disaster Area/ Ponzi Schemes only): \$ _____

Adoption Expenses: \$ _____

2021 TAX ORGANIZER—BUSINESS

To share QuickBooks files, please contact our office for a Client Portal log in.

SECTION 7—SCHEDULE C—BUSINESS INCOME AND EXPENSES

| | |
|---|---------------------------------|
| Business Name: _____ | Type of Business: _____ |
| Income: \$ _____ | Interest—Mortgage: \$ _____ |
| Inventory—End of Year: \$ _____ | Interest—Other: \$ _____ |
| Expenses: \$ _____ | Legal & Professional: \$ _____ |
| Materials/Inventory: \$ _____ | Office Expense: \$ _____ |
| Advertising: \$ _____ | Rent—Equipment Rental: \$ _____ |
| Bank Charges: \$ _____ | Repairs—Maintenance: \$ _____ |
| Auto—Business Mileage*: _____ | Misc. Supplies: \$ _____ |
| <i>* Mileage Log Required</i> | Subcontractors: \$ _____ |
| Total Mileage for Year (Business & Personal): _____ | Taxes: \$ _____ |
| Year Vehicle Purchased: _____ | Travel: \$ _____ |
| Dues & Publications: \$ _____ | Telephone—Utilities: \$ _____ |
| Meals: \$ _____ | Wages to Employees: \$ _____ |
| Equipment & Date Purchased: \$ _____ | Other (attach list): \$ _____ |
| Insurance (Excluding Health): \$ _____ | _____ |

SECTION 8—SCHEDULE E—RENTAL INCOME AND EXPENSES *Please complete 1 'Schedule E' per property.*

| | |
|---|--------------------------------|
| Property Address: _____ | Interest—Other: \$ _____ |
| _____ | Legal & Professional: \$ _____ |
| Income: \$ _____ | Management Fees: \$ _____ |
| Expenses: \$ _____ | Office Expense: \$ _____ |
| Advertising: \$ _____ | Repairs: \$ _____ |
| Auto—Business Mileage*: _____ | Misc. Supplies: \$ _____ |
| <i>* Mileage Log Required</i> | Taxes: \$ _____ |
| Total Mileage for Year (Business & Personal): _____ | Telephone: \$ _____ |
| Year Vehicle Purchased: _____ | Utilities: \$ _____ |
| Cleaning—Maintenance: \$ _____ | Furnishings (list): \$ _____ |
| Commissions: \$ _____ | _____ |
| Insurance: \$ _____ | Other (attach list): \$ _____ |
| Interest—Mortgage: \$ _____ | _____ |

SECTION 9—SCHEDULE F—FARM INCOME AND EXPENSES

| | |
|---|---|
| Type of Business: _____ | _____ |
| Income: \$ _____ | Insurance: \$ _____ |
| Sales: \$ _____ | Interest—Mortgage: \$ _____ |
| Government Payments: \$ _____ | Interest—Other: \$ _____ |
| Expenses: \$ _____ | Rent—Equipment Rental: \$ _____ |
| Auto—Business Mileage*: _____ | Repairs—Maintenance: \$ _____ |
| <i>* Mileage Log Required</i> | Seeds & Plants: \$ _____ |
| Total Mileage for Year (Business & Personal): _____ | Storage: \$ _____ |
| Year Vehicle Purchased: _____ | Misc. Supplies: \$ _____ |
| Chemicals: \$ _____ | Taxes: \$ _____ |
| Custom Hire—Subcontract: \$ _____ | Telephone—Utilities: \$ _____ |
| Feed: \$ _____ | Equipment & Date Purchased (list): \$ _____ |
| Fertilizer: \$ _____ | _____ |
| Gasoline: \$ _____ | Other (attach list): \$ _____ |



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SECTION 10—COVID -19 PANDEMIC RELATED TAX QUESTIONS FOR EVERYONE

1. Did you receive all of your stimulus payment under the CARES Act? Yes No

SECTION 11—COVID-19 PANDEMIC RELATED TAX QUESTIONS FOR BUSINESS(ES) OR SELF-EMPLOYED TAXPAYERS.

You may need to answer the questions below for EACH business you own.

1. Did you take out a PPP loan for your business(es)?
If yes, what is the name of the business?
2. Has your PPP loan been forgiven ?
If yes, please provide the forgiveness letter and any paperwork.