TAX ORGANIZER

Maria U. Ku, C.P.A.

Tax Preparation

Tax Strategy Consulting

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Please help us to prepare your return more efficiently by taking the time to complete this Tax Organizer before your scheduled appointment.

The Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these carefully and feel free to add any notes or questions that might help us find ways to save you money.

Enter all relevant information in the designated areas on each page. If you need to include additional information, you may use the back of a page or attach additional pages. If last year's figures were available, they have been included for reference purposes.

Also, provide detailed information if you answer 'Yes' to any of the 'General', 'Investment' or 'Business' questions. This information can be a significant time-saver.

When you submit your tax information to us, please make sure to include **COPIES** (unless it says "original" below) of the following, if applicable:

Copies of last year's tax return (if not in our possession)
Original - only Form(s) W-2 or those 1099s that show withholding taken
Copies of schedule(s) K-1 from partnerships, S-corporations, estates or trusts
Information about contributions to a pension or other retirement plan
Copies of form(s) 1099 reporting dividend, interest, retirement, unemployment or other income
Broker statements providing details of capital gains transactions (paper copy + e copy please)
For any virtual currency transactions - copy of completed form 8949
Copies of form(s) 1098 and copies of real estate tax bills, etc.
Copies of form(s) 1095-A, 1095-B, and/or 1095-C
Copy of IRS Letter 6419, 2021 Total Advance Child Tax Credit Payments
Copy of IRS Letter 6475, Your 2021 Economic Impact Payment
Copies of legal documents pertaining to the sale or purchase of real or personal property

PLEASE SIGN BELOW:

To the best of my knowledge, the enclosed information is correct and it includes all income, deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer	Spouse:	
Date:	Date:	

Questions

General

Please read the question below and "X" the appropriate box and if possible, include details.

Yes	No		
		1	Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
		2	Have you or your spouse been given an identity theft protection PIN by the IRS as a result of one of you having been an identity theft
Ш			victim?
\blacksquare		3	Were there any subsequent changes to any amounts reported on a PRIOR year's tax returns, discovered after the return was filed?
		4	Were there any births, adoptions, dependents changes, divorces, marriages, registered-domestic-partnership (RDP) status changes, or deaths in your household?
\vdash		5	Are all your dependents either U.S. residents or citizens?
\vdash		6	Did you make gifts of more than \$15,000 to any one person?
\vdash		7	Did you receive or make a "below-market" or "interest-free" loan of \$15,000 or more?
	\vdash	8	Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
\vdash		9	Did every member of your family have minimum essential coverage all year? (The entity that provides the coverage sent you a Form
			1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their moths of coverage. Please include the form(s)).
		10	Did you have a Health-Insurance-Marketplace-granted coverage exemption or are you claiming a coverage exemption?
		11	Did you receive any foreign income, pay any foreign taxes or incur any foreign moving expenses?
		12	Did you contribute less than an entire interest in any property to charity?
П		13	Did you incur a loss because of damaged or stolen personal or business property? (only if documented via insurance claim, police report etc.)
		14	Did you purchase or sell your home?
		15	Did you sell other personal assets at a gain?
		16	Did you refinance a mortgage or take out a home equity loan during the year? (Please include FINAL closing statement).
		17	Did you, at any time during the year, have a equity line/loan balance borrowed against your home(s) in excess of \$100,000, or total acquisition mortgage principal balance in excess of \$750,000?
Ш		18	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
\vdash		19	Did you incur any qualified educator expenses? (Only if you worked at least 900 hours in a classroom during the year).
		20	Did you use your car on the job (other than to and from work)? (see note 1)
		21	Did you incur any unreimbursed travel & entertainment expenses for business purposes? (see note 1)
\vdash	-	22	Did you work temporarily out of town for part of the year & have some deductible unreimbursed expenses? (see note 1)
\vdash	-	23	Did you pay any educational tuition or fees, ABOVE high-school level, for yourself, your spouse or a dependent?
\vdash	-	24	Did you pay expenses for the care of your child or other dependent so you could work?
\vdash		25	Did you pay any student loan interest? (If Yes, was the loan within the first 60 months of the repayment? - circle: Y / N)
\square		26	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
\square		27	During the year, did you receive payments from a Long-Term Care insurance contract? (Please include any tax-reporting forms)
		28	Do you have income/losses from S Corp, Partnership, Estate or Trust? (If Yes, attach related Schedules or Forms.)
		29	Did you receive any disability income? (If Yes, was it Cal state disability (SDI)? - circle: Y / N)
Ш		30	Do you have any gambling winnings? (If yes, be sure to include, separately, information on your gambling expenses).
		31	Did you receive any unemployment benefits?
		32	Did you barter your goods or services for goods or services from someone else?
		33	Did you receive any distributions from a retirement plan or any Social Security benefits? (If Yes, attach all 1099s)
		34	Did you receive any distributions from an Achieving a Better Life Experience (ABLE) savings account? (If Yes, attach all 1099s)
		35	Did you "rollover" a retirement plan distribution into another plan?
		36	Did you make any contributions to HSA (Health Savings Account) during the year? (HSA is NOT the same as a flexible-spending account!)
		37	Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Please include form(s) 1099-SA)
		38	Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?
		39	Did you receive an early distribution (SECURE Act) for a qualified birth or adoptiondistribution?
		40	Did you provide over 50% support for someone you are NOT claiming as a dependent?
		41	Did you receive an Economic Stimulus Payment in 2021? If yes, please list the exact amount received
		42	Did you receive any income not reported in this Tax Organizer?
			Yes No
		а	Alimony received - under divorce prior to 2019? g Commissions?
		b	Child support? h Jury duty?
	Ш	С	Scholarship, fellowship, grant? i Workers compensation?
Ш	Ш	d	Prizes, bonuses, awards? j Veterans pension?
Ш	Ш	е	Unreported tips? k Payments from prior installment sale?
Ш	Ш	f	Director/executor fee?

Questions

General

Please read the question below and "X" the appropriate box and if possible, include details.

			The state of the s
Yes	No		
		43	Was Form 8839, Adoption Credit, filed in a previous year or incur adoption expenses during current year?
		44	Did you receive employer-provided adoption benefits for a previous year?
		45	Did you itemize deductions in a prior year & then, in the current year, receive a state or local refund, or a refund of any other prior deduction?
		46	Have you made any federal or state estimated payments?
		47	Do you have a child under 19 (or under 24 if a full-time student) as of December 31, who has either (a) unearned income (interest, dividends, capital gains etc.) of more than \$1,100 or (b) has "some" earned income from work & also has unearned income of \$350+?
		48	Did you pay penalty for early withdrawal of savings?
		49	Were either you or your spouse in the military or National Guard?
		50	Did you make any energy-efficient home improvements or purchase any energy-saving property during the year (solar, photovoltaic, fuel cell)?
	\vdash	51	Did you purchase a new vehicle, aircraft or boat during the year?
		52	Did you purchase a "clean-fuel" or electric hybrid vehicle during the year?
		53	Did you claim a First-time Homebuyer Credit for a home purchased in 2008 (not any other year)?
		54	Did you have a disposition or change in use of your main home for which you claimed the First-Time Homebuyer Credit (any year)?
		55	During this year, did you receive housing allowance for ministerial services you provided?
		56	Did you engage the service of any household employees?
		57	Did you receive proceeds from prior year installment sale?
		58	Did you pay alimony - under divorce dated prior to 2019?
	\vdash	59	Did you make any purchases during the year out of state, on-line or by mail, on which you were not charged sales tax? If so, would you
\vdash		a	(a) use the standard amount based on your income level, or
		60	(b) tell me the amount of such purchases, so that I can include the unpaid sales or use tax on your state tax returns? For claiming charitable contributions of \$250 or greater, the IRS requires that you have a contemporaneous written receipt from the organization AND the receipt must indicate the value of any goods or services received in exchange for the contribution or must state that the amount was \$0 if there were no goods or services received. Cancelled check is no longer sufficient to substantiate your deduction. If you did not claim any contributions, please answer No. Otherwise, please acknowledge that you have appropriate receipts
			by answering Yes, and include copies of receipts.
		61	I have read and understood the NOTES page that follows this Questionnaire.
Investr	nents		
Yes	No		
		62	Did you exchange any securities or investments for something other than cash?
		63	Did any security become worthless during the year?
		64	Did any debts become uncollectible during the year?
		65	Do you have any short sales, commodity sales, or straddles?
		66	Did you receive Form 2439 Notice to Shareholder of Undistributed Long-Term Capital Gains?
		67	Did you sell any real estate (other than your home) during the year?
		68	Did you sell any assets using the installment method or receive proceeds from a prior year installment sale?
		69	Did you purchase a rental property?
		70	Did you exchange any property for other property?
		71	Did you buy or sell any bonds, outside of your retirement plans?
		72	Did you have any wash sales, in addition to what is reported on your broker 1099 (sold an investment at a loss and re-purchased a substantially identical investment within the time window from 30 days prior to 30 days after that sale)?

- **74** Did you exercise any stock options?
- **75** Did you surrender (cash in) any U.S. savings bonds?
- 76 Did you have interest in or signature authority over a financial account in a foreign country?
- 77 Were you the grantor of or transferor to a foreign trust?

73 Did you receive stock from a stock bonus plan with your employer?

- 78 Did you convert a Traditional IRA into a Roth IRA?
- 79 Did you make any contributions, or plan to make contributions, to a Traditional or Roth IRA for the year?
- 80 Did you own an interest in the Real Estate Mortgage Investment Conduit (REMIC)?
- 81 At any time during the year, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency?

Questions (cont.)

Please read the question below and "X" the appropriate box and if possible, include details.

Busine	ss			
Yes	No			
			Did you start or acquire a new business?	
	Ш	83	Was all or part of any business or business assets sold?	
		84	Were any business assets removed for personal use?	
		85	Did you cease operating any business or rental property?	
		86	Did you use part of your home REGULARLY and EXCLUSIVELY	for business purposes?
		а	If answer to Q above is Yes, then: Are ALL administrative tasks /	recordkeeping for your business done from this home office?
		87	Did you/do you plan to, prior to the tax deadline, make any contrib	outions to a Keogh, solo 401(k) or a SEP IRA for the year?
		88	If SEP IRA, will you maximize your contribution?	
		89	If self-employed, are you covered by your own health / long-term	care insurance plan NOT sponsored by someone else?
		90	Did you purchase any equipment or furniture for your business du	ıring the year?
Rental	activit	V		
Yes	No			
		91	Was the property rented to a related party? If Yes, you must have	documentation that it is rented at its market value.
		92	Is this a residential (not commercial) rental?	
		93	Did you construct any permanent improvements to your rental pro	pperty?
H	H	94 95	Do you qualify as a Real Estate Professional? Beginning 2018, some but NOT all rentals can qualify for the 20%	"QBI" (Qualified Business Income) deduction. The rentals
			qualify if certain conditions are met, including a 250+ of "rental se	
			records must be maintained for each real estate enterprise ("RRE	
			maintained to support the deduction. ("Rental services" include actenant applications, collection of rent, daily operation and mainter	
			and supervision of employees and independent contractors. No tr	0.0
			reviewing financial statements or operation reports can be include	
	ш		under penalty of perjury that your rentals do fall under the safe ha	irbor above. (Most rental owners would answer No).
		96	If you are due a refund, how do you want to receive it:	
		а	Check sent to you in the mail	
		b	Apply to next year's estimated payments	
		С	Direct deposit (fill in info below)	
Direct	•			de Mar Gellandia a la Grana e Maria
ii you w	bula like	you	ır tax refund, if any, deposited directly into your bank, please provic	de the following information:
Acco	unt Typ	е	Account Number	Bank Routing Number
	Checking	g		
`	Savings			
		97	The ONLY originals I submit are the W-2s and those 1099s that s	
			All other documents submitted are COPIES that Maria U. Ku, CP	A will keep and NOT return to me.

Notes

- A BUSINESS OR RENTAL mileage reminder: Please remember that the IRS specifically prohibits use of any estimates when it comes to business car mileage and you cannot just say that X% of your mileage is business mileage without a record to substantiate this % with an exact calculation. If you don't have a record in the required format, you're not allowed to take a deduction for business car mileage. The record is required to be contemporaneous and in writing and you must individually record every single trip you make for business during the year, with the date, purpose, mileage of each trip. This is not a grey area, and this item is one of the most frequently audited ones.
- B BUSINESS OR RENTAL: If you use your computer or other equipment for a combination of personal & business use, you can only take any deduction for it if you keep contemporaneous written record of business versus personal use, to substantiate your business use %. Use of any estimates is specifically prohibited by the IRS. If you buy a dedicated asset for your business that your NEVER use for personal purposes, this will get deducted. If an asset's business use is less than 100%, please state so explicitly, but only list it if you have kept required records of business use %.
- C STOCK OPTIONS: For each basket of options that got exercised or sold, I need to know, separately: type of options (incentive stock options versus non-qualified stock options versus RSUs versus ESPP), number of units, date of grant, FMV at grant,
 - date of exercise, FMV at exercise, price paid at exercise,
 - date of sale, sale proceeds amount.
 - You won't be able to finalize your tax returns without every detail of this information. Perhaps your employer can provide you with a stock-options related Statement of Taxable Income or another similar statement they prepared for tax purposes.
- D CHARITABLE CONTRIBUTIONS: To take a deduction, you must have a cancelled check or a credit card receipt to support each monetary donation you listed in the Tax Organizer. For charitable contributions of \$250 or greater, the IRS requires that you have a contemporaneous written receipt from the organization AND the receipt must indicate the value of any goods or services received as part of the contribution or must state that the amount was \$0 if there were no goods or services. Just having a check written to the organization is not sufficient. The IRS requires that you have a compliant-format receipt at the time you file your tax returns.
- E CHARITABLE CONTRIBUTIONS: The IRS expects you to use "thrift store value" for valuing the kinds of items you donated and to keep detail contemporaneous written record of specific item-by-item description value contents of each donation. Do you have contemporaneous written item-by-item record (self-created OK) of contents and their thrift-store values of your donations? It could look, for example, like this: children's shoes 5 pairs \$3 each = \$15 etc. The IRS has been very vigilant over charitable contribution deductions in the past couple of years, and this is the record they require, in addition to donor receipts. Please confirm that you have required records for each property donation, not just charities' receipts.
- F PERSONAL PROPERTY TAXES: Please look up and tell me vehicle license fee (VLF) you paid with DMV registration renewal during the year. You can use this link https://mv.dmv.ca.gov/FeeCalculatorWeb/vlfForm.do . Forward a printout to me and save a copy for your tax records.
- G MORTGAGE & EQUITY LOAN INTEREST: The 3-rd-party proof of how the proceeds of a loan were used determines how much of the mortgage interest reported on form 1098 is deductible versus not. Generally, interest on a mortgage loan or a HELOC secured by your primary residence or your second home and used directly for the purchase of the house it is secured by, or the construction of the permanent improvements to it, is deductible on the first \$750k (all mortgages together) of principal borrowed. There are important differences between the federal and California state tax laws.
- H DEPENDENT CARE: Please confirm that all the dependent care expenses you listed were for childcare (designed by the provider to primarily provide childcare before-, after-school, or day camps) & not for education (designed to primarily provide education). Please note that it does not matter how YOU use the services (for example, a music lesson after school which extends care), it only matters if the program is designed primarily to provide childcare (even though they happen to teach something there) or the program is designed as an educational program, and childcare is how you chose to use it. If designed as an education program, it does NOT qualify you for dependent care credit even if you use it for childcare purposes.
- FATCA: Foreign bank account reporting info: The Bank Secrecy Act (BSA) requires individuals who have a financial interest in or signature authority over a foreign financial account, cumulatively exceeding \$10,000 at any time during the year to report the account yearly on or before June 30 of each tax year by filing a Report of Foreign Bank and Financial Accounts (FBAR). The Financial Crimes Enforcement Network (FinCEN) is administering the process and has developed an electronic filing system that will accept the FBAR. It is now mandatory that FBARs (formerly Form TD F 90-22.1) be filed electronically for all original and amended filings at a secure Fincen site http://bsaefiling.fincen.treas.gov/main.html.
- J REFINANCING "GRANDFATHERED" MORTGAGE: If your Mortgage balance is over \$750,000 check with me before you refinance. If you take out ANY money, even to pay closing costs, so that the new loan is greater than the old loan balance, the amount of mortgage that is deductible will be capped at \$750,000.
- K FORGIVEN PPP LOANS: When listing your business expenses, please do NOT list any amounts paid with the proceeds of a "forgiven" or "planned to be forgiven" PPP loan. They are not deductible.
- L VIRTUAL CURRENCY TRANSACTIONS: We do not perform any work reporting virtual currency transactions, unless complete information pertaining to virtual currency transactions is presented to us on a completed IRS form 8949. If you have engaged in any virtual currency transactions during the year, and do not have completed IRS form 8949 to supply to us, we will not be able to prepare your tax return.
- M COLLEGE EXPENSES: Please tell me the breakdown of the \$XX that you paid for your child's college tuition & fees, versus required books & required supplies, versus other books & supplies, versus other expenses (please itemize). Please also give me the official COA amounts for the current school year provided by the college's financial aid office.

General Information Taxpayer Spouse First Name Middle Initial Last Name Suffix Social Security Number . . . Date of Birth Date of Death Check ("X") which phone number to list on return. Home Phone Work Phone Cell Phone Fax Number Legally Blind Totally Disabled Claimed as a Dependent . . . Presidential Election Fund (\$3) Occupation E-mail address State of Residence as of 12/31 . . County of Residence as of 12/31. School District as of 12/31 . . Sales tax rate of locality in 2021 . If Part Year, Period of Residency. to Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster. ID type Driver's license OR State Issued ID Driver's license OR ID number _ ID issuing state _____ ID expiration date . Filing Status Status on 2020 return: Status as of 12/31/2021: Single Enter ("X") in the box 2 Married filing joint 3 Married filing separately (Enter spouse's name and SSN above) Head of Household Non-dependent name: Non-dependent SSN: 5 Qualifying widow(er) with minor child Year spouse died Taxpayer's Address Apt/Suite : Street State City Zip Code If address is in a foreign country, enter that country . . . Foreign postal code Foreign province/county . . ____ If a bona fide resident of a U.S. territory, enter territory . . . **Preparer's Information** Preparer's name Maria Ku Firm's name Maria U. Ku, CPA Street 542 Crestmont Drive Oakland State 94619 Attestation and Signature: To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records. Sign Date

here

Name	SSN
Comments	

Name					SSN			
Federal, State and Local Estim	ated Taxes	Paid						
Federal Estimates								
Enter Payment Information			ler and/or Joi Date Paid	int Payments Amount		Spouse On Date Paid	lly Payments Amo	unt
Overpayment from last year			Jale Palu	Amount	1	Date Palu	Allio	uni
2 First quarter payment					2			
3 Second quarter payment					3			
4 Third quarter payment					3 -			
5 Fourth quarter payment					5			
					6			
6 7					─			
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State Estimates								
Enter two-letter state abbreviation	State		State		State		State	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . 1								
2 First quarter payment 2	2							
3 Second quarter payment 3	3							
4 Third quarter payment 4								
5 Fourth quarter payment 5	;							
66	3							
7 7	,							
88	3							
Local Estimates								
Enter locality name	Locality		Locality		Locality		Locality	
•	Locality		_ Locality		_ Locality		_ Locality	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . 1								
2 First quarter payment 2								
3 Second quarter payment 3								
4 Third quarter payment 4								
5 Fourth quarter payment 5	·							
6 6	·							
7 7								
8 8	B [

Name				S	SSN					
Dependent	Information									
First Name	Last Name	No. of Months in Home in 2021	Relationship	Date of Birth	SSN	Amount Paid for Dependent Care Expenses	US Citizen	Full- tim	or Education	Not a Dependent
riistivaille	Last Name	111 202 1	Relationship	DIIIII	JOIN	Care Expenses		Disable	z Expenses	lilis real
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Wages

W-2 Information

"X" if		Box 1 Wages, Tips	Box 2 Federal Income	Box 16 State	Box 17 State Income
spouse		Other Comp	Tax Withheld	Wages	Tax Withheld
	1				
	2				
	3				
	4				
	5 6				
+ 1				1	
1	7				
+	8				
H-1	9			+ +	
1	0				
- 1	11		1		
1	2				
1	3				
1	4		1		
1	5				
1	6				
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	33				
3	34				
	35				
1	36				
	37				
			1	1	
	99			1	
				1	
	10			1	
			+	1	
				+	
4	13				

Retirement Income

1099-R Information

"X" if		Box 1 Gross	Box 4 Federal Income	Box 16 State	Box 14 State Income
spous	e Payer's Name	Distribution	Tax Withheld	Distribution	Tax Withheld
	1				
	2				
	3				
	4				
-	56				
-	7				
-	8				
-	9				
-	10				
	11				
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-	37				
	38				
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<u> </u>	41				
	42				
	43				

Name			SSN			
Interest Income						
Please provide copies of all Form 1099	-INT or other s	tatements re	porting interes	t income.		
* F/S/J - enter ownership (F)iler, (S)pouse,	Taxable Inte	erest Income	Tax Exem	pt Interest	Specified Priv	Act Interest
or (J)oint.	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
*F/S/J Payer	Amount	Amount	Amount	Amount	Amount	Amount
11						
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<u></u> 11		1	 			
12						
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18						
19						
20						
	DIV or other s	tatements re	norting divider	nd income		
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse,	Ordinary	Dividends	Qualified	Dividends	Capital	
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer	Ordinary	Dividends	Qualified	Dividends		
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 15	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 15	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13 14 15 16	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099 * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year

mony Received F/S - enter ownership (F)iler or (S)pouse. F/S* Payer	Date of Original Divorce or Sepa- ration Agreement	Current Year Amount	Prior Year Amount
	1	Amount	Amount
2			
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		

SSN _____

Alimony Paid

Name _____

* F/S -	enter ownership (F)iler or (S)pouse.		Date of Original		
F/S*	Recipient's Name	Recipient's SSN	Divorce or Sepa- ration Agreement	Current Year Amount	Prior Year Amount
1			1		
2			2		
3	t		3		
4	·		4		
5	·		5		
6	t		6		
7			7		
8	F		8		
9			9		

Name	SSN
Name	3311

Business Assets Placed in Service in Prior Years

		Date Placed		Explain any assets no longer used by the business		
Activity	Description	In Service	Cost	by the business		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
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23						
24						
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27						
28						
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31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						

	Name					SSN	
Self	-Employed Business Incor	ne and	Expenses (Schedule C)			
	Enter "X" in one box: X	7	Spouse	,			
G	eneral Information	_					
	Employer Identification Number			(do not	enter Sc	ocial Security Numbe	er)
	Principal business or profession						
	Business name						
	Business address						
	City				Stat	e	Zip
	Foreign Country						
	Foreign Province/State				Pos	tal Code	
G	·	where app	<u> </u>				
1	Accounting Method	Cash	Accrual	Other - (Spec	cify)		
2	Did you "materially participate" in this	business?	Yes	No			
3	Check ('X') if you started or acquired t	his busines	ss in 2021.				
				F(-) 10000			J
4	Did you make any payments in 2021	that would i	require you to file	Form(s) 1099?		Yes	No
В	usiness Income * Report statutory income as W-2 inco					Current Year	Prior Year
	Gross receipts or sales not reported of		99 or Form W-2		-	Amount	Amount
5					5		
6					6		
7					7		
8					8		
9					9		
10					10		
11					11		
12					12		
13					13		
14					14		
15	Income reported on 1099 MISC				15		
16	Gross amount of payment card/third p	•			16		
17	Professional gambler winnings from F						
18	Gross installment sales less cost of go				18		
19	Returns and allowances				19		
20	Other income				20		
	ventory (Enter "X" where applications and the second state of the	,					
21	Method(s) used to value closing inver	•		Lower of cost			Yes No
22	Any change in determining quantities,	COSIS, OF V	aluations between	in opening and closi	ng mver T		
						Current Year Amount	Prior Year Amount
23	Inventory at the beginning of year .				23		_
24	Purchases less cost of items withdraw				24		
25	Cost of labor				25		
26	Materials and supplies				26		
27	Other Costs				27		
28	Inventory at end of year				28		
_	nesta Blassadia O				Г	D-4 D: :	
As	sets Placed in Service This Year Description:					Date Placed In Service	Purchase Amount
Α					Α	00. 1100	- mount
В					В		
С					С		
D					D		
E					E		
F					F		
G					G		

	Name	SSN		
	Business			
Self	-Employed Business Expenses Cont. (Schedule C)			
Expe	nses		Current Year Amount	Prior Year Amount
29	Advertising	. 29		
30	Contract labor	30		
31	Commissions and fees	31		
32	Depletion	32		
33	Employee benefit programs (other than on line 39)	33		
34	Insurance (other than health)	34		
25	Interest:	25		
35 <u>36</u>	Mortgage (paid to banks, etc.)	ľ		
37	Legal and professional services	37		
38	Office expense	38		
39	Pension and profit-sharing plans	39		
	Rent or Lease:			
40	Machinery rental or lease	ľ		
41	Equipment rental or lease	İ		
42		42		
43		43		
44	Other business property rental or lease	44		
45		45		
46		46		
47		47		
48	Repairs and maintenance			
49	Supplies (not included in inventory cost of goods sold)	49		
50	Taxes and licenses	ľ		
	Travel and Meals:	•		
	Travel	[1	
51		51		
52		52		
53		53		
54	Meals	54		
55	Enter "X" in the box if subject to DOT hours of service limits	55		
56	Zinoi X in the bex is dabject to Be i hours of cervice infine	56		
57		57		
58		58		
59		59		
60	Utilities	60		
61	Wages	61		
	Other Expenses:	ا مم		
62		62		
63		63		
64		64		
65 66		65		
66 67		66		
67 69		67		
68 69		68 69		
70		70		
		, ,		

	Name	SSN _		
	Home Office Number			
	Description of Home Office			
	Address			
	City	S	tate Zip	
	Check ("X") box:			
Hon	me Office Expenses			
•			Current Year	Prior Year
Ar 1	rea of Home Area used regularly and exclusively for business, regularly for daycare, or for	storage	Amount	Amount
	of inventory or product samples	1		
2 Da	Total area of home	2		
3	Multiply days used for daycare during year by hours used per day	3		
4 Ex	Enter total hours home was available for daycare during year xpenses related to entire home including business portion (Indirect)	4		
5	Casualty losses	5		
6	Excess mortgage interest	6		
7	Excess real estate taxes	7		
8	Insurance	8		
9	Rent	9		
10	Repairs and maintenance	10		
11	Utilities	11		
12	Other Expenses:			
а		12a		
b				
С		4.0		
d				
е		12e		
			Current Year	Prior Year
Вι	usiness Allocation:		Allocation %	Allocation %
	Business 1:			
	Business 2:			
	Business 3:			
	Business 4:			
ъ.			Comment Veen	Prior Year
	usiness: dditional expenses related to business portion only (Direct)		Current Year Amount	Amount
13	Casualty losses	13	7.11.1.4	7
14	Excess mortgage interest			
15	Excess real estate taxes			
16	Insurance	16		
17	Rent	17		
18	Repairs and maintenance	18		
19	Utilities			
20	Other Expenses:	<u> </u>		
а		20a		
b		20b		
С		20c		
d		20d		
_		200		

Name	SON	

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

	Name	SS	SN	
Rea	I Estate Rentals	and Royalties		
Pı	operty Description			
A	ldress			
C	ty	State Zip		
	reign Country			
	oreign Province/State	Postal Code		
			Current Year	Prior Year
			Info	Info
1a	Owner of property (Ente	er Filer, Spouse, or Joint)		
1b	(1) Single-Family Resid	nber (1 to 8)		
2 3		participated?		
	than 14 days or 10% of	the total days rented?		
	3a If entered ("X	("), enter the number of days of personal use?		
	·	("), enter the number of days rented?		
Inco		[Current Year	Prior Year
			Amounts	Amounts
4	Royalty received			
5	Rent received			
	a If rental real	estate, enter the percent of ownership if less than 100% 5a		
		ercentage for property used partially for personal use only 5b		
6	·			
D		Г		5
Prop	erty Expense		Current Year Amounts	Prior Year Amounts
Prop				
Ī	Advertising			
7	Advertising Cleaning and maintenant	The state of the s		
7	Advertising	nce		
7 8 9	Advertising	nce		
7 8 9 10	Advertising	nce		
7 8 9 10	Advertising	nce		
7 8 9 10 11	Advertising	nce 8 9 10 ional fees 11 12		
7 8 9 10 11	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc. 13a		
7 8 9 10 11 12 13	Advertising	nce 8 . 9 . 10 ional fees 11 . 12 interest paid to banks, etc 13a erest paid to banks, etc 13b		
7 8 9 10 11 12 13	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b 14		
7 8 9 10 11 12 13	Advertising	nce 8 . 9 . 10 ional fees 11 . 12 interest paid to banks, etc 13a erest paid to banks, etc 13b . 14 . 15		
7 8 9 10 11 12 13 14 15 16	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b 14 15 16		
7 8 9 10 11 12 13 14 15	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc 13a erest paid to banks, etc 13b 14 15 16 17a		
7 8 9 10 11 12 13 14 15 16 17	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b 14 15 16 17a 17b 18	Amounts	Amounts
7 8 9 10 11 12 13 14 15 16 17	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b 14 15 16 17a 17b 18		
7 8 9 10 11 12 13 14 15 16 17	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b 14 15 16 17a 17b 18	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17	Advertising	10	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17 18 A	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b 14 15 16 17a 17b 18	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17 18 A B	Advertising	nce 8 9 10 ional fees 11 12 interest paid to banks, etc. 13a erest paid to banks, etc. 13b 14 15 16 17a 17b 18 ice This Year	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17 18 A B C	Advertising Cleaning and maintenant Commissions	S	Amounts Date Placed	Amounts
7 8 9 10 11 12 13 14 15 16 17 18 A B C	Advertising Cleaning and maintenant Commissions	S	Amounts Date Placed	Amounts

Name	SSN
Property	
ther Expenses (Schedule E)	
her Expenses:	Current Year Prior Year
9	
8	
L	
5	25
3	26
vel Expenses:	Current Year Prior Year
7	
3	
) <u> </u>	30
	24
2	
3	
.	34
als Expenses:	
	Current Year Prior Year
5	35
3	36
	38
	39
	40
·	41
2	42

Property				
nicle Information (Schedule E)	Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
Date vehicle was placed in service 1				
Cost of vehicle 2				
Total miles driven for the year 3				
Business miles driven during the year 4				
Commuting miles included on line 3 5				
Parking fees and tolls 6				
Vehicle Interest				
Vehicle Personal Property tax 8ctual Expenses				
Gasoline, oil and repairs 9				
Vehicle Insurance				
Vehicle registration fees				
Vehicle lease or rental				
13				
	Vehicle -		Vehicle -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
Date vehicle was placed in service 1				
Cost of vehicle 2				
Total miles driven for the year 3				
Business miles driven during the year . 4				
Commuting miles included on line 3 5				
Parking fees and tolls 6				
Vehicle Interest				
Vehicle Personal Property tax 8ctual Expenses				
Gasoline, oil and repairs 9				
Vehicle Insurance 10				
Vehicle registration fees				
Vehicle lease or rental				
13				
	Date vehicle was placed in service	Vehicle - Current Year Amount	Vehicle	Vehicle Vehicle Vehicle Vehicle

Name ____

SSN ____

rtnerships, S corporations, or estates and trusts. /S/J - enter ownership (F)iler, (S)pouse, or (J)oint. S/J Entity Name	Enter "S" if K1 (1120S) Enter "P" if K1 (1065) Enter "E" if K1 (1041)	Unreimbursed Partnership Exp Current Year
		Current rear
1	1	
2		
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10	10	
11	11	
12	12	
13	13	
14	14	
15	15	
16	16	
	17	
	18	
	19	
	20	
	20 21	
22		
23		
24	24	
25	25	
26	26	
27	27	
28	28	
29	29	
30	30	
31	31	
32	32	
33	33	
34	34	
35	35	
36	36	
37	37	
38	38	
39	39	
40	40	
41	41	
	42	
43	43	

Name

SSN ____

Soc	ial Security and Railroad Retirement			
Filer			Current Year Amount	Prior Year Amount
1	Enter the total amount from box 5 of all your Forms SSA-1099	1		
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	2		
3	Enter the total amount from box 5 of all your Forms RRB-1099	3		
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	4		
5	Enter the total amount of Medicare B Premiums withheld	5		
6	Enter the total amount of Medicare D Premiums withheld	6		
Spou	se	_		
7	Enter the total amount from box 5 of all your Forms SSA-1099	7		
8	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	8		
9	Enter the total amount from box 5 of all your Forms RRB-1099	9		
10	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	10		
11	Enter the total amount of Medicare B Premiums withheld	11		
12	Enter the total amount of Medicare D Premiums withheld	12		

Name ____

SSN _____

1	Name		;	SSN		
lisce	ellaneous Income	File	<u></u>	1 1	Spor	use
		Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 R	efund from state			1		
2 U	nemployment compensation			2		
3 Pi	rizes and awards			3		
5 In	cholarships and fellowships			4 5		
	et operating loss carryover (negative no.)			6		
	anceled debts (1065 K-1)			7		
_				8		
_				9		
10				10		
11 0	ther income not provided for in this Organizer			11		
al:a4:	manta ta linaama	File		1 1	S-no-	
ajust	ments to Income	Filer Current Year Prior Year		1	Spou	Prior Year
		Amount	Amount		Amount	Amount
2 Confo	ducator expenses			1 2		
	ealth Savings account deduction			3		
	loving expenses (members of armed forces) .			4		
5 So	elf-employed SEP, SIMPLE, or other ualified plans			5		
	elf-employed health insurance deduction			6		
	enalty on early withdrawal of savings			7		
	limony paid			8		
	RA contribution			9		
	tudent loan interest deduction			10		
11 To	uition and fees (Total education expenses)			11		
ther A	Adjustments to Income	File	er	1 1	Spor	use
	•	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Fo	oreign housing deduction			1		
2 Ju	ury duty pay given to your employer			2		
4 R	eforestation amortization epayment of sub-pay under the Trade Act			3		
of	f 1974			4		

Other Adjustments to Income		Filer			Spouse		
		Current Year	Prior Year		Current Year	Prior Year	
		Amount	Amount		Amount	Amount	
1	Foreign housing deduction			1			
2	Jury duty pay given to your employer			2			
3	Reforestation amortization			3			
4	Repayment of sub-pay under the Trade Act of 1974			4			
5	Contributions to Section 501(c)(18)(D) pension plans			5			
6	Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions			6			
7	Expenses from the rental of personal property but were not in the business of renting such property			7			
8	Contributions by chaplains to section			֓֞֞֞֞֞֞֞֞֞֞֜֞֞֜֞֞֜֞֞֜֞֞֜֞֜֞֜֞֡֡֡֡֡֡֡֡֡֡			
_	403(b) plans			8			
40	Archer MSA deduction			9			
10	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income.			10			
11	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money			11			
12	Excess deductions on termination of an estate/trust - Section 67(e) expenses			12			
13				13			
14				14			

	Name					SSN _		
Elec	ting to Report Child's Inc	com	e on Parent	's Return.				
If you	r child has over \$1,100 in income	from	interest and div	idends you ma	y qualify to elec	t to report that	income on you	r return.
Ste	p 1 : Enter "X" if your child:							
	1 Is under 19 (24 if a full time s	tuden	t) on January 1	2022				
	2 Has income only from interes		,					
	3 Has gross income of less tha							
	4 Made no estimated tax paym		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	5 Had no federal income tax wi		d from his or her	income.				
	6 Is required to file a 2021 return							
	7 Does not file a joint return for							
If v	ou entered ("X") in ALL the above b			es.				
-	p 2 : Enter "X" if as the parent:		,					
	- 							
-	1 You are filing a joint return wi		-					
	2 You are married to the child's				•	taxable income		
	3 You are unmarried or separa		·					
	4 You are married to someone		-	· · · · · · · · · · · · · · · · · · ·			tavabla inggma	
16	5 You are married to someone		_	•	rately, and you n	ave the higher	taxable income.	
-	ou entered ("X") in ANY of the above		-	ifying parent.				
If Bot	h the Child and Parent Qualifies T							
	Child's First Name	M	1.I. Child's La	ast Name		Child	l's SSN	
Inte	erest		Taxable Inte	rest Income Prior Year	Tax Exemple Current Year	ot Interest Prior Year	Specified Priv	Act Interest Prior Year
	Payer		Amount	Amount	Amount	Amount	Amount	Amount
1		1						
2		2						
3		3						
4		4						
5		5						
6		6						
7		7						
8		8						
9		9						
10		10						
Div	ridends			Dividends	Qualifying		Capital	
	Payer		Current Year	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year	Prior Year Amount
1	-	1	Amount	Amount	Amount	Amount	Amount	Amount
2		2						
3		3						
4		4						
5		5						
6		6						
7		7						
8		8						
9		9						
10		10						
				1	1		1	

	Name		SSN	
IRA	and Other Contribution Information			
Trad	itional IRA Contributions	Γ	Current Year	Prior Year
Filer			Amount	Amount
1	Enter total traditional IRA contributions made for 2021	1		
2	Enter contributions, on line 1, made after 12/31/2021 and before 04/15/2022	2		
3	Enter value of all traditional IRAs on 12/31/2021	3		
4	Enter amount of any outstanding traditional rollovers as of 1/1/2022	4		
Spot	se	-		
5	Enter total traditional IRA contributions made for 2021	5		
6	Enter contributions, on line 5, made after 12/31/2021 and before 04/15/2022	6		
7	Enter value of all traditional IRAs on 12/31/2021	7		
8	Enter amount of any outstanding traditional rollovers as of 1/1/2022	8		
Roth	IRA Contributions			
			Current Year	Prior Year
Filer		_	Amount	Amount
1	Enter 2021 Roth IRA contributions	1		
2	Enter value of all Roth IRAs on 12/31/2021	2		
Spor		Г		
3	Enter 2021 Roth IRA contributions	3		
4	Enter value of all Roth IRAs on 12/31/2021	4		
SIMF	LE IRA	-		
Filer			Current Year Amount	Prior Year Amount
1	Enter value of all SIMPLE IRAs on 12/31/2021	1	Amount	Amount
-		٠ ١		
Spor		, [
2	Enter value of all SIMPLE IRAs on 12/31/2021	2		
Educ	ation (Coverdell ESA)	ľ	Current Year	Prior Year
Filer			Amount	Amount
1	Enter 2021 Coverdell ESA contributions	1		
2	Enter value of the Coverdell ESA on 12/31/2021	2		
Spot	ise	_		
3	Enter 2021 Coverdell ESA contributions	3		
4	Enter value of the Coverdell ESA on 12/31/2021	4		
Otha	-			
Othe	I	ſ	Current Year	Prior Year
Filer			Amount	Amount
1	Repayment of qualified reservist distributions	1		
Spot	se	_		
2	Repayment of qualified reservist distributions	2		

lame SSN

Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
1	Prescription medications		
2	Fees for doctors, dentists, etc		
3	Fees for hospitals, clinics, etc		
4	Lab and X-ray fees		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc 5		
6	Medical equipment and supplies		
7	Medical mileage (number of miles driven) 7		
8	Medical parking, tolls and local transportation		
9	Lodging for medical purposes (up to \$50 per night per person) 9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans) 10		
11	Long Term Care insurance premiums (taxpayer)		
12	Long Term Care insurance premiums (spouse)		
13	Expenses to stop smoking		
14	Health insurance premiums - coverage established under your business (1) 14		
15	Health insurance premiums - coverage established under your business (2) 15		
16	Long Term Care insurance premiums - coverage est. under your business (1) . 16		
17	Long Term Care insurance premiums - coverage est. under your business (2) . 17		
18	18		
19	19		
20	20		
21	21		
22	Insurance reimbursement for any medical and dental expense listed above 22		

Name	SSN
INAILIC	3311

Taxes - Itemized Deductions

23 Pri			Current Year	Prior Year
24 Re Re 25	al Estate Taxes	-	Amount	Amount
Re-	incipal residence	23		
	eal estate taxes from Schedule E properties	24		
26		25		
		26		
27		27		
28		28		
29		29		
Re	al Estate Held For Investment	Г		T T
30		30		
31		31		
32		32		
33		33		
34		34		
	rsonal property taxes	Г		
	on-business portion of vehicle personal property taxes	35		
36		36		
37		37		
38		38		
39		39		
40		40		
	on-Personal Property Taxes	Г		<u> </u>
	(1065) - Other deductions/taxes	41		
	(1120S) - Other deductions/taxes			
	(1041) - Other deductions/taxes	43		
	reign Taxes	44		
45 Fro	om Schedule E properties	45		
46		46		
47		47		
48		48		

	Name		SSN			
Inte	rest - Itemized Deductions					
	Home Mortgage Interest and Points Reported on Form 1098		Current Year Amount	Prior Year Amount		
49		49	Amount	Amount		
50		50				
51		51				
52	Landa	52				
	Home Mortgage Interest Not Reported on Form 1098			<u>l</u>		
53	Name:	53				
00	Address:	00				
	SSN:					
54	Mortgage insurance premiums paid on 2021 acquisition indebtedness for					
	principal residence	54				
	Refinancing Points					
55	Description	55				
	Points paid					
	Date of loan					
	Total number of scheduled loan payments					
	Number of payments made in 2021					
56	Description	56				
	Points paid					
	Date of loan					
	Total number of scheduled loan payments					
	Number of payments made in 2021					
57	Description	57				
	Points paid					
	Date of loan					
	Total number of scheduled loan payments					
	Number of payments made in 2021					
58	Description	58				
	Points paid					
	Date of loan					
	Total number of scheduled loan payments					
	Number of payments made in 2021					
	In continue of interest world	F 2				
59	Investment interest paid	59				

	Name						
Unr	eimbursed Employee Expen	ses - Itemized	Deduction	ns			
	List car, truck, transportation, meals and	entertainment expe		oyee Ex	penses t		
(Cto)	to use only)	Current Y	Filer	Dulan Va		Spo	
(Sta	te use only)	Amoun		Prior Ye Amour		Current Year Amount	Prior Year Amount
60	Union and professional dues	60					
61	Professional subscriptions	61					
62	Uniform and protective clothing	62					
63	Job search costs	63					
64		64					
65		65					
66		66					
67		67					
68		68					
69		69					
Cer	tain Miscellaneous Deductio	ns - Itemized	Deduction	าร			
			lf	investm		Current Year	Prior Year
(Sta	te use only)			ted ente	er "X"	Amount	Amount
70	Tax preparation fees			· —	. 70		
71	Certain attorney and accounting fees .			\vdash	71		
72	Safe deposit box rental				72		
73	IRA Custodial fees			\vdash	73		
74	Investment counsel and advisory fees .			\vdash	74		
75	Losses on deposits in insolvent or bankr	-		\vdash	75		
76	Convenience fees paid with credit or deb	oit card for federal ta	xes in 2021.	\vdash	76		
77					77		
78					78		
79					79		
80					80		
81					81		
82					82		
83					83		
84					84		
85					85		
86				. Ш	86		
Oth	er Miscellaneous Deductions				Γ	T	
87	Federal estate tax on income in respect						_
88	Amortizable bond premiums on bonds ac	•					
89	Gambling losses (if gambling income) .						
90	Repayment of income						
91	From K1 Input Worksheet (1065 & 1120)	•					
92	Certain unrecovered investment in a per	sion					
93					93		
94					94		
95							
96					96		
97					97		
98					98		

	Name		SSN	
12	arity - Itemized Deductions			
	•		Current Year	Prior Year
	* Total contributions \$500 or less. See Non-Cash Charity if over \$500.	-	Amount	Amount
	Gifts To Charity Other Than By Cash or Check*	. 1		
	Total Miles driven for charitable activities	. 2		
	Parking fees, tolls and local transportation for charitable activities	3		
		1		
		2		
		3 4		
		5		
		6		
		7		
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		40		
		41		

	Name						SSN			
		le Contributions	(Tota	al of Con	tributi	ons	more tha	an \$500)		
Infor	mation on Donated	Property (a) Name and Addr	one of t	ho			/h	Description of Donat	ad Dranarty	
		Donee Organiz		ne			(1)) Description of Donat	ed Property	
1	Name	<u>g</u>								
•	Address									
	City	04-4		7:- OI-						
_	Name	State	е	Zip Code						
2										
	Address									
	City	State	е	Zip Code						
3	Name									
	Address									
	City	State	е	Zip Code						
4	Name									
	Address									
	City	State	e	Zip Code						
5	Name									
·	Address									
	City	04-4		7: 0 1 -						
	Oity	State	<u>e</u>	Zip Code						
Note	: If the fair market valu	ue for an item is \$500 or	less, yo	ou do not hav	e to cor	nplete	columns (d),	(e), and (f).		
	(c) Date of the	(d) Date Acquired		(e) How		,) Cost or	(g) Fair Market Value	(h) Method Used to	
	Contribution	mm/dd/yyyy		Acquired		Adju	usted Basis	F. M. V.	Determine the F. M. V.	
1										
2										
3										
4										
5										

	Name	SSN_		
Emp	loyee Business Expenses			
Ent	er "X" in one box: X Filer Spouse			
Oc	cupation in which you incurred the expenses			
Ent	er "X" if expenses incurred while working as a reservist, performing artist or fee-based g	ov't offi	cial	
with i	RTANT: Per TCJA updates only reservists, qualified performing artists, impairment-related work expenses can deduct the following business ex information below for certain applicable states that allow the deduction	pense		
Me	ale		Current Year Amount	Prior Year Amount
1	Meals	1	Amount	Amount
2	Enter "X" in the box if subject to DOT hours of service limits	2		
	vel Expenses			
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work	3		
4	Travel expense while away from home overnight, including lodging,	٦ 		
	airplane, car rental, etc. DO NOT include meals	4		
Oth	ner Employment Related Expenses			
5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8		8		
9		9		
10		10		
11		11		
12		12		
	ployer Reimbursements			
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2			
14 15	Enter other employer reimbursements not reported to you in box 1 of Form W-2 Enter the total expense for meals and entertainment for the period covered by	14		
	the reimbursements	15		

	Name			SSN	
CI	hild and Dependent (Care Expenses			
		benefits forfeited			
1		e expenses incurred in 2020 a			
	·	·	·		
	Note: Enter qualified expense	es for dependents on the Org	anizer dependent sheet		
Fil	er and/or Spouse Who Is a S	tudent or Disabled			
	Check one box for				
	or partial month that or spouse was a fu		Filer's earned income for	Spouse's earned income for	
student or disabled.			each month	each month	
	<u>Fil</u> er <u>Sp</u> ouse		Filer	Spouse	
	January .				
	February	,			
	March .				
	April				
		er			
		er			
No	n-Dependent Information an	d Qualifying Expenses			Amount incurred
	First Name	Last Name	Birthdate	SSN	and paid in 2021
1					
2					
3					_
4					
Pe	rsons or Organizations Who	Provided the Care			
	Name		Address	SSN/EIN	Amount incurred and paid in 2021
	First:		7.000	35.3,2.33	
	Last:	City:		SSN:	
1	Business:		Zip:	EIN:	
	First:				
	Last:	City:		SSN:	_
2	Business:		Zip:	EIN:	
	First:				
	Last:	City:		SSN:	_
3	Business:	State:	Zip:	EIN:	
	First:				
	Last:	City:		SSN:	⊣
4	Business:	State:	Zip:	EIN:	+
	First:	O'the c		CON	
-	Last:Business:	City: State:		SSN:	-
J	Duali IC33.	State.	<u> </u>	EIIV.	

Tip Income for Filer Cash and charge tips received	d but not reported because total was	s less than \$20 in a	calendar month			
	icare Tax only					
	·	Total Tips	Received	Total Tips	Reported	
Employer Name	Employer ID Number	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	
	d but not reported because total was					
Amount of tips subject to Medi	icare Tax only	Total Tips	Total Tips	Tips Reported		
Employer Name	Employer ID Number	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	
Imployer Hame	Employer 15 Number	Amount	Amount	Amount	Amount	
					1	
			1	1	I	

Name

SSN