

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 _____
Date: _____

Spouse: _____
Date: _____

General

Yes No

		a	Alimony received - under divorce prior to 2019?			g	Commissions?
		b	Child support?			h	Jury duty?
		c	Scholarship, fellowship, grant?			i	Workers compensation?
		d	Prizes, bonuses, awards?			j	Veterans pension?
		e	Unreported tips?			k	Payments from prior installment sale?
		f	Director/executor fee?			l	Other?

Questions

General

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

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	43 Was Form 8839, Adoption Credit, filed in a previous year or incur adoption expenses during current year?
<input type="checkbox"/>	<input type="checkbox"/>	44 Did you receive employer-provided adoption benefits for a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	46 Have you made any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	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+?
<input type="checkbox"/>	<input type="checkbox"/>	48 Did you pay penalty for early withdrawal of savings?
<input type="checkbox"/>	<input type="checkbox"/>	49 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	50 Did you make any energy-efficient home improvements or purchase any energy-saving property during the year (solar, photovoltaic, fuel cell) ?
<input type="checkbox"/>	<input type="checkbox"/>	51 Did you purchase a new vehicle, aircraft or boat during the year?
<input type="checkbox"/>	<input type="checkbox"/>	52 Did you purchase a "clean-fuel" or electric hybrid vehicle during the year?
<input type="checkbox"/>	<input type="checkbox"/>	53 Did you claim a First-time Homebuyer Credit for a home purchased in 2008 (not any other year)?
<input type="checkbox"/>	<input type="checkbox"/>	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)?
<input type="checkbox"/>	<input type="checkbox"/>	55 During this year, did you receive housing allowance for ministerial services you provided?
<input type="checkbox"/>	<input type="checkbox"/>	56 Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	57 Did you receive proceeds from prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	58 Did you pay alimony - under divorce dated prior to 2019?
<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	a (a) use the standard amount based on your income level, or
<input type="checkbox"/>	<input type="checkbox"/>	b (b) tell me the amount of such purchases, so that I can include the unpaid sales or use tax on your state tax returns?
<input type="checkbox"/>	<input type="checkbox"/>	60 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.
<input type="checkbox"/>	<input type="checkbox"/>	61 I have read and understood the NOTES page that follows this Questionnaire.

Investments

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	62 Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	63 Did any security become worthless during the year?
<input type="checkbox"/>	<input type="checkbox"/>	64 Did any debts become uncollectible during the year?
<input type="checkbox"/>	<input type="checkbox"/>	65 Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	66 Did you receive Form 2439 Notice to Shareholder of Undistributed Long-Term Capital Gains?
<input type="checkbox"/>	<input type="checkbox"/>	67 Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	68 Did you sell any assets using the installment method or receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	69 Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	70 Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	71 Did you buy or sell any bonds, outside of your retirement plans?
<input type="checkbox"/>	<input type="checkbox"/>	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)?
<input type="checkbox"/>	<input type="checkbox"/>	73 Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	74 Did you exercise any stock options?
<input type="checkbox"/>	<input type="checkbox"/>	75 Did you surrender (cash in) any U.S. savings bonds?
<input type="checkbox"/>	<input type="checkbox"/>	76 Did you have interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	77 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	78 Did you convert a Traditional IRA into a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	79 Did you make any contributions, or plan to make contributions, to a Traditional or Roth IRA for the year?
<input type="checkbox"/>	<input type="checkbox"/>	80 Did you own an interest in the Real Estate Mortgage Investment Conduit (REMIC)?
<input type="checkbox"/>	<input type="checkbox"/>	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.

Business

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	82 Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	83 Was all or part of any business or business assets sold?
<input type="checkbox"/>	<input type="checkbox"/>	84 Were any business assets removed for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	85 Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	86 Did you use part of your home REGULARLY and EXCLUSIVELY for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	a If answer to Q above is Yes, then: Are ALL administrative tasks / recordkeeping for your business done from this home office?
<input type="checkbox"/>	<input type="checkbox"/>	87 Did you/do you plan to, prior to the tax deadline, make any contributions to a Keogh, solo 401(k) or a SEP IRA for the year?
<input type="checkbox"/>	<input type="checkbox"/>	88 If SEP IRA, will you maximize your contribution?
<input type="checkbox"/>	<input type="checkbox"/>	89 If self-employed, are you covered by your own health / long-term care insurance plan NOT sponsored by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	90 Did you purchase any equipment or furniture for your business during the year?

Rental activity

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	91 Was the property rented to a related party? If Yes, you must have documentation that it is rented at its market value.
<input type="checkbox"/>	<input type="checkbox"/>	92 Is this a residential (not commercial) rental?
<input type="checkbox"/>	<input type="checkbox"/>	93 Did you construct any permanent improvements to your rental property?
<input type="checkbox"/>	<input type="checkbox"/>	94 Do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	95 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 service" hours per year "safe harbor" rule. Separate books and records must be maintained for each real estate enterprise ("RREE") and contemporaneous records of hours spent must be maintained to support the deduction. ("Rental services" include advertising to rent, negotiating and executing leases, verifying tenant applications, collection of rent, daily operation and maintenance, management of the real estate, purchase of materials, and supervision of employees and independent contractors. No travel time or time arranging financing, procuring property, reviewing financial statements or operation reports can be included). Please answer Yes only if you're affirmatively certify under penalty of perjury that your rentals do fall under the safe harbor above. (Most rental owners would answer No).
<input type="checkbox"/>	<input type="checkbox"/>	96 If you are due a refund, how do you want to receive it:
<input type="checkbox"/>	<input type="checkbox"/>	a Check sent to you in the mail
<input type="checkbox"/>	<input type="checkbox"/>	b Apply to next year's estimated payments
<input type="checkbox"/>	<input type="checkbox"/>	c Direct deposit (fill in info below)

Direct Deposit

If you would like your tax refund, if any, deposited directly into your bank, please provide the following information:

Account Type	Account Number	Bank Routing Number
<input type="checkbox"/> Checking		
<input type="checkbox"/> Savings		

<input type="checkbox"/>	97 The ONLY originals I submit are the W-2s and those 1099s that show withholding taken. All other documents submitted are COPIES that Maria U. Ku, CPA will keep and NOT return to me.
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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.
- I 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.

Taxpayer		Spouse	
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle Initial	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Death	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check ("X") which phone number to list on return.			
Home Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legally Blind	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totally Disabled	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claimed as a Dependent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Presidential Election Fund (\$3)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>	<input type="text"/>
State of Residence as of 12/31	<input type="text"/>	<input type="text"/>	<input type="text"/>
County of Residence as of 12/31	<input type="text"/>	<input type="text"/>	<input type="text"/>
School District as of 12/31	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sales tax rate of locality in 2021	<input type="text"/> % <input type="text"/>	<input type="text"/> % <input type="text"/>	<input type="text"/>
If Part Year, Period of Residency	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>
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	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID issuing state	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID issue date	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID expiration date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Status on 2020 return : ☐

Status as of 12/31/2021 : ☐ 1 Single

Enter ("X") in the box ☐ 2 Married filing joint

☐ 3 Married filing separately
(Enter spouse's name and SSN above)

☐ 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____

☐ 5 Qualifying widow(er) with minor child Year spouse died _____

Street _____ Apt/Suite : _____
 City _____ State _____ Zip Code _____
 If address is in a foreign country, enter that country . . . _____
 Foreign province/county . . . _____ Foreign postal code _____
 If a bona fide resident of a U.S. territory, enter territory . . . _____

Preparer's name	Maria Ku				
Firm's name	Maria U. Ku, CPA				
Street	542 Crestmont Drive				
City	Oakland	State	CA	Zip Code	94619

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 _____ Date _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Name _____

SSN _____

Federal, State and Local Estimated Taxes Paid**Federal Estimates**

Enter Payment Information

		Filer and/or Joint Payments		Spouse Only Payments	
		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	

State Estimates

Enter two-letter state abbreviation

		State		State		State		State	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6	_____								
7	_____								
8	_____								

Local Estimates

Enter locality name

		Locality		Locality		Locality		Locality	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6	_____								
7	_____								
8	_____								

SSN

[illegible]

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				
<input type="checkbox"/>	16				
<input type="checkbox"/>	17				
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<input type="checkbox"/>	29				
<input type="checkbox"/>	30				
<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
<input type="checkbox"/>	18					
<input type="checkbox"/>	19					
<input type="checkbox"/>	20					
<input type="checkbox"/>	21					
<input type="checkbox"/>	22					
<input type="checkbox"/>	23					
<input type="checkbox"/>	24					
<input type="checkbox"/>	25					
<input type="checkbox"/>	26					
<input type="checkbox"/>	27					
<input type="checkbox"/>	28					
<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Taxable Interest Income	Tax Exempt Interest	Specified Priv Act Interest
		Current Year	Current Year	Current Year
		Amount	Amount	Amount
		Prior Year	Prior Year	Prior Year
		Amount	Amount	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Ordinary Dividends	Qualified Dividends	Capital Gains
		Current Year	Current Year	Current Year
		Amount	Amount	Amount
		Prior Year	Prior Year	Prior Year
		Amount	Amount	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____ 1		
<input type="checkbox"/>	2 _____	_____ 2		
<input type="checkbox"/>	3 _____	_____ 3		
<input type="checkbox"/>	4 _____	_____ 4		
<input type="checkbox"/>	5 _____	_____ 5		
<input type="checkbox"/>	6 _____	_____ 6		
<input type="checkbox"/>	7 _____	_____ 7		
<input type="checkbox"/>	8 _____	_____ 8		
<input type="checkbox"/>	9 _____	_____ 9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	_____ 1		
<input type="checkbox"/>	2 _____	_____	_____ 2		
<input type="checkbox"/>	3 _____	_____	_____ 3		
<input type="checkbox"/>	4 _____	_____	_____ 4		
<input type="checkbox"/>	5 _____	_____	_____ 5		
<input type="checkbox"/>	6 _____	_____	_____ 6		
<input type="checkbox"/>	7 _____	_____	_____ 7		
<input type="checkbox"/>	8 _____	_____	_____ 8		
<input type="checkbox"/>	9 _____	_____	_____ 9		

Name _____

SSN _____

Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)Enter "X" in one box: ☒ Filer ☐ Spouse**General Information**

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method ☐ Cash ☐ Accrual ☐ Other - (Specify) _____
- 2 Did you "materially participate" in this business? ☐ Yes ☐ No
- 3 Check ('X') if you started or acquired this business in 2021. ☐
- 4 Did you make any payments in 2021 that would require you to file Form(s) 1099? ☐ Yes ☐ No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

		Current Year Amount	Prior Year Amount
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15	Income reported on 1099 MISC		
16	Gross amount of payment card/third party network transactions from Form 1099-K		
17	Professional gambler winnings from Form W2-G		
18	Gross installment sales less cost of goods sold		
19	Returns and allowances		
20	Other income		

Inventory (Enter "X" where applicable)

21	Method(s) used to value closing inventory	<input type="checkbox"/> Cost	<input type="checkbox"/> Lower of cost or market	<input type="checkbox"/> Other
22	Any change in determining quantities, costs, or valuations between opening and closing inventory?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
23	Inventory at the beginning of year	23	Current Year Amount	Prior Year Amount
24	Purchases less cost of items withdrawn for personal use	24		
25	Cost of labor	25		
26	Materials and supplies	26		
27	Other Costs	27		
28	Inventory at end of year	28		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A			
B			
C			
D			
E			
F			
G			

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)**Expenses**

			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		

Interest:

35	Mortgage (paid to banks, etc.)	35		
36	Other	36		
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	40		
41	Equipment rental or lease	41		
42	_____	42		
43	_____	43		
44	_____	44		
	Other business property rental or lease			
45	_____	45		
46	_____	46		
47	_____	47		

48	Repairs and maintenance	48		
49	Supplies (not included in inventory cost of goods sold)	49		
50	Taxes and licenses	50		

Travel and Meals:**Travel**

51	_____	51		
52	_____	52		
53	_____	53		
54	_____	54		

Meals

55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>	<input type="checkbox"/>
56	_____	56		
57	_____	57		
58	_____	58		
59	_____	59		

60	Utilities	60		
61	Wages	61		

Other Expenses:

62	_____	62		
63	_____	63		
64	_____	64		
65	_____	65		
66	_____	66		
67	_____	67		
68	_____	68		
69	_____	69		
70	_____	70		

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: ☐ Daycare

Home Office Expenses

Area of Home

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1

2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

3 Multiply days used for daycare during year by hours used per day 3

4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

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:

a _____ 12a

b _____ 12b

c _____ 12c

d _____ 12d

e _____ 12e

Business Allocation:

Business 1: _____

Business 2: _____

Business 3: _____

Business 4: _____

Business:

Additional expenses related to business portion only (Direct)

13 Casualty losses 13

14 Excess mortgage interest 14

15 Excess real estate taxes 15

16 Insurance 16

17 Rent 17

18 Repairs and maintenance 18

19 Utilities 19

20 Other Expenses:

a _____ 20a

b _____ 20b

c _____ 20c

d _____ 20d

e _____ 20e

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Current Year Amount	Prior Year Amount

Name _____

SSN _____

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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38					
39					
40					
41					
42					
43					
44					
45					

Real Estate Rentals and Royalties

Property Description

Address

CityStateZip

Foreign Country

Foreign Province/StatePostal Code

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8)		
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?		
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?		
3a If entered ("X"), enter the number of days of personal use?		
3b If entered ("X"), enter the number of days rented?		

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
a If rental real estate, enter the percent of ownership if less than 100%		
b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13 a Qualified mortgage interest paid to banks, etc.		
b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17 a Real estate taxes		
b Other Taxes		
18 Utilities		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
Description: A <div></div>	A	
B <div></div>	B	
C <div></div>	C	
D <div></div>	D	
E <div></div>	E	
F <div></div>	F	
G <div></div>	G	

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19

20

21

22

23

24

25

26

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27

28

29

30

31

32

33

34

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35

36

37

38

39

40

41

42

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J **Entity Name**

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

**Unreimbursed
Partnership Exp.
Current Year**

1		1	
2		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	
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31		31	
32		32	
33		33	
34		34	
35		35	
36		36	
37		37	
38		38	
39		39	
40		40	
41		41	
42		42	
43		43	

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 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

Current Year Amount	Prior Year Amount

Spouse

- 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

SSN _____

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

SSN

Dividends		Ordinary Dividends		Qualifying Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1		1					
2		2					
3		3					
4		4					
5		5					
6		6					
7		7					
8		8					
9		9					
10		10					

Name _____

SSN _____

IRA and Other Contribution Information**Traditional IRA Contributions****Filer**

- 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

Current Year Amount	Prior Year Amount

Spouse

- 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**Filer**

- 1 Enter 2021 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2021 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2021 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2021 4

SIMPLE IRA**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2021 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2021 2

--	--

Education (Coverdell ESA)**Filer**

- 1 Enter 2021 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2021 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2021 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2021 4

Other**Filer**

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

Name _____

SSN _____

Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
1	Prescription medications	1	
2	Fees for doctors, dentists, etc.	2	
3	Fees for hospitals, clinics, etc.	3	
4	Lab and X-ray fees	4	
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5	
6	Medical equipment and supplies	6	
7	Medical mileage (number of miles driven)	7	
8	Medical parking, tolls and local transportation	8	
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)	11	
12	Long Term Care insurance premiums (spouse)	12	
13	Expenses to stop smoking	13	
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	

SSN _____

		Current Year Amount	Prior Year Amount
23	Real Estate Taxes		
	Principal residence		
24	Real estate taxes from Schedule E properties		
Real Estate Not Held For Investment			
25			
26			
27			
28			
29			
Real Estate Held For Investment			
30			
31			
32			
33			
34			
Personal property taxes			
35	Non-business portion of vehicle personal property taxes		
36			
37			
38			
39			
40			
Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes		
42	K1 (1120S) - Other deductions/taxes		
43	K1 (1041) - Other deductions/taxes		
44	Foreign Taxes		
45	From Schedule E properties		
46			
47			
48			

SSN

Home Mortgage Interest and Points Reported on Form 1098

49	Lender	49
50	Lender	50
51	Lender	51
52	Lender	52

Current Year Amount	Prior Year Amount

53 Name: _____ **53**
Address: _____
SSN: _____

--	--

54 Mortgage insurance premiums paid on 2021 acquisition indebtedness for principal residence **54**

--	--

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	

[illegible]

59	Investment interest paid	59
-----------	------------------------------------	-----------

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions*List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab***(State use only)**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
60	Union and professional dues				
61	Professional subscriptions				
62	Uniform and protective clothing				
63	Job search costs				
64	_____				
65	_____				
66	_____				
67	_____				
68	_____				
69	_____				

Certain Miscellaneous Deductions - Itemized Deductions**(State use only)**

		If investment related enter "X"	Current Year Amount	Prior Year Amount
70	Tax preparation fees			
71	Certain attorney and accounting fees			
72	Safe deposit box rental			
73	IRA Custodial fees			
74	Investment counsel and advisory fees			
75	Losses on deposits in insolvent or bankrupt financial institutions			
76	Convenience fees paid with credit or debit card for federal taxes in 2021			
77	_____			
78	_____			
79	_____			
80	_____			
81	_____			
82	_____			
83	_____			
84	_____			
85	_____			
86	_____			

Other Miscellaneous Deductions

87	Federal estate tax on income in respect of a decedent		
88	Amortizable bond premiums on bonds acquired before 10/23/86		
89	Gambling losses (if gambling income)		
90	Repayment of income		
91	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction		
92	Certain unrecovered investment in a pension		
93	_____		
94	_____		
95	_____		
96	_____		
97	_____		
98	_____		

SSN _____

[illegible]

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)**Information on Donated Property**

(a) Name and Address of the Donee Organization				(b) Description of Donated Property	
1	Name				
	Address				
	City	State	Zip Code		
2	Name				
	Address				
	City	State	Zip Code		
3	Name				
	Address				
	City	State	Zip Code		
4	Name				
	Address				
	City	State	Zip Code		
5	Name				
	Address				
	City	State	Zip Code		

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Employee Business Expenses

Enter "X" in one box: ☒ Filer ☐ Spouse

Occupation in which you incurred the expenses _____

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official ☐

IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).

Meals

		Current Year Amount	Prior Year Amount
1	Meals	1	
2	Enter "X" in the box if subject to DOT hours of service limits	2	<input type="checkbox"/>

Travel 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, airplane, car rental, etc. DO NOT include meals	4	

Other 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	

Employer Reimbursements

13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . .	13	
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . .	14	
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements	15	

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2020 and paid in 2021 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.**Filer and/or Spouse Who Is a Student or Disabled**

Check one box for each month
or partial month that the filer
or spouse was a full-time
student or disabled.

Filer		Spouse		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse			Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	February		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	March		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	April		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	May		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	June		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	July		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	August		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	September		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	October		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	November		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	December		_____	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2021
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2021
1	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
2	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
3	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
4	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
5	First: _____	_____	_____	
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	

