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**2021**  
**TAX ORGANIZER**

Taxpayer Information		Spouse Information	
Last name .....	_____	Last name.....	_____
First name .....	_____	First name .....	_____
Middle Initial.....	_____	Middle Initial.....	_____
Suffix.....	_____	Suffix.....	_____
Social security number .....	_____	Social security number .....	_____
Occupation .....	_____	Occupation.....	_____
Work phone .....	_____	Work phone.....	_____
Ext ...	_____	Ext ...	_____
Cell phone.....	_____	Cell phone .....	_____
E-mail address.....	_____	E-mail address.....	_____
Date of birth.....	_____	Date of birth .....	_____
Address .....	_____		Apartment number.....
City .....	_____	State.....	_____
Home phone.....	_____	ZIP Code.....	_____
Fax number .....	_____		

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

**Education Tuition and Fees**  
 Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
 Enter total 2021 qualified student loan interest..... \_\_\_\_\_

**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name	2020 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name	2020 Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare C premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income and 1099-NEC**

1099-MISC Payer Name and 1099-NEC Payer Name
_____
_____
_____
_____

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name	2020 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name	2020 Amount
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
<b>Retirement Plan Contributions</b>		
Traditional IRA contributions made for 2021 .....	_____	_____
Roth IRA contributions made for 2021 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

## 2021 Deductions

<b>Medical and Dental Expenses</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Prescription medications.....		
Health insurance premiums .....		
Doctors, dentists, etc .....		
Hospitals, clinics, etc .....		
Eyeglasses and contact lenses .....		
Miles driven for medical purposes.....		
Other medical and dental expenses: _____		
<b>Taxes</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Real estate taxes paid on principal residence .....		
Real estate taxes paid on additional homes or land .....		
Auto license registration fees based on the value of the vehicle .....		
Other personal property taxes .....		
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098. <b>Lender's Name</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Points paid on loan to buy, build or improve main home <b>Lender's Name</b>	<b>2021 Amount</b>	
<b>Cash/Check/Credit Contributions</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Union and professional dues .....		
Professional subscriptions, books, supplies .....		
Uniforms and protective clothing (including cleaning) .....		
Job search costs .....		
Taxpayer educator expenses .....		
Spouse educator expenses .....		
Tax return preparation fees .....		
Safe deposit box rental .....		
Gambling losses (to the extent of gambling income) .....		
Other expenses (list): _____		

	<b>Yes</b>	<b>No</b>
1 Did you receive an Economic Impact (Stimulus) Payment? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much did you receive? .....	<input style="width: 100px;" type="text"/>	
2 Did you receive any Advanced Child Tax Credit payments? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , how much did you receive? .....	<input style="width: 100px;" type="text"/>	
3 Did a lender cancel any of your debt in 2021? (Attach any Forms 1099-A or 1099-C) .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021? If <b>yes</b> , please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you purchase a motor vehicle or boat during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
6 Did you purchase a hybrid or electric vehicle in 2021? If <b>yes</b> , enter year, make, model, and date purchased: .....	<input type="checkbox"/>	<input type="checkbox"/>
_____		
7 Did you donate a vehicle in 2021? If <b>yes</b> , attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
8 What was the sales tax rate in your locality in 2021? ..... %      State ID .....		
9 Did your marital status change during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain: .....		
10 Were you or your spouse permanently and totally disabled in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you provide over half the support for any other person during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you incur adoption expenses during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive any disability payments in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2021? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you pay any individual for domestic services in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you take a retirement account distribution related to the corona virus or a natural disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you buy or sell any stocks or bonds in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you incur any moving expenses? If <b>yes</b> , attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		
27 Do you expect your income and deductions in 2022 to be the same as 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , attach explanation of changes expected.		
28 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
29 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? .....	<input type="checkbox"/>	<input type="checkbox"/>
30 <b>a</b> Did you obtain a Paycheck Protection Program (PPP) loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If yes, has any portion of that loan been forgiven? .....	<input type="checkbox"/>	<input type="checkbox"/>
31 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
32 Enter your state of residence: _____ Taxpayer _____ Spouse _____		
33a Do you want to change the language with which the IRS communicates with you? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If yes, which language? .....		

**Electronic Filing and Direct Deposit of Refund** **Yes**  **No**

If your tax return is eligible for Electronic Filing, would you like to file electronically? .....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
 If you receive a refund, would you like direct deposit? .....

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.  
 What type of account is this? .....

Checking  Savings

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																			
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																			
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:														
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2021 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2021 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2020 information is included for your reference. You do not need to make any 2020 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2020 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 and K-3 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, or Form 1099-NEC.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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## Topic Index

**ORG2**

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## General Questions

**ORG3**

### PERSONAL INFORMATION

	Yes	No
<b>1</b> Did you receive an Economic Impact (Stimulus) Payment? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much did you receive? .....		
<b>2</b> Did your marital status change during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain .....		
<b>3</b> Do you want to allow your tax preparer to discuss this year's return with the IRS? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy.		
Designee's Name .....		
Phone Number .....		
Personal Identification Number (5 digit PIN) .....		
<b>4</b> Do you or your spouse plan to retire in 2022? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Were you or your spouse permanently and totally disabled in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Enter date of death for taxpayer or spouse (if during 2021 or 2022 ): Taxpayer: _____ Spouse: _____		
<b>7</b> Were you or your spouse a member of the U.S. Armed Forces during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>

### DEPENDENT INFORMATION

	Yes	No
<b>8 a</b> Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9 a</b> Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you provide over half the support for any other person during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you incur adoption expenses during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you receive any Advanced Child Tax Credit payments? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , how much did you receive? .....		

### IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
<b>14</b> Did you take a retirement account distribution related to the corona virus or a natural disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>17 a</b> Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>

### ITEMS RELATED TO INCOME/LOSSES

	Yes	No
<b>19</b> Did you receive any disability payments in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>20</b> Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>21 a</b> Did you buy, sell, refinance, or abandon a principal residence or other real property in 2021? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Did you incur any casualty or theft losses during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>23</b> Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>

### PRIOR YEAR TAX RETURNS

	Yes	No
<b>24</b> Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , enclose agent's report or notice of change.		
<b>25</b> Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>



**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

	Yes	No
26 Did you have foreign income or pay any foreign taxes in 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
27 a At any time during 2021 , did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2021 ? Report all interest income on Org 11 .....	<input type="checkbox"/>	<input type="checkbox"/>
28 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
29 Did you at any time during 2021 , have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH AND LIFE INSURANCE**

	Yes	No
30 Did you receive Form 1095-A (Health Coverage)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
31 a Did you or your spouse have self-employed health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
32 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>

**MISCELLANEOUS**

	Yes	No
34 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021 ? If <b>yes</b> , please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
35 Did you start paying mortgage insurance premiums in 2021 ? If <b>yes</b> , please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
36 Did you purchase a motor vehicle or boat during 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
37 Did you purchase an energy efficient vehicle in 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , enter year, make, model, and date purchased: _____		
38 Did you donate a vehicle in 2021 ? If yes, attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
39 What was the sales tax rate in your locality in 2021 ? _____ % State ID _____		
40 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
41 Did you make gifts to a trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
42 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach details.		
43 Did you or your spouse participate in a medical savings account in 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
44 Did you make a loan at an interest rate below market rate? .....	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you pay any individual for domestic services in 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....	<input type="checkbox"/>	<input type="checkbox"/>
47 Did you, your spouse, or your dependents attend post-secondary school in 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
48 Did a lender cancel any of your debt in 2021 ? (Attach any Forms 1099-A or 1099-C) .....	<input type="checkbox"/>	<input type="checkbox"/>
49 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		
50 At any time during 2021, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..	<input type="checkbox"/>	<input type="checkbox"/>
51 a Did you obtain a Paycheck Protection Program (PPP) loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, has any portion of that loan been forgiven? .....	<input type="checkbox"/>	<input type="checkbox"/>
52 a Do you want to change the language with which the IRS communicates with you? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language? .....		

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

	Yes	No
53 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>
54 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Caution:** Review transferred information for accuracy.

55 If **yes**, please provide the following information:

a Name of your financial institution .....

b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....

c Account number .....

d What type of account is this? .....

Checking  Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

## Business/Investment Questions

**ORG4**

	Yes	No
<b>1</b> Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2021 ? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2021 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient Do you have records to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... _____ Suffix ..... _____	MI ..... _____ Suffix ..... _____
Social security number .....	_____	_____
Occupation.....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state .....	_____	_____
License /Id number.....	_____	_____
License/Id issue date .....	_____	_____
License/Id expiration date.....	_____	_____
Birthdate .....	MM/DD/YYYY .....	MM/DD/YYYY .....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number .....
City.....	_____ State.....	ZIP code.....
Home phone.....	_____ Foreign country .....	_____
Fax.....	_____ Foreign phone .....	_____

FILING STATUS

**1** Single

**2** Married filing jointly

**3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year .....

Check this box if you are eligible to claim spouse's exemption .....

Check this box if your spouse itemizes deductions.....

**4** Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

**5** Qualifying widow(er)

Check the box for the year the spouse died ..... 2019  2020

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified credit Other dep	Date of Birth *Not Citizen	2021 Child Care Expense
					+Months in U.S.
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

\*\* For the Dependent Code, enter the following: L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien

# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

**Attach all copies of your Form 1099-INTs here.**

**\*\*Type of Interest**  
 blank = Regular taxable interest  
 ME1 = ME bond interest in federal income  
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest  
 NH1 = NH nontaxable interest — taxable federal  
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest  
 TN1 = TN nontaxable interest — taxable federal  
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2021 Box 1 Interest	Type of Interest**	2021 Box 3 US/Treasury Interest	2021 Box 8 Tax Exempt	State	2020 Box 1 + 3

X\* Check if you did not receive income from this account in 2021 .

## DIVIDEND INCOME

**Attach all copies of your Form 1099-DIVs here.**

TSJ	X*	Payer Name	2021 Box 1a Ordinary Dividends	2021 Box 1b Qualified Dividends	2021 Box 2a Capital Gains	State	2020 Box 1a + 2a

X\* Check if you did not receive income from this account in 2021 .

## Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2021	2020
<b>1</b> Prescription medications .....		
<b>2</b> Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
<b>3</b> Qualified long-term care premiums		
<b>a</b> Taxpayer's gross long-term care premiums .....		
<b>b</b> Spouse's gross long-term care premiums .....		
<b>c</b> Dependent's gross long-term care premiums .....		
<b>4</b> Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
<b>5</b> Insurance reimbursement.....		
<b>6</b> Doctors, dentists, etc .....		
<b>7</b> Hospitals, clinics, etc .....		
<b>8</b> Lab and X-ray fees.....		
<b>9</b> Expenses for qualified long-term care.....		
<b>10</b> Eyeglasses and contact lenses .....		
<b>11</b> Medical equipment and supplies .....		
<b>12</b> Miles driven for medical purposes.....		
<b>13</b> Ambulance fees and other medical transportation costs.....		
<b>14</b> Lodging.....		
<b>15</b> Other medical and dental expenses:		
<b>a</b> _____		
<b>b</b> _____		
<b>c</b> _____		
<b>d</b> _____		
<b>e</b> _____		
<b>f</b> _____		
<b>g</b> _____		
<b>h</b> _____		
<b>i</b> _____		
<b>j</b> _____		
TAXES	2021	2020
Enter state and local income taxes on <b>ORG7, ORG8, ORG10,</b> and <b>ORG40.</b>		
<b>16</b> Real estate taxes paid on principal residence .....		
<b>17</b> Real estate taxes paid on additional homes or land .....		
<b>18</b> Auto registration fees based on the value of the vehicle.....		
<b>19</b> Other personal property taxes .....		
<b>20</b> Other taxes:		
_____		
_____		

**Interest Paid and Cash Contributions**

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2021	2020
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2021
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
		.....
		.....

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address
	.....
	.....

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2020 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2021	2020
Premiums paid in 2021 for qualified mortgage insurance <b>not</b> from Form 1098 import .....		

## Interest Paid and Cash Contributions (continued)

ORG14

INVESTMENT INTEREST		
	2021	2020
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2021 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
<b>1a</b> Interest paid in 2021 .....					
Points paid in 2021 .....					
Months loan outstanding .....					
Principal pd on loan in 2021 .....					
<b>b</b> Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
<b>2</b> Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in <b>2021</b>					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>3</b> Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
<b>4</b> Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2021	2020
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven .....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

# Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

**\*Methods of determining FMV:**

- |               |                          |                   |             |
|---------------|--------------------------|-------------------|-------------|
| Appraisal     | Capitalization of income | Present value     | Thrift shop |
| Average share | Comparative sales        | Replacement cost  |             |
| Catalog       | Consignment shop         | Reproduction cost |             |

**\*\*Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange