

**Personal Information --- PLEASE PROVIDE US WITH A COPY OF YOUR 2020 TAX RETURN INCLUDE ALL PAGES**

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

**Filing status at the end of 2021**

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

**Yes No**

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

**Identification Information -- Please bring a copy of your current driver license**

**Taxpayer's type of photo ID**

- Driver's license     
  State-issued photo ID

**Spouse's type of photo ID**

- Driver's license     
  State-issued photo ID

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

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

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

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

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

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

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

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

**Account Information for Direct Deposits and Withdrawals (if any)**

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

**Dependent information Please bring dependent social security card so we can make a copy**

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

SSN: \_\_\_\_\_

**Dependent Information**

First and last name as shown on the social security card SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

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

**Yes No**

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

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

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

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

**Child and Other Dependent Care Expenses**

Name of care provider	Address	SSN or EIN	Amount Paid

**Estimates**

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



Income

Name:

SSN:

Please provide a complete W2(s) for your wages & salaries

Employer name

2021 federal wages

PLEASE PROVIDE ACTUAL W2'S

Please provide us with all 1099-R(s) for you retirement or distribution from your Individual Retirement Account

Payer name

2021 distribution

PLEASE PROVIDE ACTUAL 1099R'S

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

**Income**

Name:

SSN:

**Please provide us with all 1099-MISC Income Forms**

**Payer name**

**2021  
amount**

**PLEASE PROVIDE  
COPIES OF ALL  
1099-MISC**

**Please provide us with all 1099-NEC Income Forms**

**Payer name and EIN**

**2021  
amount**

**PLEASE PROVIDE COPIES  
OF ALL 1099-NEC**

Income

Name:

SSN:

Please provide us with all pages of your 1099-DIV -- Dividend Income

2021  
ordinary  
dividends

2021  
qualified  
dividends

**PLEASE PROVIDE COPIES  
OF ALL 1099-DIV  
ALL PAGES**

Please provide us with all pages of your 1099-INT Interest Income

Account number  
Payer Name

2021  
interest

**PLEASE PROVIDE COPIES OF  
ALL 1099-INT**

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address



**Please provide us with the source documents for all other Income and Adjustments**

Name:

SSN:

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

**Adjustments**

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



Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information please complete one for each business you owned during 2021

TS Business name Employer ID number

Professional product or service

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2021. This business was disposed of during 2021.

Select if this business is for:

Professional gambler Exempt Notary income
Newspaper delivery and you are under 18 years of age A clergy

Yes No
Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," you filed with the IRS Forms 1099 for the individuals?
You received a Paycheck Protection Program (PPP) loan for this business.
If "Yes," was any portion of the loan forgiven?

Income

2021 2021
Gross receipts or sales Other income
Returns & allowances

Expenses

2021 2021
Advertising Repairs & maintenance
Car & truck expenses Supplies
Commissions & fees Taxes & licenses
Contract labor Travel
Depletion Total meals
Employee benefit programs Utilities
Insurance (other than health) Wages
Interest - mortgage Family health coverage payments for taxpayer, spouse or dependents
Interest - other Other expenses (list)
Legal & professional services
Office expenses
Pension & profit sharing plans
Rent or lease (vehicles, machinery, & equipment)
Rent (other business property)

Cost of Goods Sold

2021 2021
Inventory at beginning of year Materials & supplies
Purchases Other costs
Cost of personal use items Inventory at end of year
Cost of labor There was a change in inventory method.

**Schedule E - Income or Loss from Rental Real Estate & Royalties**

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

SSN: \_\_\_\_\_

**General Property Information please complete one form per rental unit if own more than one rental**

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> This property was placed in service during 2021.      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property is your main home or second home.       | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals   |
| <input type="checkbox"/> This property was disposed of during 2021.            |  |  |
| <input type="checkbox"/> This property was owned as a qualified joint venture. |  |  |

<b>Income</b>	<b>2021</b>		<b>2021</b>
Rent income . . . . .	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____

<b>Expenses</b>	<b>Rental unit expenses</b>	<b>Rental <u>and</u> homeowner expenses</b>	
Advertising . . . . .	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	
Commissions . . . . .	_____	_____	
Insurance . . . . .	_____	_____	
Legal & professional fees . . . . .	_____	_____	
Management fees . . . . .	_____	_____	
Mortgage interest . . . . .	_____	_____	
Other interest . . . . .	_____	_____	
Repairs . . . . .	_____	_____	
Supplies . . . . .	_____	_____	
Taxes . . . . .	_____	_____	
Utilities . . . . .	_____	_____	
Depletion . . . . .	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

**Income or Loss from Partnerships, S Corporations, and Fiduciaries**

Name:

SSN:

Please provide complete copies of all K1s from any Partnerships, S Corporations, Estates and Trusts

EIN

**PLEASE PROVIDE COMPLETE  
COPIES OF K1S**

Auto Expenses Related to Business

Name:

SSN:

Please complete one for each auto used in your business

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No

Was this vehicle available for use during off-duty hours?
Was another vehicle is available for personal use?

Yes No

Do you have evidence to support your deduction?
If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2021

Business
Commuting
Other

Expenses

Garage rent, Gas, Insurance, Licenses, Oil, Parking fees, Rental fees, Interest, Property tax, Repairs, Tires, Tolls, Lease addback, Other expenses

Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest, Real estate taxes, Excess mortgage interest, Excess real estate taxes, Insurance, Rent, Repairs & maintenance, Utilities, Other expenses

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical & dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses & contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Home mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Certain Miscellaneous Deductions

Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere

Other Information

Name:

SSN:

Please provide all pages to your 1098 -- Mortgage Interest

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid

Provide all copies of Form 1098

Employee Business Expenses

- You are a qualified performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name:

SSN:

Please provide us with complete copies of all 1098-T -- Education Expenses

Student name \_\_\_\_\_

Student name \_\_\_\_\_

Type of expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Type of expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Provide all copies of Form 1098-T

Student name \_\_\_\_\_

Student name \_\_\_\_\_

Type of expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Type of expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student name \_\_\_\_\_

Student name \_\_\_\_\_

Type of expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Type of expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2021

Number of miles from old home to old workplace . . . . . \_\_\_\_\_

Number of miles from old home to new workplace . . . . . \_\_\_\_\_

Expenses to transport and store household goods and personal effects . . . . . \_\_\_\_\_

Travel and lodging expenses while traveling to your new home . . . . . \_\_\_\_\_