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2021 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date



2021

Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Questions (Page 1 of 6)

The following questions pertain to the 2021 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

Yes No

Did your marital status change? _____

Are you married? _____

If Yes, do you and your spouse want to file separate returns? _____

If No, are you in a domestic partnership, civil union, or other state-defined relationship? _____

Can you or your spouse be claimed as a dependent by another taxpayer? _____

Did you or your spouse serve in the military or were you or your spouse on active duty? _____

Did you or your spouse receive an economic impact payment? _____

If Yes, enter the amount of any economic impact payment received. _____

If Yes, did you or your spouse repay any of the economic impact payment received? _____

If Yes, enter the amount of the economic impact payment repaid. _____

Did you or your spouse receive unemployment compensation? _____

If Yes, include your 1099G(s)

Did you or your spouse receive any advanced child tax credit payments? _____

If yes, attach all IRS Letters 6419 and enter the amount of payments received _____

Did you or your spouse receive Paycheck Protection Program loan funding in 2021? _____

If yes, enter date of forgiveness and amount forgiven. _____

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? _____

Is the bank account on record for your 2020 taxes the same account that should be used for 2021? _____

If Not Please Provide:

Bank Name: _____

Routing Number: _____

Account Number _____

Dependents:

Were there any changes in dependents from the prior year? _____

Note: Include non-child dependents for whom you provided more than half the support.

Did you or your spouse pay for child care while you or your spouse worked or looked for work? _____

Do you have any children under age 18 with unearned income more than \$1,100? _____

Questions (Page 2 of 6)

Yes No

Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100?

Did you adopt a child or begin adoption proceedings?

Are any of your dependents non-U.S. citizens or non-U.S. residents?

Personal Residence:

Did your address change?

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job?

Did you or your spouse claim a homebuyer credit for a home purchased in 2008?

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?

Are your total mortgages on your first and/or second residence greater than \$750,000?

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

Did you or your spouse take out a home equity loan?

Did you or your spouse have an outstanding home equity loan at the end of the year?

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?

Did you or your mortgagee receive mortgage assistance payments?

If Yes, include all Forms 1098-MA.

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses?

Did you or your spouse make any large purchases, such as motor vehicles and boats?

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?

Questions (Page 3 of 6)

Yes No

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?

If Yes, provide the number of gallons or special fuels used for off-highway business purposes.

_____ Gallons _____ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?

Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual?

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?

Did you or your spouse make any gifts to a trust for any amount?

Did you or your spouse have a life insurance trust?

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?

Did you or your spouse forgive any indebtedness to any individual, trust or entity?

Investments:

Did you or your spouse have any debts canceled, forgiven or refinanced?

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?

Did you or your spouse sell, exchange, or purchase any real estate?

If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?

Questions (Page 4 of 6)

Yes No

Did you or your spouse engage in any put or call transactions?

If Yes, provide the transaction details.

Did you or your spouse close any open short sales?

Did you or your spouse sell any securities not reported on Form 1099-B?

Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies?

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?

Did you or your spouse make a qualified charitable contribution?

Did you or your spouse retire or change jobs?

Did you or your spouse receive deferred, retirement or severance compensation?

If Yes, enter the date received (Mo/Da/Yr). _____

Sale of Your Home:

Did you sell your home?

Did you receive Form 1099-S?

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

Did you or your spouse ever rent out the property?

Did you or your spouse ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

At the time of the sale, the residence was owned by the: _____ Taxpayer _____
Spouse _____ Both

Healthcare:

Did you obtain healthcare coverage through the Marketplace?

If Yes, include all Forms 1095-A.

If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?

Questions (Page 5 of 6)

Yes No

Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?

Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed on another taxpayer's return?

Are any of your dependents required to file a tax return?

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?

Were you eligible for employer-sponsored healthcare coverage?

Did you or your spouse have any transactions pertaining to a health savings account (HSA)?

If you received a distribution from an HSA, include all Forms 1099-SA.

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?

If you received a distribution from an MSA, include all Forms 1099-SA.

Did you or your spouse receive any distributions from long-term care insurance contracts?
If Yes, include Forms 1099-LTC.

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?

If Yes, how many months were you covered? _____

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?

If Yes, how many months were you covered? _____

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?

Did you or your spouse pay any student loan interest?

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan?

If Yes, include all Forms 1099-Q.

If Yes, were the amounts withdrawn used for qualified tuition expenses?

Questions (Page 6 of 6)

Yes No

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? _____

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? _____

Did you or your spouse create or transfer money or property to a foreign trust? _____

Did you or your spouse own any foreign financial assets? _____

Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? _____

Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? _____

If Yes, did the corporation cease to be an S corporation? _____

If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? _____

If Yes, did you or your spouse transfer any share of stock in the corporation? _____

Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,200 during the year for domestic services performed in or around your home to individuals who could be considered household employees? _____

If Yes, include the name, address and social security number of the person(s)

Did you or your spouse receive unreported tip income of \$20 or more in any month? _____

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness? _____

Did you or your spouse engage in any bartering transactions? _____

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? _____