

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

## Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>

### Retirement Information

Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a 2016 or 2017 qualified disaster retirement plan distribution in 2017 or 2018, did you repay any of the distribution in 2019? If yes, attach any Form(s) 5498 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

### Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience)	<input type="checkbox"/>	<input type="checkbox"/>

account? If yes, attach any Form(s) 5498-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	<input type="checkbox"/>	<input type="checkbox"/>

### Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

### Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

## Client Organizer Topical Index

**This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

Topic	Page	Topic	Page
ABLE account distributions	73	Fuel tax credit	87, 88, 89
Adoption expenses	86	Gambling winnings	10, 18, 20
Advanced Child Tax Credit (CTC) payments	81a	Gambling losses	59
Affordable Care Act Health Coverage	69, 70	Health savings account (HSA)	71, 72
Alaska Permanent Fund dividends	18, 77	Household employee taxes	78
Alimony paid	51	Identity authentication	7
Alimony received	18	Installment sales	41, 42
Annuity payments received	10, 24	Interest income, including foreign	11, 13, 17b
Automobile information -		Interest paid	58
Business or profession	68	Investment expenses	57
Employee business expense	50	Investment interest expenses	58
Farm, Farm Rental	68	IRA, Roth IRA contributions	26
Rent and royalty	68	IRA distributions	10, 24
Bank account information	3	Like-kind exchange of property	43
Broker Statement - Consolidated	17b	Long-term care services and contracts (LTC)	72
Business income and expenses	28, 29, 30	Medical and dental expenses	57
Business use of home	67	Medical savings account (MSA)	71, 72
Cancellation of debt	19	Minister earnings and expenses	28, 49, 75
Casualty and theft losses, business	63, 65	Miscellaneous income	18, 18a, 18b, 18c
Casualty and theft losses, personal	64, 66	Miscellaneous adjustments	51
Child and dependent care expenses	81	Miscellaneous itemized deductions	59, 59a
Children's interest and dividend	76, 77	Mortgage interest expense	58, 60
Charitable contributions	59, 61, 62	Moving expenses - Active Military	48
Contracts and straddles	22	Nonresident Alien	4, 5
Dependent care benefits received	12	Partnership income	10, 38
Dependent information	1	Payments from Qualified Education Programs (1099-Q)	10, 55
Depreciable asset acquisitions and dispositions -		Pension distributions	10, 24
Business or profession	94, 95	Railroad retirement benefits	25
Employee business expense	94, 95	Real estate taxes, personal property and other taxes paid	57
Farm, Farm Rental	94, 95	Recovery Rebate (Economic Impact Payment)	80
Rent and royalty	94, 95	REMIC's	16
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	31, 32
Disability income	24, 83	Residential energy credit	84
Dividend income, including foreign	11, 14, 17b	S corporation income	10, 21, 38
Early withdrawal penalty	13	Sale of business property	41, 42
Education Credits and tuition and fees deduction	54	Sale of personal residence	40
Education Savings Account & Qualified Tuition Program	55	Sale of stock, securities, and other capital assets	17, 17a, 17b
Electronic filing	6	Self-employed health insurance premiums	28, 33, 69
Email address	2	Self-employed Keogh, SEP and SIMPLE plan contributions	27
Employee business expenses	49	Seller-financed mortgage interest received	15
Estate income	10, 39	Sick and family leave due to COVID-19	82
Farm income and expenses	33, 34, 35	Social security benefits received	25
Farm rental income and expenses		State and local income tax refunds	18
Federal estimate payments	8	State & local estimate payments and withholding	9, 12, 20, 24
Federal student aid application information (FAFSA)	56	Statutory employee	12, 28
Federal withholding	12, 20, 24, 25	Student loan interest paid	53
First-time homebuyer credit repayment	79	Trust income	39
Foreign bank accounts & financial assets	44, 45	Unemployment compensation	18
Foreign earned income & housing deduction	46, 47	Unreported tip or unreported wage income	74
Foreign employer compensation	23	U.S. savings bonds educational exclusion	52
Foreign taxes paid	85	Wages and salaries	10, 12

**Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.**

**Personal Information****1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]

Mark if you were married but living apart all year \_\_\_\_\_ [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_ [3]

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

**Present Mailing Address**

Address \_\_\_\_\_ [40]

Apartment number \_\_\_\_\_ [41]

City, state postal code, zip code \_\_\_\_\_ [42] \_\_\_\_\_ [43] \_\_\_\_\_ [44]

Foreign country name \_\_\_\_\_ [46]

Foreign phone number \_\_\_\_\_ [49]

In care of addressee \_\_\_\_\_ [50]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>[51]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Name of child who lived with you but is not your dependent \_\_\_\_\_ [52]

Social security number of qualifying person \_\_\_\_\_ [53]

**Dependent Codes**

<b>*Basic</b> 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit ***Months 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return	<b>**Other</b> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled
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## Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

[8]

Taxpayer email address

[9]

Spouse email address

[10]

## Taxpayer

## Spouse

Fax telephone number

[11]

[20]

Mobile telephone number

[12]

[21]

Mobile telephone #2 number

[13]

[22]

Pager number

[14]

[23]

Other:

[15]

[24]

Telephone number

[16]

[25]

Extension

[17]

[26]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

[18]

[27]

## NOTES/QUESTIONS:

**Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.**

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_[1]

Primary account:

Financial institution routing transit number \_\_\_\_\_[3]  
 Name of financial institution \_\_\_\_\_[4]  
 Your account number \_\_\_\_\_[5]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_[6]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_[9]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_[10]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_[11] or Percent (xxx.xx) \_\_\_\_\_[12]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_[27]  
 Name of financial institution \_\_\_\_\_[28]  
 Your account number \_\_\_\_\_[29]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_[30]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_[31]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_[32]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_[13] or Percent (xxx.xx) \_\_\_\_\_[14]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_[33]  
 Name of financial institution \_\_\_\_\_[34]  
 Your account number \_\_\_\_\_[35]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_[36]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_[37]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_[38]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_[17] or Percent (xxx.xx) \_\_\_\_\_[18]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

**A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.**

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_[15] or Percent (xxx.xx) \_\_\_\_\_[16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_[19] or Percent (xxx.xx) \_\_\_\_\_[20]  
 Owner's name (First Last) \_\_\_\_\_[40] \_\_\_\_\_[41]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_[42] \_\_\_\_\_[43]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_[44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_[23] or Percent (xxx.xx) \_\_\_\_\_[24]  
 Owner's name (First Last) \_\_\_\_\_[45] \_\_\_\_\_[46]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_[47] \_\_\_\_\_[48]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_[49]

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year \_\_\_\_\_ [2]

Foreign address to use for refund check, if different than mailing address entered on Screen 1040:

Foreign address \_\_\_\_\_ [3]

Foreign city \_\_\_\_\_ [4]

Foreign country name \_\_\_\_\_ [6]

Foreign province or county \_\_\_\_\_ [7]

Foreign postal code \_\_\_\_\_ [8]

Country of permanent residence for tax purposes \_\_\_\_\_ [10]

Scholarships and fellowship grants received during tax year:

+ \_\_\_\_\_ [15]

U.S. real property interests that were disposed at a gain during the tax year + \_\_\_\_\_ [18]

**Income Not Effectively Connected with a U.S. Trade or Business**

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____ + _____	[21] + _____	_____
_____	_____ + _____	_____	_____
Dividends paid by foreign corporations:			
_____	_____ + _____	[23] + _____	_____
_____	_____ + _____	_____	_____
Interest received on mortgages:			
_____	_____ + _____	[27] + _____	_____
_____	_____ + _____	_____	_____
Interest paid by foreign corporations:			
_____	_____ + _____	[29] + _____	_____
_____	_____ + _____	_____	_____
Other Interest received:			
_____	_____ + _____	[31] + _____	_____
_____	_____ + _____	_____	_____
Industrial royalties (patents, trademarks, etc.)			
_____	_____ + _____	[33] + _____	_____
Motion picture or T.V. copyright royalties			
_____	_____ + _____	[35] + _____	_____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____ + _____	[37] + _____	_____
Real property income and natural resources royalties			
_____	_____ + _____	[39] + _____	_____
Pensions and annuities:			
_____	_____ + _____	[41] + _____	_____
Gambling - Residents of Canada only:+			
Winnings _____ [42] Losses _____ [44]			_____ [43]
Gambling - Residents of countries other than Canada:			
_____	_____ + _____	[47] + _____	_____
Other income:			
_____	_____ + _____	[49] + _____	_____
_____	_____ + _____	_____	_____

**Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business**

Description of Property <sup>[51]</sup>	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____
_____	_____	_____	_____ + _____	_____ + _____	_____ + _____

Control Totals +

Form ID: NRA

Have you ever applied to be a green card holder of the United States (Y, N) \_\_\_\_\_ [1]

Were you ever a U.S. citizen? (Y, N) \_\_\_\_\_ [2]

Were you ever a green card holder of the U.S.? (Y, N) \_\_\_\_\_ [3]

If you had a visa on December 31, 2021, enter your visa type \_\_\_\_\_ [5]

If you did not have a visa, enter your U.S. immigration status on December 31, 2021 \_\_\_\_\_ [6]

Date you first entered U.S. \_\_\_\_\_ [7]

If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:

Date of visa change \_\_\_\_\_ [9]

Nature of your visa change \_\_\_\_\_ [10]

If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico \_\_\_\_\_ [11]

List all dates you entered and left the United States during 2021 (NA for residents of Canada or Mexico) [12]

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:

2019 \_\_\_\_\_ [13]

2020 \_\_\_\_\_ [14]

2021 \_\_\_\_\_ [15]

Latest U.S. income tax return you filed prior to 2021:

Year filed \_\_\_\_\_ [16]

Type of return filed \_\_\_\_\_ [17]

Did you receive total compensation of \$250,000 or more during 2021 (Y, N) \_\_\_\_\_ [18]

If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) \_\_\_\_\_ [20]

If you used an alternative method to determine the source of the compensation, provide details in the space below. [19]

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Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name [21]	Tax Treaty Article	Months Claimed in 2020	Exempt Income in 2021
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2021" column (Y, N) \_\_\_\_\_ [22]

Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) \_\_\_\_\_ [23]

If you paid any amounts related to your 2021 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments \_\_\_\_\_ [26]

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

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## NOTES/QUESTIONS:

Taxpayer -

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) [1]

Identification number [2]

Issue date [3]

Expiration date (mm/dd/yyyy) [4]

Location of issuance (State issued only) [5]

Document number (New York only) [6]

Spouse -

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) [9]

Identification number [10]

Issue date [11]

Expiration date (mm/dd/yyyy) [12]

Location of issuance (State issued only) [13]

Document number (New York only) [14]

NOTES/QUESTIONS:

If you have an overpayment of 2021 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2022 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2022 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2022? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2022 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2022? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) \_\_\_\_\_ [74]

### 2021 Federal Estimated Tax Payments

2020 overpayment applied to 2021 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/21	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/21	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/21	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/18/22	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

**\*Method of payment indicated in prior year**

EFW = Electronic funds withdrawal

EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J)

[1]

State postal code

[2]

Amount paid with 2020 return

+ [3]

2020 overpayment applied to '21 estimates

+ [4]

Treat calculated amounts as paid

[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment [9]	+ [10]	
2nd quarter payment [11]	+ [12]	
3rd quarter payment [13]	+ [14]	
4th quarter payment [15]	+ [16]	
Additional payment [17]	+ [18]	

## 2021 City Estimated Tax Payments

City #1		City #2	
City name [28]		City name [50]	
Amount paid with 2020 return + [31]		Amount paid with 2020 return + [53]	
2020 overpayment applied to '21 estimates + [32]		2020 overpayment applied to '21 estimates + [54]	
Treat calculated amounts as paid [36]		Treat calculated amounts as paid [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [37]	+ [38]	1st quarter payment [59]	+ [60]
2nd quarter payment [39]	+ [40]	2nd quarter payment [61]	+ [62]
3rd quarter payment [41]	+ [42]	3rd quarter payment [63]	+ [64]
4th quarter payment [43]	+ [44]	4th quarter payment [65]	+ [66]

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

City #3		City #4	
City name [72]		City name [94]	
Amount paid with 2020 return + [75]		Amount paid with 2020 return + [97]	
2020 overpayment applied to '21 estimates + [76]		2020 overpayment applied to '21 estimates + [98]	
Treat calculated amounts as paid [80]		Treat calculated amounts as paid [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [81]	+ [82]	1st quarter payment [103]	+ [104]
2nd quarter payment [83]	+ [84]	2nd quarter payment [105]	+ [106]
3rd quarter payment [85]	+ [86]	3rd quarter payment [107]	+ [108]
4th quarter payment [87]	+ [88]	4th quarter payment [109]	+ [110]

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

## 2021 Information

[illegible]

## Wages and Salaries #2

## 2021 Information

*(This area contains horizontal lines for writing.)*

Form ID: W2

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Type		T/S/J Code (**See codes below)	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer						
			Amounts	+					
		2	Payer						
			Amounts	+					
		3	Payer						
			Amounts	+					
		4	Payer						
			Amounts	+					
		5	Payer						
			Amounts	+					
		6	Payer						
			Amounts	+					
		7	Payer						
			Amounts	+					
		8	Payer						
			Amounts	+					
		9	Payer						
			Amounts	+					
		10	Payer						
			Amounts	+					

**Interest Codes			
Blank = Regular Interest		4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution		5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer Amounts	+									
	2	Payer Amounts	+									
	3	Payer Amounts	+									
	4	Payer Amounts	+									
	5	Payer Amounts	+									
	6	Payer Amounts	+									
	7	Payer Amounts	+									
	8	Payer Amounts	+									
	9	Payer Amounts	+									
	10	Payer Amounts	+									

\*\*Dividend Codes

Blank = Other      3 = Nominee

Control Totals +

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J)\_\_\_\_[1]

Name of activity\_\_\_\_\_

Employer identification number\_\_\_\_\_

State postal code\_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J)\_\_\_\_[1]

Name of activity\_\_\_\_\_

Employer identification number\_\_\_\_\_

State postal code\_\_\_\_\_

NOTES/QUESTIONS:

Did you have any securities become worthless during 2021? (Y, N)	[9]
Did you have any debts become uncollectible during 2021? (Y, N)	[10]
Did you have any commodity sales, short sales, or straddles? (Y, N)	[11]
Did you exchange any securities or investments for something other than cash? (Y, N)	[13]
Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? (Y, N)	[4]

[illegible]

**Prior Year Information**

**Prior Year Information**

	Taxpayer	Spouse
Unemployment compensation**	+ _____ [9]	+ _____ [10]
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]

### Prior Year Information

[illegible]

**Prior Year Information**

	Control Totals +		Form ID: Income
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**Miscellaneous Income #1**

18a

Please provide all Forms 1099-MISC

Preparer use only

**2021 Information****Prior Year Information**

Name of payer \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Rents **(Box 1)** + \_\_\_\_\_ [13]  
 Royalties **(Box 2)** + \_\_\_\_\_ [15]  
 Other income **(Box 3)** + \_\_\_\_\_ [17]  
 Federal income tax withheld **(Box 4)** + \_\_\_\_\_ [19]  
 Fishing boat proceeds **(Box 5)** + \_\_\_\_\_ [21]  
 Medical and health care payments **(Box 6)** + \_\_\_\_\_ [23]  
 Payer made direct sales of \$5,000 or more of consumer products **(Box 7)** \_\_\_\_\_ [27]  
 Substitute payments in lieu of dividends or interest **(Box 8)** + \_\_\_\_\_ [29]  
 Crop Insurance proceeds **(Box 9)** + \_\_\_\_\_ [31]  
 Gross proceeds paid to an attorney **(Box 10)** + \_\_\_\_\_ [36]  
 Fish purchased for resale **(Box 11)** + \_\_\_\_\_ [38]  
 Section 409A deferrals **(Box 12)** + \_\_\_\_\_ [40]  
 Excess golden parachute payments **(Box 13)** + \_\_\_\_\_ [42]  
 Nonqualified deferred compensation **(Box 14)** + \_\_\_\_\_ [44]  
 State tax withheld **(Box 15)** + \_\_\_\_\_ [46]  
 State/Payer's state no. **(Box 16)** \_\_\_\_\_ [48]  
 State income **(Box 17)** + \_\_\_\_\_ [49]

Control Totals +

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

Preparer use only

**2021 Information****Prior Year Information**

Name of payer \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Rents **(Box 1)** + \_\_\_\_\_ [13]  
 Royalties **(Box 2)** + \_\_\_\_\_ [15]  
 Other income **(Box 3)** + \_\_\_\_\_ [17]  
 Federal income tax withheld **(Box 4)** + \_\_\_\_\_ [19]  
 Fishing boat proceeds **(Box 5)** + \_\_\_\_\_ [21]  
 Medical and health care payments **(Box 6)** + \_\_\_\_\_ [23]  
 Payer made direct sales of \$5,000 or more of consumer products **(Box 7)** \_\_\_\_\_ [27]  
 Substitute payments in lieu of dividends or interest **(Box 8)** + \_\_\_\_\_ [29]  
 Crop Insurance proceeds **(Box 9)** + \_\_\_\_\_ [31]  
 Gross proceeds paid to an attorney **(Box 10)** + \_\_\_\_\_ [36]  
 Fish purchased for resale **(Box 11)** + \_\_\_\_\_ [38]  
 Section 409A deferrals **(Box 12)** + \_\_\_\_\_ [40]  
 Excess golden parachute payments **(Box 13)** + \_\_\_\_\_ [42]  
 Nonqualified deferred compensation **(Box 14)** + \_\_\_\_\_ [44]  
 State tax withheld **(Box 15)** + \_\_\_\_\_ [46]  
 State/Payer's state no. **(Box 16)** \_\_\_\_\_ [48]  
 State income **(Box 17)** + \_\_\_\_\_ [49]

Control Totals +

**NOTES/QUESTIONS:**

**Preparer use only**

### Prior Year Information

**Preparer use only**

### Prior Year Information

Form ID: 1099NEC

**Taxable Distributions Received from Cooperatives #1****18c**

Please provide all Forms 1099-PATR

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Patron dividends <b>(Box 1)</b>	+ _____	[10]
Nonpatronage distributions <b>(Box 2)</b>	+ _____	[12]
Per-unit retain allocations <b>(Box 3)</b>	+ _____	[14]
Federal income tax withheld <b>(Box 4)</b>	+ _____	[16]
Redeemed nonqualified notices <b>(Box 5)</b>	+ _____	[18]
Section 199A(g) deduction <b>(Box 6)</b>	+ _____	[23]
Qualified payments (Section 199A(b)(7) <b>(Box 7)</b>	+ _____	[24]
Section 199A(a) qual items <b>(Box 8)</b>	+ _____	[25]
Section 199A(a) SSTB items <b>(Box 9)</b>	+ _____	[26]
Investment credit <b>(Box 10)</b>	+ _____	[27]
Work opportunity credit <b>(Box 11)</b>	+ _____	[29]
Patron's AMT adjustments	+ _____	[31]
Other credits and deductions #1 <b>(Box 12)</b>	+ _____	[33]
Other credits and deductions #2 <b>(Box 12)</b>	+ _____	[35]
Specified Coop <b>(Box 13)</b>	_____	[37]

Control Totals +

**Taxable Distributions Received from Cooperatives #2**

Please provide all Forms 1099-PATR

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Patron dividends <b>(Box 1)</b>	+ _____	[10]
Nonpatronage distributions <b>(Box 2)</b>	+ _____	[12]
Per-unit retain allocations <b>(Box 3)</b>	+ _____	[14]
Federal income tax withheld <b>(Box 4)</b>	+ _____	[16]
Redeemed nonqualified notices <b>(Box 5)</b>	+ _____	[18]
Section 199A(g) deduction <b>(Box 6)</b>	+ _____	[23]
Qualified payments (Section 199A(b)(7) <b>(Box 7)</b>	+ _____	[24]
Section 199A(a) qual items <b>(Box 8)</b>	+ _____	[25]
Section 199A(a) SSTB items <b>(Box 9)</b>	+ _____	[26]
Investment credit <b>(Box 10)</b>	+ _____	[27]
Work opportunity credit <b>(Box 11)</b>	+ _____	[29]
Patron's AMT adjustments	+ _____	[31]
Other credits and deductions #1 <b>(Box 12)</b>	+ _____	[33]
Other credits and deductions #2 <b>(Box 12)</b>	+ _____	[35]
Specified Coop <b>(Box 13)</b>	_____	[37]

Control Totals +

**NOTES/QUESTIONS:**

**Cancellation of Debt, Abandonment #1****19**

Please provide all Forms 1099-C and 1099-A

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**Preparer use only**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[51]

Taxpayer/Spouse/Joint (T, S, J)

[5]

State postal code

[6]

Name of creditor/lender

[3]

**Form 1099-C Cancellation of Debt**Date of identifiable event **(Box 1)**

[10]

Amount of debt discharged **(Box 2)**

+ [11]

Interest if included in box 2 **(Box 3)**

+ [12]

Personally liable for repayment of the debt (if checked) **(Box 5)**

[13]

Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)

[14]

Fair market value of property **(Box 7)**

+ [15]

**Form 1099-A Acquisition or Abandonment of Secured Property**Date of lender's acquisition or knowledge of abandonment **(Box 1)**

[16]

Balance of principal outstanding **(Box 2)**

+ [17]

Fair market value of property **(Box 4)**

+ [18]

Personally liable for repayment of the debt (if checked) **(Box 5)**

[19]

**Control Totals +****Cancellation of Debt, Abandonment #2**

Please provide all Forms 1099-C and 1099-A

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**Preparer use only**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[51]

Taxpayer/Spouse/Joint (T, S, J)

[5]

State postal code

[6]

Name of creditor

[3]

**Form 1099-C Cancellation of Debt**Date of identifiable event **(Box 1)**

[10]

Amount of debt discharged **(Box 2)**

+ [11]

Interest if included in box 2 **(Box 3)**

+ [12]

Personally liable for repayment of the debt (if checked) **(Box 5)**

[13]

Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)

[14]

Fair market value of property **(Box 7)**

+ [15]

**Form 1099-A Acquisition or Abandonment of Secured Property**Date of lender's acquisition or knowledge of abandonment **(Box 1)**

[16]

Balance of principal outstanding **(Box 2)**

+ [17]

Fair market value of property **(Box 4)**

+ [18]

Personally liable for repayment of the debt (if checked) **(Box 5)**

[19]

**Control Totals +****NOTES/QUESTIONS:**

### Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Payer name		[3]
State postal code		[4]
Mark if professional gambler		[9]
Reportable winnings ( <b>Box 1</b> )	+	[11]
Date won ( <b>Box 2</b> )		[13]
Type of wager ( <b>Box 3</b> )		[15]
Federal withholding ( <b>Box 4</b> )	+	[17]
Transaction ( <b>Box 5</b> )		[19]
Race ( <b>Box 6</b> )		[21]
Identical wager winnings ( <b>Box 7</b> )	+	[23]
Cashier ( <b>Box 8</b> )		[25]
Taxpayer identification number ( <b>Box 9</b> )		[27]
Window ( <b>Box 10</b> )		[28]
First ID ( <b>Box 11</b> )		[30]
Second ID ( <b>Box 12</b> )		[31]
Payer's state ID no. ( <b>Box 13</b> )		[32]
State winnings ( <b>Box 14</b> )	+	[33]
State withholding ( <b>Box 15</b> )	+	[35]
Local winnings ( <b>Box 16</b> )	+	[37]
Local withholding ( <b>Box 17</b> )	+	[39]
Name of locality ( <b>Box 18</b> )		[42]

[illegible]

Control Totals +

## Gambling Winnings #2

**Please provide all copies of Form W-2G.**

## 2021 Information

### Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Payer name		[3]
State postal code		[4]
Mark if professional gambler		[9]
Reportable winnings (Box 1)	+	[11]
Date won (Box 2)		[13]
Type of wager (Box 3)		[15]
Federal withholding (Box 4)	+	[17]
Transaction (Box 5)		[19]
Race (Box 6)		[21]
Identical wager winnings (Box 7)	+	[23]
Cashier (Box 8)		[25]
Taxpayer identification number (Box 9)		[27]
Window (Box 10)		[28]
First ID (Box 11)		[30]
Second ID (Box 12)		[31]
Payer's state ID no. (Box 13)		[32]
State winnings (Box 14)	+	[33]
State withholding (Box 15)	+	[35]
Local winnings (Box 16)	+	[37]
Local withholding (Box 17)	+	[39]
Name of locality (Box 18)		[42]

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Control Totals +

**NOTES/QUESTIONS:**

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) \_\_\_\_\_ [3]  
 State \_\_\_\_\_ [4]

Foreign Employer Identification (ID) number \_\_\_\_\_ [1]  
 Foreign Employer Name \_\_\_\_\_ [2]  
 Foreign Employer Address \_\_\_\_\_  
 Foreign street address \_\_\_\_\_ [6]  
 Foreign city \_\_\_\_\_ [7]  
 Foreign country code/name \_\_\_\_\_ [8] \_\_\_\_\_ [9]  
 Foreign province/county \_\_\_\_\_ [10]  
 Foreign postal code \_\_\_\_\_ [11]  
 Name "in care of" \_\_\_\_\_ [12]

Employee address, if different from home address on Organizer Form ID: 1040

Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)

Street address \_\_\_\_\_ [13]  
 City, state, zip code \_\_\_\_\_ [14] \_\_\_\_\_ [15] \_\_\_\_\_ [16]  
 Foreign country code/name \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Foreign province/county \_\_\_\_\_ [19]  
 Foreign postal code \_\_\_\_\_ [20]

### Income

#### 2021 Information

#### Prior Year Information

Foreign employer compensation

\_\_\_\_\_ [22]

**NOTES/QUESTIONS:**

### Prior Year Information


Taxpayer/Spouse (T, S)		[1]
Name of payer		[3]
State postal code		[5]
Gross distributions received ( <b>Box 1</b> )	+	[7]
Taxable amount received ( <b>Box 2a</b> )	+	[9]
Federal withholding ( <b>Box 4</b> )	+	[11]
Distribution code ( <b>Box 7</b> )		[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]
State withholding ( <b>Box 14</b> )	+	[17]
Local withholding ( <b>Box 17</b> )	+	[19]
Amount of rollover	+	[21]
Mark if distribution was due to a pre-retirement age disability		[23]

Control Totals +

## Pension, Annuity, and IRA Distributions #2

### Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Name of payer		[3]
State postal code		[5]
Gross distributions received (Box 1)	+	[7]
Taxable amount received (Box 2a)	+	[9]
Federal withholding (Box 4)	+	[11]
Distribution code (Box 7)		[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]
State withholding (Box 14)	+	[17]
Local withholding (Box 17)	+	[19]
Amount of rollover	+	[21]
Mark if distribution was due to a pre-retirement age disability		[23]

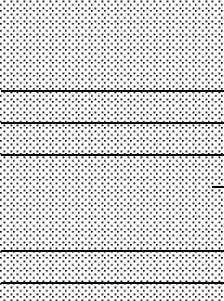


Control Totals +

### Pension, Annuity, and IRA Distributions #3

### Prior Year Information

Taxpayer/Spouse (T, S)		[1]
Name of payer		[3]
State postal code		[5]
Gross distributions received (Box 1)	+	[7]
Taxable amount received (Box 2a)	+	[9]
Federal withholding (Box 4)	+	[11]
Distribution code (Box 7)		[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]
State withholding (Box 14)	+	[17]
Local withholding (Box 17)	+	[19]
Amount of rollover	+	[21]
Mark if distribution was due to a pre-retirement age disability		[23]



Control Totals +

**NOTES/QUESTIONS:**

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

\_\_\_\_ [1]

State postal code

\_\_\_\_ [2]

## Social Security Benefits

## 2021 Information

## Prior Year Information

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2021 (Box 3 minus Box 4) **(Box 5)**

+ \_\_\_\_\_ [8]

Voluntary Federal Income Tax Withheld **(Box 6)**

+ \_\_\_\_\_ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ \_\_\_\_\_ [12]

Prescription drug (Part D) premiums

+ \_\_\_\_\_ [14]


## Tier 1 Railroad Benefits

## 2021 Information

## Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2021 **(Box 5)**

+ \_\_\_\_\_ [22]

Federal Income Tax Withheld **(Box 10)**

+ \_\_\_\_\_ [25]

Medicare Premium Total **(Box 11)**

+ \_\_\_\_\_ [27]


## Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2021 or receive any prior year benefits in 2021. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[40]
	[41]
	[42]
	[43]
	[44]

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	___[1]	___[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___[3]	___[4]
Enter the total traditional IRA contributions made for use in 2021	+ _____[5]	+ _____[6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2021	+ _____[5]	+ _____[6]
Enter the nondeductible contribution amount made in 2022 for use in 2021	+ _____[7]	+ _____[8]
Traditional IRA basis	+ _____[17]	+ _____[18]
Value of all your traditional IRA's on December 31, 2021:		
_____	+ _____[19]	+ _____[20]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

## Roth IRA

Please provide copies of any 1998 through 2020 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	___[29]	___[30]
Enter the total Roth IRA contributions made for use in 2021	+ _____[31]	+ _____[32]
Enter the amount a 2021 Roth IRA conversion should be adjusted by	+ _____[39]	+ _____[40]
Enter the total contribution Roth IRA basis on December 31, 2020	+ _____[43]	+ _____[44]
Enter the total Roth IRA contribution recharacterizations for 2021	+ _____[45]	+ _____[46]
Enter the Roth conversion IRA basis on December 31, 2020	+ _____[47]	+ _____[48]
Value of all your Roth IRA's on December 31, 2021:		
_____	+ _____[49]	+ _____[50]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

--	--

**Preparer use only**

Business activity or profession name \_\_\_\_\_ [3]

Taxpayer/Spouse (T, S) \_\_\_\_\_ [4]

State postal code \_\_\_\_\_ [5]

Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]

Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]

Enter the total amount of contributions made to a Keogh plan in 2021 + \_\_\_\_\_ [8]

Enter the total amount of contributions made to a Solo 401(k) plan in 2021 + \_\_\_\_\_ [9]

Enter the total amount of contributions made to a SEP plan in 2021 + \_\_\_\_\_ [10]

Enter the total amount of contributions made to a SARSEP plan in 2021 + \_\_\_\_\_ [11]

Enter the total amount of contributions made to a defined benefit plan in 2021 + \_\_\_\_\_ [12]

Enter the total amount of contributions made to a profit-sharing plan in 2021 + \_\_\_\_\_ [13]

Enter the total amount of contributions made to a money purchase plan in 2021 + \_\_\_\_\_ [14]

Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2021 + \_\_\_\_\_ [15]

Enter the total amount of contributions to a SIMPLE IRA plan in 2021 + \_\_\_\_\_ [16]

### Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2021 + \_\_\_\_\_ [17]

Enter the amount of catch-up contributions made to a SIMPLE Plan in 2021 + \_\_\_\_\_ [18]

### Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2021 + \_\_\_\_\_ [19]

Enter the amount of elective deferrals designated as Roth contributions in 2021 + \_\_\_\_\_ [20]

### NOTES/QUESTIONS:

**Preparer use only****2021 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Business name \_\_\_\_\_ [5]  
 Principal business/profession \_\_\_\_\_ [6]  
 Business code \_\_\_\_\_ [12]  
 Business address, if different from home address on Organizer Form ID: 1040  
 Address \_\_\_\_\_ [15]  
 City/State/Zip \_\_\_\_\_ [16] \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_ [19]  
 If other: \_\_\_\_\_ [21]  
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) \_\_\_\_\_ [22]  
 If other enter explanation: \_\_\_\_\_ [24]  
 \_\_\_\_\_ [24]  
 Enter an explanation if there was a change in determining your inventory: \_\_\_\_\_ [25]  
 \_\_\_\_\_ [25]  
 Did you "materially participate" in this business? (Y, N) \_\_\_\_\_ [26]  
 If not, number of hours you did significantly participate \_\_\_\_\_ [28]  
 Mark if you began or acquired this business in 2021 \_\_\_\_\_ [30]  
 Did you make any payments in 2021 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [31]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [33]  
 Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_ [35]  
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_ [37]  
 Medical insurance premiums paid by this activity + \_\_\_\_\_ [40]  
 Long-term care premiums paid by this activity + \_\_\_\_\_ [44]  
 Amount of wages received as a statutory employee + \_\_\_\_\_ [47]

**Business Income****2021 Information****Prior Year Information**

Gross receipts and sales  
 \_\_\_\_\_ + \_\_\_\_\_ [52]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Returns and allowances + \_\_\_\_\_ [55]  
 Other income:  
 \_\_\_\_\_ + \_\_\_\_\_ [57]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

**Cost of Goods Sold****2021 Information****Prior Year Information**

Beginning inventory + \_\_\_\_\_ [59]  
 Purchases + \_\_\_\_\_ [61]  
 Labor:  
 \_\_\_\_\_ + \_\_\_\_\_ [63]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Materials + \_\_\_\_\_ [65]  
 Other costs:  
 \_\_\_\_\_ + \_\_\_\_\_ [67]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Ending inventory + \_\_\_\_\_ [69]

**Control Totals +****Form ID: C-1**

Form ID: C-2

Preparer use only

Principal business or profession \_\_\_\_\_

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

## Preparer use only

## 2021 Information

## Prior Year Information

Description \_\_\_\_\_ [2]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_ [3] State postal code \_\_\_\_\_ [5]  
 Physical address: Street \_\_\_\_\_ [6]  
 City, state, zip code \_\_\_\_\_ [7] \_\_\_\_ [8] \_\_\_\_\_ [9]  
 Foreign country \_\_\_\_\_ [11]  
 Foreign province/county \_\_\_\_\_ [12]  
 Foreign postal code \_\_\_\_\_ [13]  
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) \_\_\_\_\_ [14]  
 Description of other type (Type code #8) \_\_\_\_\_ [15]  
 Did you make any payments in 2021 that require you to file Form(s) 1099? (Y,N) \_\_\_\_\_ [16]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [18]  
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) \_\_\_\_\_ [20]  
 Percentage of ownership if not 100% \_\_\_\_\_ [22]  
 Business use percentage, if not 100% (Not vacation home percentage) \_\_\_\_\_ [24]

## Rent and Royalty Income

## Rents and royalties

## 2021 Information

## Prior Year Information

\_\_\_\_\_ + \_\_\_\_\_ [33]  
 \_\_\_\_\_

## Rent and Royalty Expenses

## 2021 Information

## Percent if not 100%

## Prior Year Information

Advertising + \_\_\_\_\_ [35] \_\_\_\_\_ [36]  
 Auto + \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Travel + \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Cleaning and maintenance + \_\_\_\_\_ [44] \_\_\_\_\_ [45]  
 Commissions:  
 \_\_\_\_\_ + \_\_\_\_\_ [47] \_\_\_\_\_ [49]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Insurance:  
 \_\_\_\_\_ + \_\_\_\_\_ [50] \_\_\_\_\_ [52]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Legal and professional fees + \_\_\_\_\_ [54] \_\_\_\_\_ [55]  
 Management fees:  
 \_\_\_\_\_ + \_\_\_\_\_ [57] \_\_\_\_\_ [59]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Mortgage interest paid to banks, etc (Form 1098)  
 \_\_\_\_\_ + \_\_\_\_\_ [60] \_\_\_\_\_ [62]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Other mortgage interest + \_\_\_\_\_ [63] \_\_\_\_\_ [65]  
 Qualified mortgage insurance premiums + \_\_\_\_\_ [66] \_\_\_\_\_ [67]  
 Other interest:  
 \_\_\_\_\_ + \_\_\_\_\_ [69] \_\_\_\_\_ [71]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Repairs + \_\_\_\_\_ [72] \_\_\_\_\_ [73]  
 Supplies + \_\_\_\_\_ [75] \_\_\_\_\_ [76]  
 Taxes:  
 \_\_\_\_\_ + \_\_\_\_\_ [78] \_\_\_\_\_ [80]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Utilities + \_\_\_\_\_ [81] \_\_\_\_\_ [82]  
 Depreciation + \_\_\_\_\_ [84] \_\_\_\_\_ [85]  
 Depletion + \_\_\_\_\_ [87] \_\_\_\_\_ [88]  
 Other expenses:  
 \_\_\_\_\_ + \_\_\_\_\_ [90]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Control Totals +

Form ID: Rent

Preparer use only

Description \_\_\_\_\_

### Refinancing Points

Preparer - Enter on Screen Rent

2021 Information

Prior Year Information

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_ [92]

Date of refinance \_\_\_\_\_

Total # Payments \_\_\_\_\_

Reported on 1098 in 2021 \_\_\_\_\_

Total points paid \_\_\_\_\_

Points deemed as paid in current year **(Preparer use only)** \_\_\_\_\_

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_

Date of refinance \_\_\_\_\_

Total # Payments \_\_\_\_\_

Reported on 1098 in 2021 \_\_\_\_\_

Total points paid \_\_\_\_\_

Points deemed as paid in current year **(Preparer use only)** \_\_\_\_\_

**Refinancing points paid -**

Recipient's/Lender's name \_\_\_\_\_

Date of refinance \_\_\_\_\_

Total # Payments \_\_\_\_\_

Reported on 1098 in 2021 \_\_\_\_\_

Total points paid \_\_\_\_\_

Points deemed as paid in current year **(Preparer use only)** \_\_\_\_\_

### Vacation Home Information

Preparer - Enter on Screen Rent-3

2021 Information

Prior Year Information

Number of days home was used personally \_\_\_\_\_ [5]

Number of days home was rented \_\_\_\_\_ [7]

Number of day home owned, if not 365 \_\_\_\_\_ [9]

Carryover of disallowed operating expenses into 2021 + \_\_\_\_\_ [21]

Carryover of disallowed depreciation expenses into 2021 + \_\_\_\_\_ [22]

### Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [25]	+ [26]	+ [27]
Short-term capital		+ [28]	+ [29]
Long-term capital		+ [30]	+ [31]
28% rate capital		+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss	+ [37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

**NOTES/QUESTIONS:**

Please provide all Forms 1099-K

☐

Preparer use only

## 2021 Information

## Prior Year Information

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Description

[4]

Principal Product

[5]

State postal code

[6]

Accounting method (1 = Cash, 2 = Accrual)

[7]

Agricultural activity code

[9]

Did you "materially participate" in this business? (Y, N)

[12]

Did you make any payments in 2021 that require you to file Form(s) 1099? (Y, N)

[14]

If "Yes", did you or will you file all required Forms 1099? (Y, N)

[16]

Mark if Schedule F net income or loss should be excluded from self-employment income

[18]

Medical insurance premiums paid by this activity

[21]

Long-term care premiums paid by this activity

[25]

## Schedule F Income

## Sales Code\*\*

## 2021 Information

## Prior Year Information

Income description

—  
—  
—  
—  
—\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_+ \_\_\_\_\_ [35]  
+ \_\_\_\_\_  
+ \_\_\_\_\_  
+ \_\_\_\_\_  
+ \_\_\_\_\_  
  
  
  

## \*\* Sales Codes

1 = Cash sales of items bought for resale

4 = Custom hire (machine work)

2 = Cash sales of items raised

5 = Other income

3 = Accrual sales

## 2021 Information

## Prior Year Information

Cost or other basis of livestock and other items you bought for resale (Cash method)

+ \_\_\_\_\_ [37]

Beginning inventory of livestock and other items (Accrual method)

+ \_\_\_\_\_ [39]

Accrual cost of livestock, produce, grains, and other products purchased

+ \_\_\_\_\_ [41]

Ending inventory of livestock and other items (Accrual method)

+ \_\_\_\_\_ [43]

Total cooperative distributions you received

+ \_\_\_\_\_ [45]

Taxable cooperative distributions you received

+ \_\_\_\_\_ [47]

## 2021 Total

## 2021 Taxable

## Prior Year Information

Agricultural program payments

+ \_\_\_\_\_  
+ \_\_\_\_\_  
+ \_\_\_\_\_+ \_\_\_\_\_ [50]  
+ \_\_\_\_\_  
+ \_\_\_\_\_  
  

## 2021 Information

## Prior Year Information

CRP payments received while enrolled to receive social security or disability benefits

+ \_\_\_\_\_ [52]

Commodity credit loans reported under election:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ [54]

Total commodity credit loans forfeited

+ \_\_\_\_\_ [56]

Taxable commodity credit loans forfeited

+ \_\_\_\_\_ [58]

## 2021 Total

## 2021 Taxable

## Prior Year Information

Total crop insurance proceeds you received in 2021

+ \_\_\_\_\_  
+ \_\_\_\_\_  
+ \_\_\_\_\_+ \_\_\_\_\_ [61]  
+ \_\_\_\_\_  
+ \_\_\_\_\_  
  

Mark if electing to defer crop insurance proceeds to 2022

[63]

Crop insurance proceeds deferred from 2020

+ \_\_\_\_\_ [65]

Control Totals +

Form ID: F-1

Form ID: F-2

Preparer use only

Description

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

☐ **Preparer use only**

Taxpayer/Spouse/Joint (T, S, J)

Employer identification number

Description

State postal code

Did you "actively participate" in the operation of this business this year? (Y, N)

## 2021 Information

## Prior Year Information

[2]

[3]

[4]

[5]

[6]

## Income Items

## 2021 Information

## Prior Year Information

Income from production of livestock, produce, grains, and other crops:

+ [15]

+

+

+

+

+ [17]

+ [19]

Total cooperative distributions you received

Taxable cooperative distributions you received

## 2021 Total

## 2021 Taxable

## Prior Year Information

Agricultural program payments:

+ [21]

+

+

Commodity credit loans reported under election:

+ [24]

+

+ [26]

+ [28]

Total commodity credit loans forfeited

Taxable commodity credit loans forfeited

## 2021 Total

## 2021 Taxable

## Prior Year Information

Crop insurance proceeds you received in 2021

+ [30]

+

+

Mark if electing to defer crop insurance proceeds to 2022

Crop insurance proceeds deferred from 2020

Other income:

## 2021 Information

## Prior Year Information

[33]

+ [35]

+ [38]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

Control Totals +

Form ID: 4835

**Preparer use only**

Description

**2021 Information****Prior Year Information**

Car and truck expenses	+ _____ [6]
Chemicals	+ _____ [8]
Conservation expenses	+ _____ [10]
Carryover from prior years	+ _____ [12]
Custom hire (machine work)	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs	+ _____ [18]
Feed purchased	+ _____ [20]
Fertilizers and lime	+ _____ [22]
Freight and trucking	+ _____ [24]
Gasoline, fuel, and oil	+ _____ [26]
Insurance (Other than health):	
_____	+ _____ [28]
_____	+ _____
_____	+ _____
Mortgage interest (Paid to banks, etc.):	
_____	+ _____ [30]
_____	+ _____
_____	+ _____
Other interest	+ _____ [33]
Labor hired (Less employment credit)	+ _____ [35]
Pension and profit sharing	+ _____ [37]
Rent - vehicles, machinery, and equipment	+ _____ [39]
Rent - other	+ _____ [41]
Repairs and maintenance	+ _____ [43]
Seed and plants purchased	+ _____ [45]
Storage and warehousing	+ _____ [47]
Supplies purchased	+ _____ [49]
Taxes:	
_____	+ _____ [51]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
Utilities	+ _____ [53]
Veterinary, breeding, and medicine	+ _____ [55]
Other expenses:	
_____	+ _____ [57]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
Preproductive period expenses	+ _____ [59]

<b>Preparer use only</b> Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ _____ [68]	+ _____ [69]	+ _____ [70]
Short-term capital		+ _____ [72]	+ _____ [73]
Long-term capital		+ _____ [74]	+ _____ [75]
28% rate capital		+ _____ [76]	+ _____ [77]
Section 1231 loss	+ _____ [78]	+ _____ [79]	+ _____ [80]
Ordinary business gain/loss	+ _____ [82]	+ _____ [83]	+ _____ [84]
Section 179	+ _____ [87]	+ _____ [88]	+ _____ [89]

**Control Totals +****Form ID: 4835-2**

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[15]	[16]	[17]
	Short-term capital		[18]	[19]
	Long-term capital		[20]	[21]
	28% rate capital		[22]	[23]
	Section 1231 loss	[24]	[25]	[26]
	Ordinary business gain/loss	[27]	[28]	[29]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[15]	[16]	[17]
	Short-term capital		[18]	[19]
	Long-term capital		[20]	[21]
	28% rate capital		[22]	[23]
	Section 1231 loss	[24]	[25]	[26]
	Ordinary business gain/loss	[27]	[28]	[29]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[15]	[16]	[17]
	Short-term capital		[18]	[19]
	Long-term capital		[20]	[21]
	28% rate capital		[22]	[23]
	Section 1231 loss	[24]	[25]	[26]
	Ordinary business gain/loss	[27]	[28]	[29]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[15]	[16]	[17]
	Short-term capital		[18]	[19]
	Long-term capital		[20]	[21]
	28% rate capital		[22]	[23]
	Section 1231 loss	[24]	[25]	[26]
	Ordinary business gain/loss	[27]	[28]	[29]

Description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_ [7]  
 Date former residence was acquired \_\_\_\_\_ [9]  
 Date former residence was sold \_\_\_\_\_ [10]  
 Selling price of former residence + \_\_\_\_\_ [11]  
 Expenses related to the sale of your old home + \_\_\_\_\_ [12]  
 Original cost of home sold including capital improvements + \_\_\_\_\_ [13]

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

### Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [28]  
 Total current year payments received + \_\_\_\_\_ [29]

### Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_ [30]  
 Address \_\_\_\_\_ [31]  
 City, State and Zip \_\_\_\_\_ [32] \_\_\_\_\_ [33] \_\_\_\_\_ [34]  
 Identifying number of related party \_\_\_\_\_ [35]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [36]  
 Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_ [37]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [38]  
 Selling price of property sold by a related party + \_\_\_\_\_ [40]

### NOTES/QUESTIONS:

Prior Year Installment Sale			
<div> <div></div> <div></div> </div>		Preparer use only	
	2021 Information	Prior Year Information	
Description _____	[3]		
Taxpayer/Spouse/Joint (T, S, J) _____	[7]		
State postal code _____	[8]		
Date acquired _____	[19]		
Date sold _____	[20]		
Gross sales price of property sold + _____	[21]		
Mortgage and other debts the buyer assumed + _____	[23]		
Cost or other basis + _____	[25]		
Commissions and other expenses of the sale + _____	[27]		
Gross profit percentage _____	[29]		
Total current year principal payments received + _____	[35]		
Prior year principal payments received + _____	[37]		
Total ordinary income to recapture + _____	[39]		
Total ordinary income previously recaptured + _____	[41]		
Control Totals +			

**NOTES/QUESTIONS:**

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service.  
Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

## 2021 Information

## Prior Year Information

Asset description \_\_\_\_\_ [2]  
 Asset identifying number or other designation \_\_\_\_\_ [3]  
 Date asset acquired \_\_\_\_\_ [4]  
 Date asset disposed \_\_\_\_\_ [6]  
 Asset jointly owned with spouse \_\_\_\_\_ [7]  
 Maximum value of asset \_\_\_\_\_ [9]

**Asset foreign entity information -** (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_ [14]  
 Foreign entity name \_\_\_\_\_ [16]  
 Foreign entity address \_\_\_\_\_ [17]  
 City, state, zip code \_\_\_\_\_ [18] \_\_\_\_\_ [19] \_\_\_\_\_ [20]  
 Foreign country code/name \_\_\_\_\_ [21] \_\_\_\_\_ [22]  
 Foreign province/county \_\_\_\_\_ [23]  
 Foreign postal code \_\_\_\_\_ [24]

**Asset issuer or counterparty information -** (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_ [25]  
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_  
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_  
 Individual or organization name \_\_\_\_\_  
 Address of issuer or counterparty \_\_\_\_\_  
 City, state, zip code \_\_\_\_\_  
 Foreign country code/name \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_

**Asset issuer or counterparty information -** (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_  
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_  
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_  
 Individual or organization name \_\_\_\_\_  
 Address of issuer or counterparty \_\_\_\_\_  
 City, state, zip code \_\_\_\_\_  
 Foreign country code/name \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_

**NOTES/QUESTIONS:**

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)

\_\_ [1]

	2021 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__ [4]	
Type of Account:		
Bank	__ [5]	
Securities	__ [6]	
Other	__ [7]	
Maximum value of account	__ [8]	
Account number or other designation	__ [10]	
Financial institution	__ [12]	
Address of financial institution	__ [13]	
City, state, zip code	__ [14] __ [15] __ [16]	
Foreign country code/name	__ [17] __ [18]	
For addresses in Mexico, enter state	__ [20]	
Foreign province/county	__ [23]	
Foreign postal code	__ [24]	
Account jointly owned with spouse	__ [25]	
Account opened during the tax year	__ [47]	
Account closed during the tax year	__ [49]	
Information is reported for a financial account which is:	__ [27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

**Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account**

Taxpayer identification number of account holder/joint owner	__ [28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	__ [29]
Last name or organization name of account holder/joint owner	__ [30]
First name and middle initial of account holder/joint owner	__ [31] __ [32]
Address and apartment	__ [33] __ [34]
City, state, zip code	__ [35] __ [36] __ [37]
Foreign country code/name	__ [38] __ [39]
For addresses in Mexico, enter state	__ [41]
Foreign postal code	__ [44]
Number of joint owners (Not including taxpayer, if applicable)	__ [45]
Filer's title with this owner (If applicable)	__ [46]

## NOTES/QUESTIONS:

**Foreign Earned Income Exclusion****46**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1] State postal code \_\_\_\_\_ [3]  
 Foreign street address \_\_\_\_\_ [4] City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country code \_\_\_\_\_  
 Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 Employer's name \_\_\_\_\_ [2]  
 U.S. address \_\_\_\_\_ [5] City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Foreign street address \_\_\_\_\_ [6] City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country code \_\_\_\_\_  
 Country \_\_\_\_\_ Postal code \_\_\_\_\_  
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) \_\_\_\_\_ [7] If other, specify type \_\_\_\_\_ [8]  
 Country of citizenship \_\_\_\_\_ [11]  
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:  
 City/Country \_\_\_\_\_ [12] Days \_\_\_\_\_  
 City/Country \_\_\_\_\_ Days \_\_\_\_\_  
 List tax home(s) during the tax year and dates established:  
 Tax home \_\_\_\_\_ [13] Date \_\_\_\_\_  
 Tax home \_\_\_\_\_ Date \_\_\_\_\_

**Foreign Earned Income Allocation Information****\*U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information: [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
Foreign days worked before and after foreign assignment _____ [17]		Total days worked before and after foreign assignment _____ [18]		
Total number of days worked during year (defaults to 240)				_____ [19]

**Bona Fide Residence Test**

Date foreign residence began \_\_\_\_\_ [21] Date foreign residence ended \_\_\_\_\_ [22]  
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) \_\_\_\_\_ [23]  
 If any family members lived abroad with you during any part of tax year, list who and for what period:  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_ [24]  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Relationship \_\_\_\_\_ Period abroad \_\_\_\_\_  
 Mark if you submitted a statement to foreign country authorities that you are not a resident of that country \_\_\_\_\_ [25]  
 Mark if required to pay income tax to that country \_\_\_\_\_ [26]  
 List any contractual terms or other conditions relating to length of employment abroad \_\_\_\_\_ [27]  
 \_\_\_\_\_  
 Type of visa used to enter foreign country \_\_\_\_\_ [28]  
 Explanation if visa limited length of stay or employment \_\_\_\_\_ [29]  
 \_\_\_\_\_

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address \_\_\_\_\_ [30] City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Rented \_\_\_ Occupant \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ [30] City \_\_\_\_\_  
 State postal code \_\_\_\_\_ Zip code \_\_\_\_\_  
 Rented \_\_\_ Occupant \_\_\_\_\_ Relationship \_\_\_\_\_

**Physical Presence Test**

Principal country of employment \_\_\_\_\_ [31]

Employer's name \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 State postal code \_\_\_\_\_

### Foreign Earned Income

**\*Please use the Foreign Earned Income Allocation Codes located below**

#### Noncash income:

	Allocation Code*	Amount
Home (lodging) _____	[10] ____ [11] +	____ [12]
Meals _____	[13] ____ [14] +	____ [15]
Car _____	[16] ____ [17] +	____ [18]
Other properties or facilities (Please enter code here and description and amount below):	____ [19]	
_____	+ _____	____ [20]
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

#### Allowances, reimbursements or expenses paid on behalf:

Cost of living and overseas differential _____	____ [21] +	____ [22]
Family _____	____ [23] +	____ [24]
Education _____	____ [25] +	____ [26]
Home leave _____	____ [27] +	____ [28]
Quarters _____	____ [29] +	____ [30]
Other purposes (Please enter code here and description and amount below):	____ [31]	
_____	+ _____	____ [32]
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

#### Other foreign earned income (Please enter code here and description and amount below):

_____	____ [33]	
_____	+ _____	____ [34]
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	____ [35]

Excludable meals and lodging under section 119 \_\_\_\_\_

#### \*Foreign Earned Income Allocation Codes

- 1 = 100% foreign during assignment
- 2 = 100% U.S. during assignment
- 3 = U.S. and foreign days worked during assignment
- 4 = U.S. and foreign days before/after assignment
- 5 = Days worked before, during, and after assignment

### Deductions Allocable to Foreign Earned Income

	Allocation Code*	Amount
Other allocable deductions _____	____ [36] +	____ [37]

### Housing Exclusion/Deduction

Qualified housing expense _____	+ _____	____ [47]
---------------------------------	---------	-----------

#### NOTES/QUESTIONS:

Control Totals +

Form ID: 2555-2

☐ **Preparer use only**

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

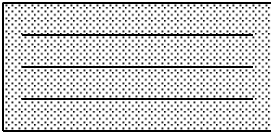
**NOTES/QUESTIONS:**

**Complete if you cashed qualified U.S. Savings bonds in 2021 that were issued after 1989, and you paid qualified higher education expenses in 2021 for yourself, your spouse, or your dependents.**

Taxpayer/Spouse/Joint (T, S, J)		—
SSN of person enrolled at eligible educational institution		_____
Name of person enrolled at eligible educational institution (First/Last)		_____
Name of eligible educational institution		_____
Address of eligible educational institution		_____
City, state, and zip code		_____
Qualified higher education expenses you paid in 2021 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2021 for person listed above	+	_____
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)		_____
Financial institution name (ESA) or name of program (QTP)		_____
Financial institution address (ESA) or address of program (QTP)		_____
City, state and zip code		_____
Taxpayer/Spouse/Joint (T, S, J)		—
SSN of person enrolled at eligible educational institution		_____
Name of person enrolled at eligible educational institution (First/Last)		_____
Name of eligible educational institution		_____
Address of eligible educational institution		_____
City, state, and zip code		_____
Qualified higher education expenses you paid in 2021 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2021 for person listed above	+	_____
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)		_____
Financial institution name (ESA) or name of program (QTP)		_____
Financial institution address (ESA) or address of program (QTP)		_____
City, state and zip code		_____
Taxpayer/Spouse/Joint (T, S, J)		—
SSN of person enrolled at eligible educational institution		_____
Name of person enrolled at eligible educational institution (First/Last)		_____
Name of eligible educational institution		_____
Address of eligible educational institution		_____
City, state, and zip code		_____
Qualified higher education expenses you paid in 2021 for person listed above	+	_____ [1]
Enter any nontaxable educational benefits received for 2021 for person listed above	+	_____
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program)		_____
Financial institution name (ESA) or name of program (QTP)		_____
Financial institution address (ESA) or address of program (QTP)		_____
City, state and zip code		_____
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2021	+	_____ [3]

## NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2021 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2021. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2021 Interest Paid	Prior Year Information
—	_____	+ _____ <sup>[1]</sup>	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

**Institution Information**

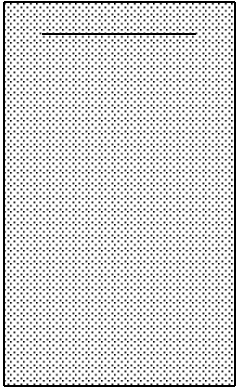
Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

**Tuition Paid and Related Information**

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2021.

Enter the amount actually paid during 2021.

	2021 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	+ _____ [8]	
Educational institution changed its reporting method for 2021 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2022 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2021

**NOTES/QUESTIONS:**

Taxpayer/Spouse (T, S)	_____	[1]
Payer name	_____	[3]
State postal code	_____	[4]
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)	_____	[6]
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)	_____	[7]
Final distribution	_____	[8]

## Contributions and Basis

**Beneficiary's Information** (if not taxpayer or spouse)


Social security number \_\_\_\_\_ [11]

First name \_\_\_\_\_ [12]

Last name \_\_\_\_\_ [13]

	2021 Information
Amount contributed in current year	+ _____ [14]
Basis of this account at 12/31/20	+ _____ [17]
Value of this account at 12/31/21	+ _____ [19]
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]

### Prior Year Information



## Payments from Qualified Education Programs

	2021 Information
Gross distribution <b>(Box 1)</b>	+ _____ [30]
Earnings <b>(Box 2)</b>	+ _____ [32]
Basis <b>(Box 3)</b>	+ _____ [34]
Trustee-to-trustee rollover <b>(Box 4)</b>	_____ [36]
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]
<b>Box 5 -</b>	
Private QTP	_____ [39]
State QTP	_____ [40]
Coverdell ESA	_____ [41]
Check if the recipient is not the designated beneficiary <b>(Box 6)</b>	_____ [42]
Qualified education expenses	+ _____ [43]
Elementary and secondary education expenses	+ _____ [45]

### Prior Year Information

**NOTES/QUESTIONS:**

### Prior Year Information

[13] Miles driven for medical items [14]

### Prior Year Information

\_\_\_\_\_ [39] \_\_\_\_\_ + \_\_\_\_\_ [40]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Form ID: A-1

## Interest Expenses

58

T/S/J	2021 Interest Paid <sup>[2]</sup>	2021 Points Paid	Type*	2021 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		

## \*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home      1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2021 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

## T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

## Refinancing Points paid in 2021 -

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2021 (Preparer use only) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2021 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2021 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2021 \_\_\_\_\_

T/S/J	2021 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +

Form ID: A-2



**Noncash Contributions Exceeding \$500****61****For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +****Noncash Contributions Exceeding \$500****For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +****Noncash Contributions Exceeding \$500****For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S)	_____	[1]
Donee's name	_____	[4]
State postal code	_____	[3]
Date of contribution (Box 1)	_____	[9]
Odometer mileage (Box 2a)	_____	[10]
Year of vehicle (Box 2b)	_____	[11]
Make of vehicle (Box 2c)	_____	[12]
Model of vehicle (Box 2d)	_____	[13]
Vehicle or other identification number (Box 3)	_____	[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)	_____	[15]
Date of sale (Box 4b)	_____	[16]
Gross proceeds from sale (Box 4c)	+ _____	[17]
Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a)	_____	[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b)	_____	[19]
Detailed description of material improvements or significant intervening use and duration of use (Box 5c)	_____ _____ _____	[20]
Did you provide goods or services in exchange for the vehicle? (Box 6a)	Yes _____ No _____	[21] [22]
Value of goods and services provided in exchange for the vehicle (Box 6b)	+ _____	[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)	_____	[24]
Description of goods and services (Box 6c)	_____ _____ _____	[25]
Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7)	_____	[26]

### Other Information for Donated Property

Overall physical condition of property	_____	[31]
Date property was acquired by donor	_____	[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[33]
Donor's cost or basis	+ _____	[34]
Fair market value on date of contribution	+ _____	[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[36]
If other:	_____	[37]
Bargain sale amount received	+ _____	[38]
Donee's address, and ZIP code	_____	[42]
Donee's telephone number	_____ [43] _____ [44] _____	[45]
	_____	[46]

### NOTES/QUESTIONS:

--	--

**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [7]

### Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A \_\_\_\_\_ [10]  
 Description of casualty or theft - Property B \_\_\_\_\_ [23]  
 Description of casualty or theft - Property C \_\_\_\_\_ [36]  
 Description of casualty or theft - Property D \_\_\_\_\_ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	____ [13]	____ [26]	____ [39]	____ [52]
Date acquired	____ [17]	____ [30]	____ [43]	____ [56]
Cost or other basis of property	+ ____ [18]	+ ____ [31]	+ ____ [44]	+ ____ [57]
Insurance or other reimbursement	+ ____ [19]	+ ____ [32]	+ ____ [45]	+ ____ [58]
Fair market value before casualty	+ ____ [20]	+ ____ [33]	+ ____ [46]	+ ____ [59]
Fair market value after casualty	+ ____ [21]	+ ____ [34]	+ ____ [47]	+ ____ [60]

### Business/Income Use Replacement Information

Description of replacement property A \_\_\_\_\_ [61]  
 Description of replacement property B \_\_\_\_\_ [65]  
 Description of replacement property C \_\_\_\_\_ [69]  
 Description of replacement property D \_\_\_\_\_ [73]

	A	B	C	D
Mark if property was acquired from a related party	____ [62]	____ [66]	____ [70]	____ [74]
Date acquired	____ [63]	____ [67]	____ [71]	____ [75]
Cost of replacement property	+ ____ [64]	+ ____ [68]	+ ____ [72]	+ ____ [76]

**NOTES/QUESTIONS:**

Preparer use only

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [8]  
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined  
 by the President of the United States to warrant assistance by the Federal Government \_\_\_\_\_ [9]  
 FEMA disaster declaration number (ex. DR-4593-WA) \_\_\_\_\_ [10] - \_\_\_\_\_ [11]

## Casualty and Theft - Personal Use Properties

Type of property	City	State	Zip code
Property A _____ [19]	_____ [20]	_____ [21]	_____ [22]
Property B _____ [36]	_____ [37]	_____ [38]	_____ [39]
Property C _____ [53]	_____ [54]	_____ [55]	_____ [56]
Property D _____ [70]	_____ [71]	_____ [72]	_____ [73]

	A	B	C	D
Date acquired _____ [27]	_____ [44]	_____ [61]	_____ [78]	
Cost or other basis of property + _____ [28]	+ _____ [45]	+ _____ [62]	+ _____ [79]	
Insurance or other reimbursement + _____ [29]	+ _____ [46]	+ _____ [63]	+ _____ [80]	
Fair market value before casualty + _____ [31]	+ _____ [48]	+ _____ [64]	+ _____ [81]	
Fair market value after casualty + _____ [32]	+ _____ [49]	+ _____ [65]	+ _____ [82]	

## Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_ [85]  
 Description of replacement property B \_\_\_\_\_ [89]  
 Description of replacement property C \_\_\_\_\_ [93]  
 Description of replacement property D \_\_\_\_\_ [97]

	A	B	C	D
Mark if property was acquired from a related party _____ [86]	_____ [90]	_____ [94]	_____ [98]	
Date acquired _____ [87]	_____ [91]	_____ [95]	_____ [99]	
Cost of replacement property + _____ [88]	+ _____ [92]	+ _____ [96]	+ _____ [100]	

NOTES/QUESTIONS:

Preparer use only

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [6]

## Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A \_\_\_\_\_ [8]  
 Description of casualty or theft - Property B \_\_\_\_\_ [17]  
 Description of casualty or theft - Property C \_\_\_\_\_ [26]  
 Description of casualty or theft - Property D \_\_\_\_\_ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop) _____ [9]	_____ [18]	_____ [27]	_____ [36]	
Date acquired _____ [12]	_____ [21]	_____ [30]	_____ [39]	
Cost or other basis of property + _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]	
Insurance or other reimbursement + _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]	
Fair market value before casualty + _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]	
Fair market value after casualty + _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]	

## Current Year Business/Income Use Replacement Information

Description of replacement property A \_\_\_\_\_ [44]  
 Description of replacement property B \_\_\_\_\_ [50]  
 Description of replacement property C \_\_\_\_\_ [56]  
 Description of replacement property D \_\_\_\_\_ [62]

	A	B	C	D
Date acquired _____ [45]	_____ [51]	_____ [57]	_____ [63]	
Prior year cost of replacement property + _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]	
Cost of replacement property + _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]	
Postponed gain + _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]	
Adjusted basis of replacement property + _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]	

NOTES/QUESTIONS:

Occurrence description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 State postal code \_\_\_\_\_ [3]  
 Date of casualty or theft \_\_\_\_\_ [4]  
 Damage to personal residence from corrosive drywall \_\_\_\_\_ [5]  
 Amount paid to repair damage to home or household appliances + \_\_\_\_\_ [6]  
 25% loss available from 2020 + \_\_\_\_\_ [7]

### Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Type of property A \_\_\_\_\_ [15] City A \_\_\_\_\_ [16]  
 Type of property B \_\_\_\_\_ [26] City B \_\_\_\_\_ [27]  
 Type of property C \_\_\_\_\_ [37] City C \_\_\_\_\_ [38]  
 Type of property D \_\_\_\_\_ [48] City D \_\_\_\_\_ [49]

	A	B	C	D
State postal code	_____ [17]	_____ [28]	_____ [39]	_____ [50]
Zip code	_____ [18]	_____ [29]	_____ [40]	_____ [51]
Date acquired	_____ [20]	_____ [31]	_____ [42]	_____ [53]
Cost or other basis of property	+ _____ [21]	+ _____ [32]	+ _____ [43]	+ _____ [54]
Insurance or other reimbursement	+ _____ [22]	+ _____ [33]	+ _____ [44]	+ _____ [55]
Principal residence exclusion taken	+ _____ [23]	+ _____ [34]	+ _____ [45]	+ _____ [56]
Fair market value before casualty	+ _____ [24]	+ _____ [35]	+ _____ [46]	+ _____ [57]
Fair market value after casualty	+ _____ [25]	+ _____ [36]	+ _____ [47]	+ _____ [58]

### Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_ [59]  
 Description of replacement property B \_\_\_\_\_ [65]  
 Description of replacement property C \_\_\_\_\_ [71]  
 Description of replacement property D \_\_\_\_\_ [77]

	A	B	C	D
Date acquired	_____ [60]	_____ [66]	_____ [72]	_____ [78]
Prior year cost of replacement property	+ _____ [61]	+ _____ [67]	+ _____ [73]	+ _____ [79]
Cost of replacement property	+ _____ [62]	+ _____ [68]	+ _____ [74]	+ _____ [80]
Postponed gain	+ _____ [63]	+ _____ [69]	+ _____ [75]	+ _____ [81]
Adjusted basis of replacement property	+ _____ [64]	+ _____ [70]	+ _____ [76]	+ _____ [82]

### NOTES/QUESTIONS:

--	--

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]

State postal code \_\_\_\_\_ [5]

### Business Use of Home

**2021 Information****Prior Year Information**

Total area of home \_\_\_\_\_ [14]

Area used exclusively for business \_\_\_\_\_ [16]

## Information for day-care facilities only:

Total hours used for day-care during this year \_\_\_\_\_ [18]

Total hours used this year, if less than 8760 \_\_\_\_\_ [20]

## Special computation for certain day-care facilities:

Area used regularly and exclusively for day-care business \_\_\_\_\_ [22]

Area used partly for day-care business \_\_\_\_\_ [24]

**List as direct expenses any expenses which are attributable only to the business part of your home.****List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.****2021 Information****Prior Year Information****Direct Expenses****Indirect Expenses**

Mortgage interest: + \_\_\_\_\_ [29] + \_\_\_\_\_ [31]

Mortgage insurance premiums + \_\_\_\_\_ [34] + \_\_\_\_\_ [35]

Real estate taxes: + \_\_\_\_\_ [37] + \_\_\_\_\_ [39]

Excess mortgage interest + \_\_\_\_\_ [42] + \_\_\_\_\_ [43]

Insurance + \_\_\_\_\_ [48] + \_\_\_\_\_ [50]

Rent + \_\_\_\_\_ [54] + \_\_\_\_\_ [55]

Repairs &amp; maintenance + \_\_\_\_\_ [57] + \_\_\_\_\_ [58]

Utilities + \_\_\_\_\_ [60] + \_\_\_\_\_ [61]

Other expenses, such as: Supplies &amp; Security system + \_\_\_\_\_ [63] + \_\_\_\_\_ [64]

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

Excess casualty losses + \_\_\_\_\_ [66]

## Carryovers:

Operating expenses + \_\_\_\_\_ [67]

Casualty losses + \_\_\_\_\_ [68]

Depreciation + \_\_\_\_\_ [70]

## Business expenses not from business use of home, such as:

Travel, Supplies, Business telephone expenses + \_\_\_\_\_ [71]

Depreciation + \_\_\_\_\_ [75]

**NOTES/QUESTIONS:**

If you used your automobile for business purposes, please complete the following information.

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

### Vehicles

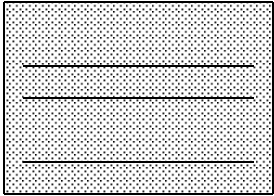
Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

### Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

### Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	_____ [212]	<input type="checkbox"/>	+ _____ [214]	<input type="checkbox"/>	+ _____ [216]	<input type="checkbox"/>	+ _____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

	2021 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
_____	+ _____ [2]	+ _____ [3]	
_____	+ _____	+ _____	
Self-employed long-term care premiums: (Not entered elsewhere)			
_____	+ _____ [5]	+ _____ [6]	
_____	+ _____	+ _____	

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

**Part III Household Information -**

	A. 2021 Monthly Premium Amount	Prior Year Information	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]		+ _____ [37]	+ _____ [50]	

Control Totals +

**ACA - Health Insurance Marketplace Statement #2**

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

**Part III Household Information -**

	A. 2021 Monthly Premium Amount	Prior Year Information	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]		+ _____ [25]	+ _____ [38]	
February	+ _____ [13]		+ _____ [26]	+ _____ [39]	
March	+ _____ [14]		+ _____ [27]	+ _____ [40]	
April	+ _____ [15]		+ _____ [28]	+ _____ [41]	
May	+ _____ [16]		+ _____ [29]	+ _____ [42]	
June	+ _____ [17]		+ _____ [30]	+ _____ [43]	
July	+ _____ [18]		+ _____ [31]	+ _____ [44]	
August	+ _____ [19]		+ _____ [32]	+ _____ [45]	
September	+ _____ [20]		+ _____ [33]	+ _____ [46]	
October	+ _____ [21]		+ _____ [34]	+ _____ [47]	
November	+ _____ [22]		+ _____ [35]	+ _____ [48]	
December	+ _____ [23]		+ _____ [36]	+ _____ [49]	
Annual total	+ _____ [24]		+ _____ [37]	+ _____ [50]	

Control Totals +

**NOTES/QUESTIONS:**

Please provide all Forms 5498-SA.

## 2021 Information

## Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of Trustee \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [2]  
 Indicate type of health or medical savings account:  
     HSA \_\_\_\_\_ [6]  
     Archer MSA \_\_\_\_\_ [7]  
     MA (Medicare Advantage) MSA \_\_\_\_\_ [9]  
 Total HSA/MSA contributions made  
     for 2021 (Enter all amounts contributed, including through employer cafeteria plans) + \_\_\_\_\_ [10]  
 Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) \_\_\_\_\_ [12]  
 Number of months in qualified high deductible health plan in 2021 \_\_\_\_\_ [13]  
 Mark if you want to contribute the maximum allowable health or  
     medical savings account contribution amount \_\_\_\_\_ [14]  
 Total HSA/MSA contribution to be made for 2021 + \_\_\_\_\_ [15]  
 Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5) + \_\_\_\_\_ [16]  
 Excess contributions for 2020 taken as constructive contributions for 2021 + \_\_\_\_\_ [19]  
 Rollover contribution (Form 5498-SA, Box 4) + \_\_\_\_\_ [21]

## Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible + \_\_\_\_\_ [24]  
 Enter compensation from employer maintaining high deductible health plan + \_\_\_\_\_ [27]  
 If self-employed, enter earned income from business  
     under which plan was established + \_\_\_\_\_ [31]

## Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2021? (Y, N) \_\_\_\_\_ [33]

## NOTES/QUESTIONS:

### Prior Year Information

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### Prior Year Information

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## Form ID: 1099SA

State postal code \_\_\_\_\_  
 Taxpayer \_\_\_\_\_ [1] Spouse \_\_\_\_\_ [2]

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____ [5]	+ _____ [6]	_____
Actual parsonage utilities expense	+ _____ [11]	+ _____ [12]	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ _____ [17]	+ _____ [18]	_____
Actual parsonage expense	+ _____ [20]	+ _____ [21]	_____
Fair rental value of home	+ _____ [23]	+ _____ [24]	_____
Actual utilities expense	+ _____ [26]	+ _____ [27]	_____
Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS _____ [29] _____ [30]			
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan + _____ [33] + _____ [34]			
Unreimbursed Business Expenses - net reimbursed and after 50% Meals & Entertainment reduction:			
_____	+ _____ [36]	+ _____ [37]	_____
_____	+	+	_____
_____	+	+	_____
_____	+	+	_____
_____	+	+	_____
_____	+	+	_____
_____	+	+	_____
_____	+	+	_____
_____	+	+	_____
_____	+	+	_____
_____	+	+	_____

NOTES/QUESTIONS:

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer identification number \_\_\_\_\_ [2]

Total cash wages subject to social security taxes + \_\_\_\_\_ [4]  
 Total cash wages subject to Medicare taxes + \_\_\_\_\_ [5]  
 Total cash wages subject to Additional Medicare Tax withholding + \_\_\_\_\_ [6]  
 Federal income tax withheld + \_\_\_\_\_ [7]  
 State disability plan social security & Medicare withheld + \_\_\_\_\_ [8]

Did you:  
 (A) pay any household employee cash wages of \$2,300 or more in 2021? (Y, N) \_\_\_\_\_ [9]  
 (B) withhold Federal income tax for any household employee? (Y, N) \_\_\_\_\_ [10]  
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2020 or 2021? (Y, N) \_\_\_\_\_ [11]

### Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.  
 Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable  
 as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax + \_\_\_\_\_ [12]

State #1 information  
 State postal code where you have to pay unemployment contributions \* \_\_\_\_\_ [14]  
 State reporting number as shown on state unemployment tax return \_\_\_\_\_ [15]  
 Taxable wages (as defined in state act) + \_\_\_\_\_ [16]  
 State experience rate period:  
 From \_\_\_\_\_ [17]  
 To \_\_\_\_\_ [18]  
 State experience rate (xxx.xx) \_\_\_\_\_ [19]  
 Contributions paid to state unemployment fund \* + \_\_\_\_\_ [20]  
 Contributions for 2021 paid after 04/18/22 + \_\_\_\_\_ [21]

State #2 information  
 State postal code where you have to pay unemployment contributions \_\_\_\_\_ [22]  
 State reporting number as shown on state unemployment tax return \_\_\_\_\_ [23]  
 Taxable wages (as defined in state act) + \_\_\_\_\_ [24]  
 State experience rate period:  
 From \_\_\_\_\_ [25]  
 To \_\_\_\_\_ [26]  
 State experience rate (xxx.xx) \_\_\_\_\_ [27]  
 Contributions paid to state unemployment fund + \_\_\_\_\_ [28]  
 Contributions for 2021 paid after 04/18/22 + \_\_\_\_\_ [29]

### NOTES/QUESTIONS:

**Recovery Rebate Credit (Economic Impact Payment)****Please provide copies of all Notice(s) 1444-C and Letter(s) 6475**

A third round of stimulus payments was issued in 2021 for qualifying individuals. The third economic impact payment, referred to as EIP3, was issued in 2021 to qualifying individuals. Refer to the IRS notice or letter indicating the payment amount received. You can look up your EIP3 amount by either creating or viewing your IRS online account at <https://www.irs.gov/payments/view-your-tax-account>.

The EIP3 was an advance on a 2021 tax credit. The payments will be used to determine if you qualify for an additional recovery rebate credit on your 2021 return. The EIP3 will not increase the total amount of tax you pay but may reduce the amount owed or increase a tax refund.

	<b>Taxpayer/Joint</b>	<b>Spouse</b>
<b>Economic impact payment (EIP).</b> Enter a zero (0) if none was received:		
EIP no. 3 reported on Notice 1444-C	+ _____ [1]	+ _____ [2]
Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed Forces in 2020		_____ [3]
EIP3 amount projected from your prior year return		+ _____ [4]
EIP3 projection tax year		_____ [5]
Mark if the EIP3 you received matches the <b>EIP3 amount projected from your prior year return</b>		_____ [6]

**NOTES/QUESTIONS:**

## Child and Dependent Care Expenses

81

Please enter all amounts paid in 2021 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2020 employer-provided dependent care benefits used during 2021 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2021	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2021		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 + \_\_\_\_\_ [7]

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Control Totals +

Form ID: 2441

**Advanced Child Tax Credit Payments****81a****Please provide copies of all IRS Letter 6419**

The Child tax credit payments were an advance on the 2021 Child tax credit. These advance payments will be used to reduce your 2021 Child tax credit for qualifying individuals. Refer to the IRS letter indicating the amount of Advanced Child Tax Credit payments received. You can look up your Advanced Child Tax Credit amounts by either creating or viewing your IRS online account at <https://www.irs.gov/credits-deductions/child-tax-credit-update-portal>.

	<b>Taxpayer/Joint</b>	<b>Spouse</b>
Advanced Child Tax Credit payments. Enter a zero (0), if none was received:		
July	+ _____ [1]	+ _____ [2]
August	+ _____ [3]	+ _____ [4]
September	+ _____ [5]	+ _____ [6]
October	+ _____ [7]	+ _____ [8]
November	+ _____ [9]	+ _____ [10]
December	+ _____ [11]	+ _____ [12]
Number of qualifying children used to determine Adv CTC Payments rec'd (Letter 6419)	_____ [13]	_____ [14]

**NOTES/QUESTIONS:**

**Complete this form if you are self-employed and received paid sick or family leave in 2021 due to COVID-19**  
**Please provide all copies of Form W-2 or other statement reporting paid sick or family leave pay from your employer**

Taxpayer/Spouse (T, S)

\_\_\_\_ [1]

### Part 1: Sick Leave for Self-Employed Individuals 1/1-3/31

Number of days unable to perform self-employment activities due to COVID-19

\_\_\_\_ [2]

2021 Dates sick leave taken (Enter MM/DD):

\_\_\_\_ [3]

\_\_\_\_

\_\_\_\_ [4]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another

2021 Dates sick leave taken - care provided to another (Enter MM/DD):

\_\_\_\_ [5]

\_\_\_\_

\_\_\_\_

Sick leave pay when unable to work due to COVID-19 at your regular rate of pay

+ \_\_\_\_ [6]

Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay

+ \_\_\_\_ [7]

2020 Form 7202 Line 4: Number of sick leave days claimed in 2020

\_\_\_\_ [8]

2020 Form 7202 Line 6: Number of sick leave days - care provided to another claimed in 2020

\_\_\_\_ [9]

2020 Form 7202 Line 15: Sick leave pay subject to \$511 per day limit

+ \_\_\_\_ [10]

2020 Form 7202 Line 16: Sick leave pay subject to \$200 per day limit

+ \_\_\_\_ [11]

2020 Form 7202 Line 7 or Line 26: Net self-employment income

+ \_\_\_\_ [12]

### Part 2: Family Leave for Self-Employed Individuals 1/1-3/31

Number of days unable to perform self-employment activities due to COVID-19 care for son/daughter

\_\_\_\_ [13]

Family leave wages received

+ \_\_\_\_ [14]

2020 Form 7202 Line 25: Number of family leave days claimed in 2020

\_\_\_\_ [15]

2020 Form 7202 Line 31: Family leave wages received in 2020

+ \_\_\_\_ [16]

### Part 3: Sick Leave for Self-Employed Individuals 4/1-9/30

Number of days unable to perform self-employment activities due to COVID-19

\_\_\_\_ [17]

2021 Dates sick leave taken (Enter MM/DD):

\_\_\_\_ [18]

\_\_\_\_

Number of days unable to perform self-employment activities due to COVID-19 care provided to another

\_\_\_\_ [19]

2021 Dates sick leave taken - care provided to another (Enter MM/DD):

\_\_\_\_ [20]

\_\_\_\_

\_\_\_\_

Sick leave pay when unable to work due to COVID-19 at your regular rate of pay

+ \_\_\_\_ [21]

Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay

+ \_\_\_\_ [22]

### Part 4: Family Leave for Self-Employed Individuals 4/1-9/30

Number of days unable to perform self-employment activities due to COVID-19 care you required or for another

\_\_\_\_ [23]

Family leave wages received

+ \_\_\_\_ [24]

### NOTES/QUESTIONS:

**Credit For The Elderly or Disabled**

**Please complete if you were age 65 or older at the end of 2021, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.**

**Taxpayer****Spouse**

Nontaxable disability/pension income received in 2021

+ \_\_\_\_\_ [7]

+ \_\_\_\_\_ [8]

Taxable disability income received in 2021

+ \_\_\_\_\_ [9]

+ \_\_\_\_\_ [10]

**NOTES/QUESTIONS:**

**The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.**

Taxpayer/Spouse/Joint (T, S, J)

Were the costs incurred made to your main home located in the United States? (Y, N)	_____	[1]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	_____	[2]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[17]

### NOTES/QUESTIONS:

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2021.

Preparer use only

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [9]  
 Category of income\* \_\_\_\_\_ [11]  
 Description of income \_\_\_\_\_ [12]

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

## Foreign Income or Loss

Country code \_\_\_\_\_ [19]  
 Country name \_\_\_\_\_ [20]

	Regular	AMT, if different
Foreign gross income	+ _____ [23]	+ _____ [24]
Definitely related expenses:		
_____	+ _____ [31]	+ _____ [32]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
Foreign source losses	+ _____ [45]	+ _____ [46]

## Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:  
 Date paid or accrued \_\_\_\_\_ [47]  
 In foreign currency - taxes withheld on:  
 Dividends + \_\_\_\_\_ [48]  
 Rents & royalties + \_\_\_\_\_ [49]  
 Interest + \_\_\_\_\_ [50]  
 Other foreign taxes + \_\_\_\_\_ [51]  
 In US dollars - taxes withheld on:  
 Dividends + \_\_\_\_\_ [53]  
 Rents & Royalties + \_\_\_\_\_ [54]  
 Interest + \_\_\_\_\_ [55]  
 Other foreign taxes + \_\_\_\_\_ [56]

## NOTES/QUESTIONS:

**Complete this form if you paid qualified adoption expenses in 2021. Indicate if the adoption was final in or before 2021.**  
**Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.**  
**Please provide copies of legal documents approving the adoption.**

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '04 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2020 for this child	_____	_____	_____
Employer-provided benefits received in 2020 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2021 for this child	_____	_____	_____
Employer-provided benefits received in 2021 for this child	_____	_____	_____
Adoption final in (1 = '21, 2 = Pre '21)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '04 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2020 for this child	_____	_____	_____
Employer-provided benefits received in 2020 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2021 for this child	_____	_____	_____
Employer-provided benefits received in 2021 for this child	_____	_____	_____
Adoption final in (1 = '21, 2 = Pre '21)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

_____	[9]
_____	[10]
_____	[11]

**NOTES/QUESTIONS:**

\*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
<b>Nontaxable use of gasoline -</b>		
Off-highway business use	\$0.183	+ _____ [1]
Use on a farm	0.183	+ _____ [2]
Other nontaxable use _____ [3]	0.183	+ _____ [4]
Exported	0.184	+ _____ [5]
<b>Nontaxable use of aviation gasoline -</b>		
Commercial aviation	0.15	+ _____ [6]
Other nontaxable use _____ [7]	0.193	+ _____ [8]
Exported	0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [10]
<b>Nontaxable use of undyed diesel fuel -</b>		
Explanation of evidence of dyes:		_____ [11]
_____		_____
_____		_____
Other nontaxable use _____ [12]	0.243	+ _____ [13]
Use on a farm	0.243	+ _____ [14]
Trains	0.243	+ _____ [15]
Intercity / local bus	0.17	+ _____ [16]
Exported	0.244	+ _____ [17]
<b>Nontaxable use of undyed kerosene (other than aviation) -</b>		
Explanation of evidence of dyes:		_____ [18]
_____		_____
_____		_____
Other nontaxable use _____ [19]	0.243	+ _____ [20]
Use on a farm	0.243	+ _____ [21]
Intercity / local buses	0.17	+ _____ [22]
Exported	0.244	+ _____ [23]
Other nontaxable use taxed at \$.044 _____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219 _____ [26]	0.218	+ _____ [27]
<b>Kerosene used in aviation -</b>		
Kerosene taxed at \$.244	0.200	+ _____ [28]
Kerosene taxed at \$.219	0.175	+ _____ [29]
Other nontaxable use taxed at \$.244 _____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044 _____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [34]

**\*Type of Use**

- |                              |  |
|------------------------------|--|
| 1 = Farming purposes         | 8 = Diesel & Kerosene fuel other than train or highway vehicle |
| 2 = Off highway business use | 9 = Foreign trade  |
| 3 = Export                   | 10 = Certain helicopter and fixed wing air ambulance uses      |
| 4 = Commercial fishing       | 11 = Aviation fuel other than propulsion engines               |
| 5 = Intercity/local bus      | 13 = Exclusive use by a nonprofit educational organization     |
| 6 = In a qualified local bus | 14 = Exclusive use by a state, political subdivision or DC     |
| 7 = School bus               | 15 = In an aircraft or vehicle owned by an aircraft museum     |

NOTES/QUESTIONS:

Control Totals +

Form ID: 4136

**\*Select the Type of Use codes from the chart below**

Type of Use*	Rate	Gallons
<b>Sales by registered ultimate vendors of undyed diesel fuel -</b>		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
_____		_____
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
<b>Sales by registered ultimate vendors of undyed kerosene -</b>		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
_____		_____
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
<b>Sales by registered ultimate vendors of kerosene in aviation -</b>		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

**NOTES/QUESTIONS:**

\*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
<b>Nontaxable use of alternative fuel -</b>			
Liquefied petroleum gas (LPG)	____ [1]	0.183	+ _____ [2]
"P Series" fuels	____ [3]	0.183	+ _____ [4]
Compressed natural gas (CNG)	____ [5]	0.183	+ _____ [6]
Liquefied hydrogen	____ [7]	0.183	+ _____ [8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	____ [9]	0.243	+ _____ [10]
Liquid hydrocarbons derived from biomass	____ [11]	0.243	+ _____ [12]
Liquefied natural gas (LNG)	____ [13]	0.243	+ _____ [14]
Liquefied gas derived from biomass	____ [15]	0.183	+ _____ [16]
<b>Alternative fuel credit and alternative fuel mixture credit -</b>			
Registration Number			_____ [17]
Liquefied hydrogen		0.50	+ _____ [18]
<b>Registered credit card users -</b>			
Registration Number			_____ [19]
Diesel for state / local government		0.243	+ _____ [20]
Kerosene for state / local government		0.243	+ _____ [21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [22]
<b>Nontaxable use of a diesel-water fuel emulsion -</b>			
Other nontaxable use	____ [23]	0.197	+ _____ [24]
Exported		0.198	+ _____ [25]
<b>Diesel-water fuel emulsion blending -</b>			
Registration Number			_____ [26]
Blender credit		0.046	+ _____ [27]
<b>Exported dyed fuels -</b>			
Exported dyed diesel fuel		0.001	+ _____ [28]
Exported dyed kerosene		0.001	+ _____ [29]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

**NOTES/QUESTIONS:**

## Kentucky General Information

National Guard member - taxpayer \_\_\_\_\_[1]  
 National Guard member - spouse \_\_\_\_\_[2]  
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) \_\_\_\_\_[3]

### Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [4]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### Contributions

**Amount of political and charitable contributions you wish to make to:**  
**Political Contributions**

Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	Spouse	Taxpayer
	_____ [5]	_____ [6]

### Charitable Contributions

Nature and Wildlife Fund	_____ [7]
Child Victims' Trust Fund	_____ [8]
Veterans' Program Trust Fund	_____ [9]
Breast Cancer Research and Education Trust Fund	_____ [10]
Farms to Food Banks Trust Fund	_____ [11]
Local History Trust Fund	_____ [12]
Special Olympics Kentucky	_____ [13]
Pediatric Cancer Research Trust Fund	_____ [14]
Rape Crisis Center Trust Fund	_____ [15]
Court Appointed Special Advocate Trust Fund	_____ [16]
YMCA Youth Association Fund	_____ [17]

### Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Kentucky**

Part-year residency dates:

From		_____ [18]
To		_____ [19]
State moved from		_____ [20]
State moved to		_____ [21]

### Nonresident Information

	Spouse	Taxpayer
Mark if:		
Commuted daily to Kentucky employment (VA resident)	_____ [22]	_____ [23]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [24]	_____ [25]
Resident of state(s)		
Taxpayer	IL _____ [26]	IN _____ [27]
Spouse	IL _____ [33]	IN _____ [34]
	MI _____ [28]	MI _____ [35]
	OH _____ [29]	OH _____ [36]
	VA _____ [30]	VA _____ [37]
	WV _____ [31]	WV _____ [38]
	WI _____ [32]	WI _____ [39]

**NOTES/QUESTIONS:**