

Prepared By:

Heintzelman Accounting Services, Inc.
2660 Horizon Dr SE Ste 210
Grand Rapids, MI 49546-7964

Prepared For:

2021 Client Organizer

Heintzelman Accounting Services, Inc.
2660 Horizon Dr SE Ste 210
Grand Rapids, MI 49546-7964
616-957-2055

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2021 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

By law all charitable contributions claimed as a deduction on your tax return must be substantiated by keeping a written record of the contribution. Acceptable written records used to substantiate each contribution include a cancelled check or bank record that supports the donation, or a written receipt or similar statement that includes (1) the name of the donee organization and (2) the date and amount of the contribution and (3) if any goods or services were received in exchange for the contribution. Contributions of \$250 or more require a statement from the charitable organization. If the resulting returns are examined by the IRS, requests may be made for the written record of the contribution. It is recommended that for any charitable contributions claimed, you retain the written records for at least seven years.

The substantiation rules for noncash contributions require the donated property's fair market value (FMV) to be determined. FMV is the depreciated, or used, value of the donated property. It is not the purchase price of a similar "new" item. The following methods can be used to determine FMV:

- Valuation guides available from organizations such as the Salvation Army or Goodwill. Many guides include a value range that can be used to determine FMV based upon location and condition of the property. Keep any guides used to determine FMV with your tax records.
- Compare prices at area thrift stores for items in comparable condition. Visit a few stores to determine price and demand for the property.
- Search online auctions or classified ads for comparable items. Keep printouts of such listings used to determine FMV of the donated property.
- For donated items with a FMV of more than \$5,000, valuation by a qualified appraiser will be

required in most cases. Keep the appraiser's report with your tax documents.

To further substantiate your noncash contribution, keep any acknowledgment letters, receipts, or similar statements from the organization. Consider keeping a picture of the donated item(s) with your tax documents. See IRS Publication 561, Determining the Value of Donated Property for further information.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

Any accounting, business or tax advice contained in this communication, including attachments and enclosures, is not intended as a thorough, in-depth analysis of specific issues, nor a substitute for a formal opinion, nor is it sufficient to avoid tax-related penalties.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required and complexity of your tax return and will be billed at our standard billing rates. All invoices are due and payable prior to the receipt of the signature copies of your tax return.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Heintzleman Accounting Services, Inc.

Accepted By:

Date: _____

Heintzelman Accounting Services, Inc.
2660 Horizon Dr SE Ste 210
Grand Rapids, MI 49546-7964
616-957-2055

Dear :

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2021 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2020 personal income tax return.

As you are probably well aware, 2020 and 2021 were unique tax years due to Covid-19. Therefore, we have included an additional set of 'Covid Related Qualifying Questions'. It is important that you fill out this additional questionnaire to ensure we have the appropriate information to determine if you qualify for any of the new tax provisions.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as ***-**-6789, an account number as *****6789, and a date of birth as **/**/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2021 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal

individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

The IRS doesn't *initiate* contact with taxpayers by email, text messages or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts. Phishing is a scam typically carried out through unsolicited email and/or websites that pose as legitimate sites and lure unsuspecting victims to provide personal and financial information. If you receive such an email from the IRS, send a copy of the email to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

In order to meet the filing deadline for your 2021 income tax return, your completed tax organizer needs to be received by our office no later than March 25, 2022. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

Heintzelman Accounting Services, Inc.

Any accounting, business or tax advice contained in this communication, including attachments and enclosures, is not intended as a thorough, in-depth analysis of specific issues, nor a substitute for a formal opinion, nor is it sufficient to avoid tax-related penalties.

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
COVID-19 Information		
Did you receive an Economic Impact Payment (EIP3) as reported on Notice 1444-C? If so, provide the amount and date of the payment.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an adjustment to your refund or balance due for the exclusion of unemployment compensation and/or Advance Premium Tax Credit as a result of the American Rescue Plan Act (ARPA)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive advanced Child Tax Credit (CTC) payments in July, August, September, October, November, and/or December? <i>If so, provide a copy of Letter 6419 that the IRS should have mailed to you that indicates the total amount of the advance child tax credit payments that was disbursed in 2021.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Pension, IRA, or Annuity distributions that were COVID-related in 2020 that you elected to spread the income over 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
If you received a covid-related distribution, did you repay any portion of the distribution in 2021? If so, how much?	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Information

- Were there any changes in dependents from the prior year?
- 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?
- Do you have dependents who must file a tax return?
- Did you provide over half the support for any other person(s) other than your dependent children during the year?
- Did you pay for child care while you worked, looked for work, or while a full-time student?
- Is there any other person(s) who lived with you more than half the year but not claimed by you last year?
- Did you pay any expenses related to the adoption of a child during the year?
- 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?
- 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.

Purchases, Sales and Debt Information

- Did you start a new business or purchase rental property during the year?
- Did you sell, exchange, or purchase any assets used in your trade or business?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you purchase or sell a principal residence during the year?
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you refinance a principal residence or second home this year?
- Did you sell an existing business, rental, or other property this year?
- Did you lend money with the understanding of repayment and this year it became totally uncollectable?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

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?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive any Medicaid waiver payments as difficulty of care during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Did you receive any income considered to be nonemployee compensation?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

- If yes, were any withdrawals due to a Federally declared disaster?
- If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2021?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

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?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- 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?
- 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?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- 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?

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.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
- 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?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- 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.
- Did you donate a vehicle or boat during the year?.
- Did you pay real estate taxes for your primary home and/or second home?

- Did you pay any mortgage interest on an existing home loan?
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- 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?

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- 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?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- 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.

Heintzelman Accounting Services, Inc.
2660 Horizon Dr SE Ste 210
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Dear :

IRS regulations require paid tax preparers to perform a series of due diligence requirements for the Earned Income Credit, Child Tax Credit, American Opportunity Tax Credit, and Head of Household Filing Status. We believe you are/may be eligible for one or more of the credits or the filing status. As part of our engagement with you and to comply with these requirements, we ask all clients for whom returns are prepared to answer the following due diligence questions. Please respond to the questions below by entering Y (yes) or N (no) and return to our office.

Earned Income Credit - Y or N

Were you (taxpayer(s)) a US citizen or resident alien for all of 2021? _____

Are dependent(s) claimed on your tax return your: son, daughter, stepchild, foster child, or a descendant of any of them (for example, your grandchild), or brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of any of them (for example, your niece or nephew)? _____

Did any dependent(s) file a joint return with another person for 2021? _____

Did dependent(s) live with you in the United States for more than half of 2021? _____

*You can't claim the EIC for a child who didn't live with you for more than half of the year, even if you paid most of the child's living expenses.

Do you believe dependent(s) could also meet the qualifications to be a qualifying child of another tax filer? _____

*Sometimes a child meets the tests to be a qualifying child of more than one person. However, only one of these persons can actually treat the child as a qualifying child. Only that person can use the child as a qualifying child.

Child Tax Credit - Y or N

Are dependent(s) claimed on your tax return your: son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half-brother, half-sister, or a descendant of any of them (for example, your grandchild, niece, or nephew)? _____

Did dependent(s) provide over half of his or her own support for 2021? _____

Did dependent(s) live with you for more than half of 2021? _____

Did dependent(s) file a joint return with another person for 2021? _____

Are dependent(s) a U.S. citizen, a U.S. national, or a U.S. resident alien? _____

*We are required to obtain from the taxpayer a document proving the existence of the child such as one of the following (that would have the child's name on it):

- School record or statement

- Health care provider statement
- Child care provider record
- Place of worship statement

American Opportunity Tax Credit- *Y or N*

As of the beginning of 2021, has the student completed the first 4 years of postsecondary education (generally, the freshman through senior years of college), as determined by the eligible educational institution? _____

For the student, has either the American Opportunity Tax credit or the Hope Scholarship credit been claimed by you or anyone else for this student for any 4 tax years before 2021? _____

*If the American Opportunity Tax credit (and Hope Scholarship credit) has been claimed for this student for any 3 or fewer tax years before 2021, this requirement is met.

For at least one academic period beginning (or treated as beginning) in 2021, has the student met both of the following? _____

(a) Was enrolled in a program that leads to a degree, certificate, or other recognized educational credential; and

(b) Carried at least one-half the normal full-time workload for his or her course of study.

*The standard for what is half of the normal full-time work load is determined by each eligible educational institution. However, the standard may not be lower than any of those established by the U.S. Department of Education under the Higher Education Act of 1965. For 2021, treat an academic period beginning in the first 3 months of 2021 as if it began in 2021 if qualified education expenses for the student were paid in 2021 for that academic period.

As of the end of 2021, has the student been convicted of a federal or state felony for possessing or distributing a controlled substance? _____

Head of Household Filing Status - *Y or N*

Are you, the taxpayer, unmarried on 12/31/21 and do you provide more than half of the cost of keeping up a home for the year for a qualifying person? _____

General - *Y or N*

Can you provide documentation to substantiate the above answers? _____

Have you ever had any of these credits disallowed or reduced in the past? _____

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Heintzelman Accounting Services, Inc.

Completed By: _____

Date: _____

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.

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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.

General: 1040

Personal Information

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

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2 _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) Y _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2021 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

Credits: AdvCTC

Advanced Child Tax Payments

	Taxpayer	Spouse
Advanced Child Tax Payments received (Letter 6419):		
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____

Credits: Rebate

Economic Impact Payment (EIP)/Stimulus Payment

Please provide all copies of Notice 1444-C that you receive.

Look up your EIP3 amount by creating or viewing your IRS online account at <https://www.irs.gov/payments/view-your-tax-account>

	Taxpayer	Spouse
Economic impact payment(s) 3 (EIP3) received	_____	_____
Mark if taxpayer or spouse, if married, was member of US Armed Forces in 2021		_____

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Income: B1 **Interest Income**

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

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2021 _____ Amount received in 2020 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds _____ **2021 Information** _____ **Prior Year Information** _____

Alimony received _____ **T/S** _____ **Agreement Date** _____ **2021 Information** _____ **Prior Year Information** _____

Unemployment compensation _____ **Taxpayer** _____ **Spouse** _____ **Prior Year Information** _____
 Unemployment compensation repaid _____
 Social security benefits _____
 Medicare premiums to be reported on Schedule A _____
 Railroad retirement benefits _____

T/S/J _____ **2021 Information** _____ **Prior Year Information** _____
 Other Income: _____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

Traditional IRA Contributions for 2021 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2021

Roth IRA Contributions for 2021 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2021

Educate: Educate2

Higher Education Deductions and/or Credits

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.

T/S	Qualified student loan interest paid	2021 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2021.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2021 Information	Prior Year Information
___	___	_____	_____	_____	_____
Street address		_____			
City, State and Zip code		_____			

*Enter the divorce/separation agreement date

Taxpayer Spouse Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2021 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2021 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2020 state and local income taxes paid in 2021	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2021 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
—	Payee's Name _____ SSN or EIN _____	_____	_____
—	Address _____ City _____ State _____ Zip Code _____	_____	_____

T/S/J		2021 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinancing Information: Refinance #1 _____ Refinance #2 _____		
T/S/J	Recipient/Lender name _____	_____	_____
	Total points paid at time of refinance _____	_____	_____
	Date of refinance _____	_____	_____
	Term of new loan (in months) _____	_____	_____
	Reported on Form 1098 in 2021 _____	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2021 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St **Miscellaneous Deductions**

T/S/J		2021 Information	Prior Year Information
—	Other expenses	_____	_____
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J	Unreimbursed expenses***	_____	_____
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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. _____

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

*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.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

NOTES/QUESTIONS:

Personal Information

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]

Taxpayer

Spouse

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) 2 [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) Y [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)

Table with 7 columns: First Name, 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

- *Basic 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.
**Other 1 = Student (Age 19 - 23), 2 = Disabled dependent, 3 = Dependent who is both a student and disabled.
***Months 77 = Reported on odd year return, 88 = Reported on even year return, 99 = Not reported on return.

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: _____ [18] _____ [27]

 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 _____ [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 _____ [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]

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[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]

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	_____

Wages and Salaries #1

Please provide all copies of Form W-2.

2021 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this is your current employer			[6]
Federal wages and salaries (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (if different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)		+ _____	[16]
Medicare wages (Box 5) (if different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)		+ _____	[25]
Dependent care benefits (Box 10)		+ _____	[27]
Box 13 -			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (if different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)		+ _____	[40]
Name of locality (Box 20)	_____		[43]

	Control Totals+	
--	------------------------	--

Wages and Salaries #2

Please provide all copies of Form W-2.

2021 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Employer name	_____		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)			[5]
Mark if this is your current employer			[6]
Federal wages and salaries (Box 1)	+	_____	[10]
Federal tax withheld (Box 2)	+	_____	[12]
Social security wages (Box 3) (if different than federal wages)	+	_____	[14]
Social security tax withheld (Box 4)		+ _____	[16]
Medicare wages (Box 5) (if different than federal wages)	+	_____	[18]
Medicare tax withheld (Box 6)	+	_____	[21]
SS tips (Box 7)	+	_____	[23]
Allocated tips (Box 8)		+ _____	[25]
Dependent care benefits (Box 10)		+ _____	[27]
Box 13 -			
Statutory employee			[29]
Retirement plan			[30]
Third-party sick pay			[31]
State postal code (Box 15)		_____	[32]
State wages (Box 16) (if different than federal wages)	+	_____	[34]
State tax withheld (Box 17)	+	_____	[36]
Local wages (Box 18)	+	_____	[38]
Local tax withheld (Box 19)		+ _____	[40]
Name of locality (Box 20)	_____		[43]

	Control Totals+	
--	------------------------	--

Interest Income

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.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ^[1]	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	(**See codes below)	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

	2021 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date		2021 Information	Prior Year Information
Alimony received	—	_____	+	_____ [3]	
	—	_____	+	_____ [3]	

****Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

	Taxpayer		Spouse	Prior Year Information
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]	

	T/S/J	Self-Employment Income ? (Y, N)		2021 Information	Prior Year Information
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	
—	—		_____	+	

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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:

Traditional IRA

	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:

Interest Expenses

T/S/J	2021 Interest Paid ^[2]	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]	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	

T/S/J

2021 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

[2]	_____	+ _____	[3]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
[5]	Volunteer miles driven _____		[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods _____			
[8]	_____	+ _____	[9]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		

Miscellaneous Deductions

T/S/J

2021 Information

Prior Year Information

Other expenses

[12]	_____	+ _____	[13]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
[15]	Gambling losses: (Enter only if you have gambling income) _____	+ _____	[16]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		

NOTES/QUESTIONS:

	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:

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.

	Taxpayer/Joint	Spouse
Economic impact payment (EIP). 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 EIP3 amount projected from your prior year return		____[6]

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]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another _____[4]

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:

Michigan General Information

School district name		_____	[1]
School district code		_____	[2]
Mark if 2/3 income from seafaring		_____	[3]
	Taxpayer		Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)		_____	[4]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:			
Paraplegic, quadriplegic or hemiplegic		_____	[6]
Totally and permanently disabled		_____	[8]
Deaf		_____	[10]
Qualified disabled veteran		_____	[12]

Use Tax

Purchases up \$1000 per purchase subject to use tax		_____	[14]
Purchases exceeding \$1000 per purchase subject to use tax		_____	[15]

Contributions

Amount of charitable contribution you wish to make to:
Contributions must be a minimum of \$5, \$10 or any amount greater than \$10

American Red Cross of Michigan		_____	[16]
Animal Welfare Fund		_____	[17]
Children's Trust Fund - Preventing Child Abuse in Michigan		_____	[18]
Military Family Relief Fund		_____	[19]
United Way Fund		_____	[20]

Part-year Resident Information

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

	Taxpayer		Spouse
From	_____	_____	[21] [23]
To	_____	_____	[22] [24]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)			_____ [25]

NOTES/QUESTIONS: