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| 2021 | 1040 | US | Tax Organizer |
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Please enter all pertinent 2021 information. If you have attached a government form for an item, check the box and do not enter a 2021 amount.

WAGES, SALARIES AND TIPS

Employer name:

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

| 2021 Amount | 2020 Amount |
|------------------|-------------|
| Attach Forms W-2 | |
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INTEREST INCOME

Payer name:

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

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| Attach Forms 1099-INT | |
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DIVIDEND INCOME

Payer name:

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|--------------------------|--|
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

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| Attach Forms 1099-DIV | |
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PENSIONS, IRA AND GAMBLING INCOME

Payer name:

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|--------------------------|--|
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

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| Attach Forms 1099-R & W-2G | |
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Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

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| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history) |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income |
| <input type="checkbox"/> | Form 1099-K - Merchant card and third party network payments |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements) . |

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| Attach Forms 1099 | |
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| <input type="checkbox"/> | Form 1099-G - State tax refunds..... |
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| Attach Forms 1099 | |
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Taxpayer:

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|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) |

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| Attach Forms 1099 | |
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Spouse:

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|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) |

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| Attach Forms 1099 | |
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MISCELLANEOUS INCOME

Taxpayer: Alimony received
 Spouse: Alimony received
 Other: _____

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RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
 Spouse: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

| 2021 Amount | 2020 Amount |
|-------------|-------------|
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OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
 Form 1098-T - Tuition and related expenses

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| Attach Forms 1098 | |
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AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement
 Form 1095- B - Health Coverage
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

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| Attach Forms 1095 | |
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ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums
 Educator expenses
 Other adjustments to income:

 Alimony paid - Recipient name & SSN

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Spouse:
 Self-employed health insurance premiums
 Educator expenses
 Other adjustments to income:

 Alimony paid - Recipient name & SSN

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MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
 Doctors, dentists and nurses
 Hospitals and nursing homes
 Insurance premiums
 Long-term care premiums - taxpayer
 Long-term care premiums - spouse
 Insurance reimbursement
 Out-of-pocket lodging and transportation expenses
 Number of medical miles
 Other: _____

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TAXES PAID

State income taxes - 1/21 payment on 2020 state estimate

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| 2021 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|

If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an economic impact payment? If so, how much? |