

2021	1040	US	Client Information	1
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WEHNER ACCOUNTING & TAX, INC.
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 DAVIS CA 95618
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 Fax number: 530-231-0284
 E-mail address: matthew@wehnercpa.com

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2019 or 2020)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
Spouse	1=blind	
	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
Date of death (m/d/y)		
Address	1=blind	
	In care of	
	Street address	
	Apartment number	
	City	
Foreign Address	State	
	ZIP code	
	Region	
Foreign Address	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

*****This blank organizer contains many pages that will not apply to most taxpayers. I suggest only printing relevant pages.*****

Please add, change or delete information for 2021.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

Please add, change or delete information for 2021.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying widow(er) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

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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 & documentation if necessary.

If unsure about any question please note with a "?"

If you answer yes to any question(s) and the question(s) references a section of the organizer not included in your organizer, please see my website for the blank section - <https://www.wehnercpa.com/organizer>

COPY OF TAX RETURNS

I provide an electronic copy of your returns in my SmartVault client portal (see www.wehnercpa.com/portal for information on my SmartVault portal) when your returns are completed to each of my clients (***I do not require that use my portal or that you access your returns this way***).

Yes No

Would you like to receive a paper/hard copy, of your tax returns, as well as the electronic copy (PDF)?

PERSONAL INFORMATION

Yes No

Did your marital status change during the year? If so, please provide details

Did your address change during the year? If so, please update it in the client information section of the organizer.

Have you or your spouse been a victim of identity theft & have you been contacted by the IRS (IRS Notice CP01A)

If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS.

Taxpayer _____ Spouse _____

DEPENDENTS

Yes No

Were there any changes in dependents? Note: Include non-child dependents for whom you provided more than half their support. If adding a dependent, please provide their first & last name as it appears on their Social Security Card, date of birth & Social Security Number.

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Miscellaneous Questions

Yes

No

Are you no longer claiming a dependent this year? If so, who are you no longer claiming & why are you no longer claiming them?

Did you have any children under age 19 or full-time students under age 24 at the end of 2021, with interest and dividend (or other unearned income) income in excess of \$1,100, or total investment income in excess of \$2,200?

Did any of your dependents earn more than \$4,300?

Has a dependent of yours filed a 2021 tax return? If so, please provide the return(s) filed.

Did you adopt a child or begin adoption proceedings?

Did you pay for childcare in 2021 so that you could work or go to school? If so, please complete the childcare portion of your organizer (if this section is not included in your organizer it can be found on my website at <https://www.wehnercpa.com/organizer> .

INCOME

Yes

No

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income? If so, who paid you: _____

Did you have any foreign income or pay any foreign taxes (NOT including from a mutual fund)?

Did you receive unemployment income in 2021? If so, please attach the Form 1099-G (please note this is taxable for Federal purposes).

Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)?

Did you have any gambling winnings that were reported on Form W-2G or Form 1099-MISC? If so, please provide the form(s).

PURCHASES, SALES AND DEBT

Yes

No

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? If so, please provide information on the new venture (e.g. name, entity type & date of formation, etc.).

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Please note that most business returns are due by March 15th (sole proprietorships are part of your individual return and are generally due by April 15th). If you need me to prepare an extension for your business return (generally extended until September 15th), please let me know as soon as possible. See www.wehnercpa.com/business-tax-returns for list of items typically needed for business tax returns

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation? If so, please provide details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If so, please provide invoices for items purchased with a cost > \$2,500. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home? If so, please be sure to include a copy of the settlement statement (HUD-1) |
| <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? If so, please include the invoice(s) for the purchase(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? If so, please provide Form(s) 1099-C & provide details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money which has become uncollectible? If so, please provide details (name, relationship, type of debt & amount of debt not paid). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any investments become worthless or were you a victim of investment theft in 2021? |

RETIREMENT PLANS

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, Roth IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so, please provide Form(s) 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, or do you plan to, make a contribution to an IRA for 2021 (must be made by April 18, 2022 for 2021)? Traditional IRA \$ _____ Roth IRA \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? If so, please provide Form(s) 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2021? If so, please provide Form(s) 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you inherit a retirement plan in 2021? |

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If you took a retirement distribution(s) in 2020, did you roll some or all of it back into the retirement plan as allowed by the CARES Act in 2021? If so, how much was rolled back into the retirement plan in 2021? \$ _____

Did you transfer funds from an IRA directly to a charity in 2021 (Qualified Charitable Distribution)? If so, how much did you donate from your IRA \$ _____?

Did you retire or change jobs in 2021? _____

EDUCATION

Yes No Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program (529 Plan)? If so, please provide Form(s) 1099-Q.

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Please provide Form(s) 1098-T. Please also let me know how many years the student(s) have been in college as of December 31, 2021.

Did you or your spouse pay student loan interest? If so, please provide Form(s) 1098-E or let me know the amount paid \$ _____ in 2021 (If > \$2,500 that is all I need to know. Also, if income >~\$170K you can ignore this).

ITEMIZED DEDUCTIONS

Yes No Did you incur a loss because of damaged or stolen property for which insurance did not reimburse you (total must be greater than 10% of your adjusted gross income for deduction)? If so, please describe.

Did you incur expenses that you were not reimbursed by your employer (generally must exceed 2% of Adjusted Gross Income)? While not deductible on your Federal return, they may be deductible on your state return

Did you pay sales taxes on a major purchase in 2021, such as a vehicle, boat, or home improvements?

Do you have receipts or proper documentation for all cash donations provided to me (**I do *not* need copies of these but you should retain them for your records**)? For 2021, taxpayers who use the standard deduction can claim up to a \$300 reduction in income for qualified donations made in 2021.

Cash donations of less than \$250 should be documented by a bank record, written communication from the charity or payroll deduction. Cash donations of \$250 or more should be documented by a written communication from the charity. These records should be retained by you.

Did you donate items with a fair market value over \$500? If so, please complete the Noncash Contributions (Form 8283) section of the organizer. Please also see my website www.wehnercpa.com/non-cash-contributions if you need resources for estimating the fair market value of noncash items (e.g. household items & clothing).

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Miscellaneous Questions

ESTIMATED TAXES

Yes

No

Did you apply an overpayment of 2020 taxes to your 2021 estimated tax (instead of being refunded)?

If you have an overpayment of 2021 taxes, do you want the excess applied to your 2022 estimated tax (instead of being refunded)?

Did you pay estimated taxes for 2021? ***If so, please list the amounts & dates paid in the organizer Direct Deposit & Estimates section of the organizer.***

Do you expect your 2022 taxable income and withholdings to be *significantly* different from 2021 (e.g. retirement)? If so, please provide details:

FOREIGN ASSETS - FinCEN Form 114 ("FBAR") & Form 8938

Yes

No

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Do you have foreign retirement account(s) & if so, was (were) the maximum account balance(s) for the aggregate of ALL foreign retirement accounts greater than \$50,000 (single taxpayers) or \$100,000 (married taxpayers) USD at ANY POINT IN 2021?

Complete the following only if answered "Yes" to the either of the two immediate questions above:

Yes

No

Did you have an interest in ANY foreign financial accounts? (e.g. you have a checking account in Italy) This does not include domestic brokerage accounts with foreign holdings.

Did you have signature authority for ANY foreign financial accounts that are not your own (e.g. authority to sign for your father's checking account in Italy)?

Was the maximum account balance for the aggregate of ALL foreign non-retirement accounts greater than \$10,000 USD at ANY POINT IN 2021?

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Miscellaneous Questions

COVID-19 RELATED TAX LEGISLATION

Yes No

Did you receive advances on the child tax credit? If so, how much? \$_____. The amounts to include on this line are found on your IRS Letter(s) 6419.

Did you receive an economic impact payment (aka stimulus payment)? If so, how much? The amount to include on this line is found on your IRS Notice 1444-C. The 3rd stimulus payment did not begin until March 17, 2021 and the maximum payment was \$1,400 per person.

Did your business have any PPP loan amounts forgiven?

MISCELLANEOUS

Yes No

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your preparer?

Do you own, directly or indirectly, more than 10% of a foreign corporation?

Are you an officer or director of a foreign corporation?

Was your home rented out or used for business?

Yes No

Did you have any investments become worthless or were you a victim of investment theft in 2020?

Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you engage the services of any household employees (does not include your gardener or cleaner)?

Were you notified or audited by either the Internal Revenue Service or a State taxing agency? If so, please provide notices received.

Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

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Miscellaneous Questions

If you are receiving a refund and will be requesting direct deposit, has your bank account changed from the account that was used for direct deposit of prior year's refunds?

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? If so, please provide the purchase documents that include the VIN. See <https://fueleconomy.gov/feg/taxevb.shtml> for list of qualifying vehicles.

Were you a resident of, or did you have income from, more than one state during the year? If yes, provide details.

Yes No

Did you, or do you plan to contribute before April 18, 2022, to a health savings account (HSA) for last calendar year (Note: This is not for a Flexible Spending Account (FSA) with your employer)? If yes, provide details (see HSA section of organizer).

Did you distribute money from an HSA account in 2021 to pay for medical expenses (Note: This is not for a FSA with your employer)? If so, please include Form(s) 1099-SA

If you, or your spouse, have self-employment income or are shareholders in an S Corporation, did you pay any health/dental/vision insurance premiums or long-term care premiums outside of your payroll deductions?

At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency (e.g. Bitcoin)?

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

Yes No

Did you have health insurance through the exchange (Covered California)? If so, please provide Forms 1095-A & Form 3895 (if applicable, the Forms 1095-A & 3895 can be accessed on the Covered CA website).

Did you have health insurance for all of 2021? If not, please let me know what months there was not health insurance coverage & who was not covered (if not everyone)?

Are you or your spouse legally blind?

*** If you have a business, please see my webpage www.wehnercpa.com/business-tax-returns for information needed for those returns.

***If you have a business or rental property, please see my webpage about Form 1099 filing requirements - <https://www.wehnercpa.com/forms-1099>

*** Please see my website www.wehnercpa.com/occupational-deductions for common occupational deductions.

Please enter all pertinent 2021 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2021 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default) 6 = Coverdell savings account (ESA)
 2 = Taxpayer's IRA (next year limits) 7 = Other
 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits)
 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits)
 5 = Archer MSA

Please enter all pertinent 2021 information.

APPLICATION OF 2021 OVERPAYMENT (7.1)

If you have an overpayment of 2021 taxes, do you want the excess refunded? or applied to 2022 estimate?

Other (please explain): _____

2022 ESTIMATED TAX INFORMATION

Do you expect your 2022 taxable income to be different from 2021? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2022 withholding to be different from 2021? Yes No

If "yes" explain any differences: _____

2021	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2021 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2020 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/21	2020 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2020 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2021 Amount	TS	2020 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2021	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2021 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2020 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2020 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2021	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2021 amounts and attach all 1099-MISC, 1099-NEC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins. . . .				
Tier 1 RR retirement benefits (RRB-1099, box 5) . . .				
1=lump-sum election for SS benefits				
Alimony received.....				
Taxable scholarships and fellowships				
Jury duty pay.....				
Household employee income not on W-2				
Excess minister's allowance.....				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

Please add, change or delete 2021 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2021 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2021 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund		
	Tax year for box 2 if not 2020 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11)			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2021 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund		
	Tax year for box 2 if not 2020 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11)			

2021	1040	US	Education Distributions (ESA's and QTP's)	14.3
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**Please enter all pertinent 2021 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

		2021 Amount	2020 Amount
No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2021 contributions to this ESA			
Value of this account at 12/31/21 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/20			
No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2021 contributions to this ESA			
Value of this account at 12/31/21 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/20			
No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2021 contributions to this ESA			
Value of this account at 12/31/21 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/20			

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

ABLE DISTRIBUTIONS / CONTRIBUTIONS

		2021 Amount	2020 Amount
No. <input style="width: 40px;" type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
Earnings on excess contributions			

No. <input style="width: 40px;" type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
Earnings on excess contributions			

No. <input style="width: 40px;" type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
Earnings on excess contributions			

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, if different from Form 1040	
State, if different from Form 1040	
ZIP code, if different from Form 1040	
Foreign region	
Foreign postal code	
Foreign country	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower cost/market, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		
1=trader in financial instruments or commodities		

INCOME

	2021 Amount	2020 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2021 Amount	2020 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

**If you sold any stocks, bonds, or other investment property in 2021, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.**

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2021 Amount	2020 Amount
No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input style="width:40px;" type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

**If you sold your home or moved in 2021, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=first-time homebuyer credit was previously taken on this home	
1=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence	

Adjusted Basis

Original cost	
Improvements:	

Adjusted basis	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) .	
1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint	
1=armed forces move due to permanent change of station	
Miles from old home to new work place	
Miles from old home to old work place	
Expenses for transportation and storage of household goods and personal effects	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile)	
Parking fees and tolls	
Gas and oil	
Miles driven to new home	

(* owned and used property as main home for at least 2 of 5 years before sale)

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2021 Amount	2020 Amount
Description of property		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate ...	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate ..	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

INCOME

	2021 Amount	2020 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region.....	
Foreign postal code.....	
Foreign country.....	

OIL AND GAS

	2021 Amount	2020 Amount
Production type (preparer use only)		
Cost depletion.....		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use.....	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest.....		
Other interest (not entered elsewhere)		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere)		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product.....	<input style="width:95%;" type="text"/>
Employer ID number.....	<input style="width:95%;" type="text"/>

Agricultural activity code.....		
Accounting method: 1=cash, 2=accrual.....		
1=spouse, 2=joint.....		
1=farm rental (Form 4835).....		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other.....		
1=crop insurance proceeds election.....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....		
1=did not "materially participate" (Schedule F only).....		
1=did not actively participate (Farm rental only).....		
1=real estate professional (farm rental only).....		
1=single member limited liability company.....		
% of ownership if not 100% (.xxxx) (Farm rental only).....		

FARM INCOME

	2021 Amount	2020 Amount
Cash method:		
Sales of livestock and other resale items.....		
Cost or basis of livestock or other resale items.....		
Sales of products raised.....		
Accrual method:		
Sales of livestock, produce, etc.....		
Beginning inventory of livestock, etc.....		
Cost of livestock, etc. purchased.....		
Ending inventory of livestock, etc.....		
Other farm income:		
Total cooperative distributions.....		
Taxable cooperative distributions.....		
Total agricultural program payments (other than CRP).....		
Taxable agricultural program payments (other than CRP).....		
Total conservation reserve program payments.....		
Taxable conservation reserve program payments.....		
Commodity credit loans reported under election.....		
Total commodity credit loans forfeited or repaid.....		
Taxable commodity credit loans forfeited or repaid.....		
Total crop insurance proceeds received in 2021.....		
Taxable crop insurance proceeds received in 2021.....		
Taxable crop insurance proceeds deferred from 2020.....		
Custom hire (machine work) income not included above.....		

2021	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2021 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

20.1,20.2

2021	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2021 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

20.3,20.4

2021	1040	US	Asset Disposition List	22
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**If you disposed of any business assets in 2021, please enter date sold, sales price, and expenses of sale.
For real estate transactions, be sure to attach all 1099-S forms and closing statements.**

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

2021	1040	US	Asset Acquisition List	22 p2
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If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2021, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2021 Amount	2020 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage.....		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil.		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2021 payments from 1/1/22 to 4/15/22				

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer	Spouse
Date of divorce or sep. agreement		
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2020 amt:	2020 amt:

**Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2021 Amount	TS	2020 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2021 estimates are automatic.)

State income taxes - 1/21 payment on 2020 state estimate			
State income taxes - paid with 2020 state return extension			
State income taxes - paid with 2020 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/21 payment on 2020 city/local estimate			
City/local income taxes - paid with 2020 city/local extension			
City/local income taxes - paid with 2020 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2021 purchases			
Use taxes paid with 2020 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - held for investment :			

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...			
Foreign income taxes			
Other taxes:			

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

	2021 Amount	TS	2020 Amount

Home mortgage interest not reported on Form 1098:

Payee's name.....	_____
Payee's SSN or FEIN...	_____
Payee's street address..	_____
Payee's city.....	_____
Payee's state.....	_____
Payee's ZIP code.....	_____
Payee's region.....	_____
Payee's postal code....	_____
Payee's country.....	_____
Amount paid.....	_____

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

Passive interest.....

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)			
Number of charitable miles.....			

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)			
Number of charitable miles.....			

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2021 Amount	TS	2020 Amount

30% limitation (see above):

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee

Safe deposit box rental

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

	2021 Amount	TS	2020 Amount
Estate tax, section 691(c).....			
Other miscellaneous deductions:			

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2021 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2021 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2021 Amount	TS	2020 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

- Lender's name
- Form (see table)
- Number of form
- 1=taxpayer, 2=spouse, blank=joint
- Interest paid
- Points paid
- Total principal paid
- Lump sum principal payment (if paid off)
- Months outstanding (if not 12)
- 1=home acquisition debt incurred after 12/15/17
- Home acquisition debt balance - beginning of year
- Home acquisition debt borrowed in 2021
- Home equity debt balance - beginning of year
- Home equity debt borrowed in 2021
- Grandfather debt balance - beginning of year

Loan #2

- Lender's name
- Form (see table)
- Number of form
- 1=taxpayer, 2=spouse, blank=joint
- Interest paid
- Points paid
- Total principal paid
- Lump sum principal payment (if paid off)
- Months outstanding (if not 12)
- 1=home acquisition debt incurred after 12/15/17
- Home acquisition debt balance - beginning of year
- Home acquisition debt borrowed in 2021
- Home equity debt balance - beginning of year
- Home equity debt borrowed in 2021
- Grandfather debt balance - beginning of year

<p>Form</p> <p>1 = Schedule A (default) 2 = Business use of home 3 = Schedule E</p>
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Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

Lender's name.....
Form (see table).....
Number of form.....
1=taxpayer, 2=spouse, blank=joint.....
Interest paid.....
Points paid.....
Total principal paid.....
Lump sum principal payment (if paid off).....
Months outstanding (if not 12).....
1=home acquisition debt incurred after 12/15/17.....
Home acquisition debt balance - beginning of year.....
Home acquisition debt borrowed in 2021.....
Home equity debt balance - beginning of year.....
Home equity debt borrowed in 2021.....
Grandfather debt balance - beginning of year.....

2021 Amount TS 2020 Amount

2021 Amount	TS	2020 Amount

Loan #4

Lender's name.....
Form (see table).....
Number of form.....
1=taxpayer, 2=spouse, blank=joint.....
Interest paid.....
Points paid.....
Total principal paid.....
Lump sum principal payment (if paid off).....
Months outstanding (if not 12).....
1=home acquisition debt incurred after 12/15/17.....
Home acquisition debt balance - beginning of year.....
Home acquisition debt borrowed in 2021.....
Home equity debt balance - beginning of year.....
Home equity debt borrowed in 2021.....
Grandfather debt balance - beginning of year.....

2021 Amount	TS	2020 Amount

<p>Form</p> <p>1 = Schedule A (default) 2 = Business use of home 3 = Schedule E</p>
--

If your total noncash contributions are in excess of \$500 in 2021, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

Form section for Donated Property Information, entry 1. Includes fields for Name of charitable organization, address, date of contribution, and vehicle details.

Form section for Donated Property Information, entry 2. Includes fields for Name of charitable organization, address, date of contribution, and vehicle details.

Legend section for acquisition methods and FMV determination methods. Includes categories 1 and 2 with sub-points.

**Please enter 2021 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2021 Amount	2020 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

2021

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	
1=minister's expenses.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2021 Amount	2020 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance).....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>

Other business expenses:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner.....
- 1=vehicle is available for off-duty personal use.....
- 1=no other vehicle is available for personal use.....
- 1=no evidence to support your deduction.....
- 1=no written evidence to support your deduction.....

	2021 Amount	2020 Amount

VEHICLE 1

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of business use if changed from 100% personal use.....
- Parking fees and tolls (business portion only).....

Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E & F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....

VEHICLE 2

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of business use if changed from 100% personal use.....
- Parking fees and tolls (business portion only).....

Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E and F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....

Please enter all pertinent 2021 information.

GENERAL INFORMATION

1=spouse.....	
Foreign address of taxpayer, if different from Form 1040:	
Street address.....	
City.....	
Region.....	
Postal code.....	
Country.....	
Employer:	
Name.....	
U.S. street address.....	
U.S. city.....	
U.S. state.....	
U.S. ZIP code.....	
Foreign street address.....	
Foreign city.....	
Foreign region.....	
Foreign postal code.....	
Foreign country.....	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....	
Employer type, if other.....	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective

Country of citizenship.....	
-----------------------------	--

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)

Please enter all pertinent 2021 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2021 as well as travel for 2022 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	<input style="width:90%;" type="text"/>	
Ending date for bona fide residence (m/d/y)	<input style="width:90%;" type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer		

Names of family living abroad with taxpayer (if applicable):	Relationship	Period family lived abroad

1=submitted statement to country of bona fide residence	<input style="width:90%;" type="text"/>	
1=required to pay income tax to country of bona fide residence	<input style="width:90%;" type="text"/>	
Contractual terms relating to length of employment abroad		
Type of visa you entered foreign country under		
Explanation why visa limited stay or employment in country (if applicable)		

Address of home in U.S. maintained while living abroad (if applicable):	ZIP Code	1=U.S. home rented (if applicable)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment

FOREIGN HOUSING EXPENSES

	2021 Amount	2020 Amount
Qualified housing expenses	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Location of housing expenses:	Qualifying days in location (multiple locations only)

Travel Type

1 = Travel to U.S. (default)
 2 = Travel to foreign country
 3 = Travel to restricted country

**Please enter all pertinent 2021 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

FOREIGN WAGES, SALARIES, TIPS

	2021 Amount	2020 Amount
Name or number		
1=spouse.....		
1=retirement plan (Box 13).....		
Name of employer (Box c).....		
Wages, tips, other compensation (Box 1).....		
Federal income tax withheld (Box 2).....		
Social security tax withheld (Box 4).....		
Medicare tax withheld (Box 6).....		
State income tax withheld (Box 17).....		
Local income tax withheld (Box 19).....		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....		
Meals.....		
Car.....		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential.....		
Family.....		
Education.....		
Home leave.....		
Quarters.....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119).....		
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Other Foreign Earned Income

2021 Days Worked Allocation Information

Total number of days worked (if not 240).....		
Total days worked before and after foreign assignment.....		
Foreign days worked before and after foreign assignment.....		

2021	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2021 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2021, a high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$ 7,000 for self-only coverage or \$14,000 for family coverage.

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

	32.1
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Please enter all pertinent 2021 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2021				
Employer-provided benefits forfeited in 2021				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Title or suffix			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2021			2020 amt:
	1=disabled			
1=spouse, 2=joint				

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Title or suffix			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2021			2020 amt:
	1=disabled			
1=spouse, 2=joint				

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider			
	Street address			
	City			
	State			
	ZIP code			
	Foreign region			
	Foreign postal code			
	Foreign country			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2021			2020 amt:
	1=spouse, 2=joint			

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

		2021 Amount	2020 Amount	
No. <input style="width: 40px;" type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2004 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2021			
	Qualified Adoption Expenses Paid in	2020 for adoption not finalized by end of 2021		
		Prior years for adoption of foreign child finalized in 2021		
2020 and 2021 for adoption finalized in 2021				
2021 for adoption finalized before 2021				
1=spouse, 2=joint				
No. <input style="width: 40px;" type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2004 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2021			
	Qualified Adoption Expenses Paid in	2020 for adoption not finalized by end of 2021		
		Prior years for adoption of foreign child finalized in 2021		
2020 and 2021 for adoption finalized in 2021				
2021 for adoption finalized before 2021				
1=spouse, 2=joint				
No. <input style="width: 40px;" type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2004 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2021			
	Qualified Adoption Expenses Paid in	2020 for adoption not finalized by end of 2021		
		Prior years for adoption of foreign child finalized in 2021		
2020 and 2021 for adoption finalized in 2021				
2021 for adoption finalized before 2021				
1=spouse, 2=joint				

Please complete the information below if you paid qualified education expenses in 2021 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse.....

First name.....

Last name.....

Social security number.....

Number of years hope credit claimed.....

Number of prior years AOC claimed.....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2021 (or the first 3 months of 2022 if the qualified expenses were made in 2021) at an eligible institution in a qualified program.....

1=student completed first four years of post-secondary education before 2021

1=student was convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance.....

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2021 Form 1098-T was NOT received.....

1=2021 Form 1098-T received with Box 2 & 7 completed.....

1=2020 Form 1098-T received with Box 2 & 7 completed.....

Federal ID number from Form 1098-T.....

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2021 Form 1098-T was NOT received.....

1=2021 Form 1098-T received with Box 2 & 7 completed.....

1=2020 Form 1098-T received with Box 2 & 7 completed.....

Federal ID number from Form 1098-T.....

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2021 (net of refund or assistance, & not entered elsewhere).....

Books & supplies required to be purchased from institution.....

Books & supplies not entered above.....

Amount of prior year refund or assistance *.....

2021 Amount	2020 Amount

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$ 2,300 or more in 2021; withheld federal income tax during 2021 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

	2021 Amount	2020 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$2,300 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/22		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		

**Please enter all pertinent 2021 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.**

CHILD'S INFORMATION

First name.....	<input style="width: 95%; height: 20px;" type="text"/>
Last name.....	<input style="width: 95%; height: 20px;" type="text"/>
Social security number.....	<input style="width: 95%; height: 20px;" type="text"/>
Date of birth (m/d/y).....	<input style="width: 95%; height: 20px;" type="text"/>
1=nontaxable to federal.....	<input style="width: 95%; height: 20px;" type="text"/>
1=nontaxable to state.....	<input style="width: 95%; height: 20px;" type="text"/>

INTEREST INCOME (Form 1099-INT)

	2021 Amount	2020 Amount
Banks, credit unions, etc. (Box 1): _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
In-state municipal bonds.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Adjustments:		
Nominee distribution.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Accrued interest.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Tax-exempt interest (1099-INT in error).....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
OID adjustment.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
ABP adjustment.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Foreign:		
1=interest in or authority over foreign account.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Name of foreign country.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
1=grantor/transferor or received distribution from foreign trust.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251).....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

DIVIDEND INCOME (Form 1099-DIV)

	2021 Amount	2020 Amount
Total ordinary dividends (Box 1a): _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Qualified dividends (Box 1b).....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Total capital gain distributions (Box 2a): _____	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Unrecaptured section 1250 gain (Box 2b).....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Section 1202 gain (Box 2c).....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Collectibles (28%) gain (Box 2d).....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Nontaxable distributions (Box 3).....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
In-state municipal bonds.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Nominee distributions:		
Ordinary dividends.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Qualified dividends.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Capital gain distributions.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Alaska permanent fund dividends included above.....	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2021 Amount	2020 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

INFORMATION ON FINANCIAL ACCOUNTS

1=spouse.
Type of account: 1=bank account, 2=securities account, or specify
Maximum value of account (-1 if unknown)

Table with 2 columns: 2021 Amount, 2020 Amount. Row 1: 2020 Amount shaded.

Financial institution:

Name of institution (Line 1) (mandatory)
Name of institution (Line 2)
Mailing address
Account number
City
State
ZIP/postal code
Country (if not US)

Table with 2 columns: 2021 Amount, 2020 Amount. Multiple rows for institution details.

Accounts owned jointly:

Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)

Table with 2 columns: 2021 Amount, 2020 Amount. Row 1: 2020 Amount shaded.

Principal joint owner:

Taxpayer identification number, if not joint filer
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown
Last name
First name
Middle initial
Address
City
State
ZIP/postal code
Country (if not US)

Table with 2 columns: 2021 Amount, 2020 Amount. Multiple rows for principal joint owner details.

Accounts where filer has no financial interest:

Last name or org. name (mandatory)
First name
Middle initial
Taxpayer identification number
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown
Address
City
State
ZIP/postal code
Country (if not US)
Filer's title

Table with 2 columns: 2021 Amount, 2020 Amount. Multiple rows for accounts with no financial interest.

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2021 Amount	2020 Amount
Description of asset		
Type of account: 1=deposit, 2=custodial		
Use financial institution information from Form 114		
Financial institution information (if not filing Form 114):		
Maximum value of account during year		
Name of institution		
Account number (mandatory for part I)		
Mailing address of institution		
City of institution		
State/province of institution		
Postal code of institution		
Country of institution		
1=account opened during year		
1=account closed during year		
1=account jointly owned with spouse		
1=no tax item in Part III with respect to this account		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which account is maintained		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II)		
Date asset acquired during year (m/d/y)		
Date asset disposed of during year (m/d/y)		
1=jointly owned with spouse		
1=no tax item in Part III with respect to this asset		
Maximum value of asset during year		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which asset is denominated		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		
Foreign entity information (complete if stock or interest):		
Name of entity		
Type of entity		
Mailing address of entity		
City of entity		
State/province of entity		
Postal code of entity		
Country of entity		

1

Type of Entity

1 = Partnership
2 = Corporation
3 = Trust
4 = Estate

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Form grid for issuer/counterparty #1 with shaded columns for amounts.

Issuer or counterparty (#2):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Form grid for issuer/counterparty #2 with shaded columns for amounts.

Issuer or counterparty (#3):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Form grid for issuer/counterparty #3 with shaded columns for amounts.

Issuer or counterparty (#4):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Form grid for issuer/counterparty #4 with shaded columns for amounts.

2
Type of Issuer or Counterparty
1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

ORGANIZER

2021	1040	US	Additional Information
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Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.
