

# IMPORTANT

## 2021 Information Pertaining to the American Rescue Plan Act (ARPA)

On March 11, 2021, the President of the United States signed into law the American Rescue Plan Act (ARPA) that authorized a third round of stimulus payments and advanced payment of the Child Tax Credit. The IRS issued notices that provided the amounts you received for these payments. This information is necessary to accurately complete your 2021 individual tax return. Information provided below explains what notice you received and how to obtain the information if you no longer have the notice or have yet to receive a letter.

### (1) Stimulus Payment (Economic Impact Payment (EIP))

The **third** round of EIP or stimulus payments began mid-March 2021. Individuals could have received up to \$1,400 (\$2,800 for married couples filing a joint return). Qualifying dependents may have also received \$1,400. Unlike the first two payments, EIP3 was not limited to children under 17. Families may have received the payment based on all of the qualifying dependents claimed on the tax return. Most families received \$1,400 per person, meaning, a single person with no dependents may have received \$1,400 while a family of four may have received \$5,600. Notice 1444-C was sent following the payments and Letter 6475 will be issued in January 2022 with a combined total.

If you no longer have Notice 1444-C, or have not received Letter 6475, log in to your IRS Online Account to get the accurate amount of EIP3 received.

1. Go to <https://BenFranklinTax.com>
2. Click on the menu "IRS"
3. Select "Account Lookup" and then "View Your IRS Account"
4. Select "Log in to your Online Account" and follow the prompts provided
5. Go to **Tax Records** and download "**2021 Account Transcript**"

### (2) Advance Child Tax Credit Payments

Under ARPA, the maximum amount for the Child Tax Credit (CTC) was increased from \$2,000 to \$3,600 for each child 5 years old and under. For children ages 6 - 17, the maximum increased to \$3,000. In July 2021, eligible families that did not opt out began receiving advanced CTC payments up to \$300 per month for each child age 5 and under and up to \$250 for each child between the age of 6 and 17. IRS will issue Letter 6419 to provide the amount received per taxpayer and how many children were taken into account to determine the amount received.

If you no longer have Letter 6419, or have not yet received it, follow the directions above to log in to your online account to access the Child Tax Credit Update Portal or log directly in to the portal using the instructions below. For married couples filing a joint return, the taxpayer and spouse will both need to log in to get the amount apportioned to each taxpayer.

1. Go to <https://BenFranklinTax.com>
2. Click on the menu "IRS"
3. Select "Account Lookup" and then "View Your IRS Account"
4. Select "Log in to your Online Account" and follow the prompts provided
5. Go to **Tax Records** and download "**2021 Account Transcript**"

## 2021 Tax Organizer Personal Information

### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

### Filing status at the end of 2021

- Single     
  Married     
  Widowed - If widowed and your spouse died in 2021, enter the date of death \_\_\_\_\_  
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? \_\_\_\_\_

### Yes No

- Are you or your spouse blind?  
  Are you or your spouse disabled?  
  Are you or your spouse a full-time student?  
  Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?  
  At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  
  If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?  
  If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?  
  Was your earned income in 2021 less than your earned income in 2019?  
     If "Yes," enter the amount of your 2019 earned income. \_\_\_\_\_  
  Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?  
     If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.  
     Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

### Identification Information

#### Taxpayer's type of photo ID

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

#### Spouse's type of photo ID

- Driver's license     
  State-issued photo ID

Photo ID number \_\_\_\_\_

State photo ID was issued \_\_\_\_\_

Date photo ID was issued \_\_\_\_\_

Date photo ID expires \_\_\_\_\_

### Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

### Appointment Information

Your 2021 appointment is scheduled for \_\_\_\_\_



### Income

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2021 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2021 distribution

- Yes  No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  
 Yes  No Did you use any of the distributions for disaster or coronavirus relief?



Income

Name:

SSN:

**Dividend Income**

Provide all copies of Form 1099-DIV & other statements that report dividend income.

Account number Payer name	2021 ordinary dividends	2021 qualified dividends
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Interest Income**

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income.

Account number Payer name	2021 interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

**Sale of Capital Assets**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Sale of Capital Assets (not reported on Form 1099-B)**

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

**Installment Sale Income**

Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	<b>2021</b>	<b>Prior years</b>
Selling price . . . . .			
Mortgages assumed . . . . .			
Cost of property sold . . . . .			
Depreciation allowed . . . . .			
Commissions and expense of sale . . . . .			
Gross profit percentage . . . . .			
Interest received . . . . .		_____	
Principal payments received . . . . .		_____	

Property was sold to a related party

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2021 Taxpayer	2021 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2021 . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
Jury duty pay . . . . .	_____	_____
ABLE distributions . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

#### Adjustments

	2021 Taxpayer	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Contributions made to a Self-Employed Pension plan (SEP). . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____



### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Business Information

TS \_\_\_\_\_ Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

This business started or was acquired during 2021.

This business was disposed of during 2021.

Select if this business is for:

Professional gambler

Exempt Notary income

Newspaper delivery and you are under 18 years of age

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," you filed Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes," was any portion of the loan forgiven?

#### Income

	2021		2021
Gross receipts or sales . . . . .	_____	Other income . . . . .	_____
Returns & allowances . . . . .	_____		_____

#### Expenses

	2021		2021
Advertising . . . . .	_____	Repairs & maintenance . . . . .	_____
Car & truck expenses . . . . .	_____	Supplies . . . . .	_____
Commissions & fees . . . . .	_____	Taxes & licenses . . . . .	_____
Contract labor . . . . .	_____	Travel . . . . .	_____
Depletion . . . . .	_____	Total meals . . . . .	_____
Employee benefit programs . . . . .	_____	Utilities . . . . .	_____
Insurance (other than health) . . . . .	_____	Wages . . . . .	_____
Interest - mortgage . . . . .	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . .	_____
Interest - other . . . . .	_____	Other expenses (list) . . . . .	_____
Legal & professional services . . . . .	_____		_____
Office expenses . . . . .	_____		_____
Pension & profit sharing plans . . . . .	_____		_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____		_____
Rent (other business property) . . . . .	_____		_____

#### Cost of Goods Sold

	2021		2021
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____
Purchases . . . . .	_____	Other costs . . . . .	_____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method.	

Form 4562

Video: 4562 Import

Video: Group Sales

For: [dropdown]

(A, C, E, F, 2106, 4835, AUTO, 8829, K1P, K1S)

Multi-form code: [input]

(1-999; 1 is assumed if left blank)

Depreciation Information

Description	Date Acquired	Cost	Business % use	Used Prop	Listed Prop Type
Property type..... 12 [dropdown]			[input]	<input type="checkbox"/>	[dropdown]
<input type="checkbox"/> Building qualifies for Section 1.263(a)-3(h) election	Federal	State (if different)	AMT (if different)	Book (if different)	
Method.....	[dropdown]	[dropdown]	[dropdown]	[dropdown]	
Life.....	[input]	[input]	[input]	[input]	
Prior depreciation.....	[input]	[input]	[input]	[input]	
Salvage value.....	[input]	[input]	[input]	[input]	
Override regular depreciation..... =	[input]	[input]	[input]	[input]	
179 expense elected this year..... =	[input]	[input]	[input]	[input]	
179 expense allowed this year..... =	[input]	[input]	[input]	[input]	
179 expense elected in prior years.....	[input]	[input]	[input]	[input]	
179 expense allowed in prior years.....	[input]	[input]	[input]	[input]	
Bonus depreciation..... <a href="#">Additional Depr Elections</a> =	[input]	[input]	[input]	[input]	
Prior bonus depreciation. Safe Harbor..... [dropdown]	[input]	[input]	[input]	[input]	
Basis ONLY if different from cost..... =	[input]	[input]	[input]	[input]	
Land cost (Do NOT include in cost above).....	[input]	[input]	[input]	[input]	
Date placed in service (ONLY if different than date acquired).....	[input]	[input]	[input]	[input]	
Force convention..... = [dropdown]	Do not use MACRS % tables..... = [dropdown]	Qualified Nonresidential Property..... [dropdown]			

Amortization Code section..... [dropdown]  Elect additional first-year deduction

Federally declared disaster area  Disaster assistance property  GO Zone Extension property

**Additional Asset Information**  
 Date taken out of service IF NOT SOLD..... [input]  
 Do Not Update to next year  Abandoned  
 Recapture because business use dropped to 50% or less  
 Main home for Form 8829  
 Investment credit code..... [dropdown]

**If sold:** F  ST [dropdown]  
 Date sold..... [input]  
 Sale price..... [input]  
 Expense of sale..... [input]  
 Form 4797, line 26d depreciation..... [input]  
 Form 4797, other Part III depreciation..... [input]  
 Installment Sale MFC..... [input]  
 Like-Kind Exchange MFC..... [input]  
 1099-S  Sold to a related party  
 Involuntary conversion  
 Do not carry personal portion to 8949  
 Qualifying State Only Like-Kind Exchange

**Group Sale Information**  
 Group sale number..... [input]  
 Group sales price..... [input]  
 Group expense of sale..... [input]  
 Fair market value of THIS asset..... = [input]  
 Expense of sale for THIS asset..... = [input]

**Fixed Asset Manager**  
 Asset number..... [input]  
 Department number..... [input]  
 Asset Category..... [dropdown]

**State-Specific Information**  
 State [dropdown] Asset type [dropdown] ITC code [dropdown]

**For FL, IN, KY, and PA only**  
 Occurrence of Schedule (1-99, default is '1' if left blank)..... [input]  
 Schedule form data flow..... [dropdown]  
 Removal Method..... [input]  
 Indiana County..... [dropdown]



Form 4562

Video: 4562 Import

Video: Group Sales

For:

[Dropdown menu]

(A, C, E, F, 2106, 4835, AUTO, 8829, K1P, K1S)

Multi-form code:

[Input field]

(1-999; 1 is assumed if left blank)

Depreciation Information

Description	Date Acquired	Cost	Business % use	Used Prop	Listed Prop Type
Property type..... 12 [Dropdown]			[Input]	<input type="checkbox"/>	[Dropdown]
<input type="checkbox"/> Building qualifies for Section 1.263(a)-3(h) election	Federal	State (if different)	AMT (if different)	Book (if different)	
Method.....	[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]	
Life.....	[Input]	[Input]	[Input]	[Input]	
Prior depreciation.....	[Input]	[Input]	[Input]	[Input]	
Salvage value.....	[Input]	[Input]	[Input]	[Input]	
Override regular depreciation..... =	[Input]	[Input]	[Input]	[Input]	
179 expense elected this year..... =	[Input]	[Input]	[Input]	[Input]	
179 expense allowed this year..... =	[Input]	[Input]	[Input]	[Input]	
179 expense elected in prior years.....	[Input]	[Input]	[Input]	[Input]	
179 expense allowed in prior years.....	[Input]	[Input]	[Input]	[Input]	
Bonus depreciation..... <a href="#">Additional Depr Elections</a> =	[Input]	[Input]	[Input]	[Input]	
Prior bonus depreciation. Safe Harbor..... [Dropdown]	[Input]	[Input]	[Input]	[Input]	
Basis ONLY if different from cost..... =	[Input]	[Input]	[Input]	[Input]	
Land cost (Do NOT include in cost above).....	[Input]	[Input]	[Input]	[Input]	
Date placed in service (ONLY if different than date acquired).....	[Input]	[Input]	[Input]	[Input]	
Force convention..... = [Dropdown]	Do not use MACRS % tables..... = [Dropdown]	Qualified Nonresidential Property..... [Dropdown]			

Amortization Code section..... [Dropdown]  Elect additional first-year deduction

Federally declared disaster area  Disaster assistance property  GO Zone Extension property

**Additional Asset Information**  
 Date taken out of service IF NOT SOLD..... [Input]  
 Do Not Update to next year  Abandoned  
 Recapture because business use dropped to 50% or less  
 Main home for Form 8829  
 Investment credit code..... [Dropdown]

**If sold:** F  ST [Dropdown]  
 Date sold..... [Input]  
 Sale price..... [Input]  
 Expense of sale..... [Input]  
 Form 4797, line 26d depreciation..... [Input]  
 Form 4797, other Part III depreciation..... [Input]  
 Installment Sale MFC..... [Input]  
 Like-Kind Exchange MFC..... [Input]  
 1099-S  Sold to a related party  
 Involuntary conversion  
 Do not carry personal portion to 8949  
 Qualifying State Only Like-Kind Exchange

**Group Sale Information**  
 Group sale number..... [Input]  
 Group sales price..... [Input]  
 Group expense of sale..... [Input]  
 Fair market value of THIS asset..... = [Input]  
 Expense of sale for THIS asset..... = [Input]

**Fixed Asset Manager**  
 Asset number..... [Input]  
 Department number..... [Input]  
 Asset Category..... [Dropdown]

**State-Specific Information**  
 State [Dropdown] Asset type [Dropdown] ITC code [Dropdown]

**For FL, IN, KY, and PA only**  
 Occurrence of Schedule (1-99, default is '1' if left blank)..... [Input]  
 Schedule form data flow..... [Dropdown]  
 Removal Method..... [Input]  
 Indiana County..... [Dropdown]



### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Information

TS \_\_\_\_\_ Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

Accounting method:  Cash  Accrual  Other: \_\_\_\_\_

This farm was disposed of during 2021.

Yes No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm.

If "Yes," you filed Forms 1099 for the individuals.

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes", was any portion of the loan forgiven?

#### Income

	2021	2021
Sale of livestock / other items . . . . .	_____	Custom hire income . . . . . _____
Cost of items bought for resale . . . . .	_____	Beginning inventory for accrual . . . . . _____
Sale of products you raised . . . . .	_____	Ending inventory for accrual . . . . . _____
Total cooperative distributions (Provide 1099-PATR) . . . . .	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.
Total agricultural payments . . . . .	_____	Other income . . . . . _____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____
Crop insurance proceeds:		
Amount received in 2021 . . . . .	_____	_____
<input type="checkbox"/> You elect to defer to 2022		
Amount deferred from 2020 . . . . .	_____	_____

#### Expenses

	2021	2021
Car & truck expenses . . . . .	_____	Rent - other (land, animals, etc.) . . . . . _____
Chemicals . . . . .	_____	Repairs & maintenance . . . . . _____
Conservation expenses . . . . .	_____	Seeds & plants purchased . . . . . _____
Custom hire (machine work) . . . . .	_____	Storage & warehousing . . . . . _____
Employee benefit programs . . . . .	_____	Supplies purchased . . . . . _____
Feed purchased . . . . .	_____	Taxes . . . . . _____
Fertilizers & lime . . . . .	_____	Utilities . . . . . _____
Freight & trucking . . . . .	_____	Veterinary, breeding, & medicine . . . . . _____
Gasoline, fuel, & oil . . . . .	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . . _____
Insurance (other than health) . . . . .	_____	Other expenses . . . . . _____
Interest - mortgage (paid to banks, etc.) . . . . .	_____	_____
Interest - other . . . . .	_____	_____
Non-W-2 labor hired . . . . .	_____	_____
W-2 wages paid . . . . .	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____
Rent - vehicles, machinery, & equipment . . . . .	_____	_____

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2021

Income

	2021	2021
Income from production of livestock, grains, & other crops . . . . .	_____	Crop insurance proceeds:
Total cooperative distributions . . . . .	_____	Amount received in 2021 . . . . .
Total agricultural payments . . . . .	_____	<input type="checkbox"/> You elect to defer to 2022
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2020 . . . . .
CCC loans reported . . . . .	_____	Other income . . . . .
CCC loans forfeited . . . . .	_____	_____

Expenses

	2021	2021
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . .
Chemicals . . . . .	_____	Storage & warehousing . . . . .
Conservation expenses . . . . .	_____	Supplies purchased . . . . .
Custom hire (machine work) . . . . .	_____	Taxes . . . . .
Employee benefit programs . . . . .	_____	Utilities . . . . .
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . .
Fertilizers & lime . . . . .	_____	Other expenses
Freight & trucking . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____
Insurance (other than health) . . . . .	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other . . . . .	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____
Rent - vehicles, machinery & equip . . . . .	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |   |                          |                          |                          |   |                          |                          |                          |                          |    |                          |  |                          |  |  |                          |  |                          |  |   |  |  |  |   |  |  |  |  |                          |  |                          |  |  |                          |  |                          |  |  |  |  |  |                                    |  |  |  |  |  |
|---|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--|--------------------------|--|--|--------------------------|--|--------------------------|--|---|--|--|--|---|--|--|--|--|--------------------------|--|--------------------------|--|--|--------------------------|--|--------------------------|--|--|--|--|--|------------------------------------|--|--|--|--|--|
| <table border="0"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> <td style="width: 5%;"></td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="4">Was this vehicle available for use during off-duty hours?</td> <td colspan="5">Do you have evidence to support your deduction?</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="4">Was another vehicle is available for personal use?</td> <td colspan="5">If "Yes," is the evidence written?</td> </tr> </table> | <input type="checkbox"/> | Yes                      | <input type="checkbox"/> | No  |                          | <input type="checkbox"/> | Yes                      | <input type="checkbox"/> | No | <input type="checkbox"/> |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | Was this vehicle available for use during off-duty hours? |  |  |  | Do you have evidence to support your deduction? |  |  |  |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  | Was another vehicle is available for personal use? |  |  |  | If "Yes," is the evidence written? |  |  |  |  |  |
| <input type="checkbox"/>  | Yes                      | <input type="checkbox"/> | No                       |   | <input type="checkbox"/> | Yes                      | <input type="checkbox"/> | No                       |    |                          |  |                          |  |  |                          |  |                          |  |   |  |  |  |   |  |  |  |  |                          |  |                          |  |  |                          |  |                          |  |  |  |  |  |                                    |  |  |  |  |  |
| <input type="checkbox"/>  |                          | <input type="checkbox"/> |                          |   | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |    |                          |  |                          |  |  |                          |  |                          |  |   |  |  |  |   |  |  |  |  |                          |  |                          |  |  |                          |  |                          |  |  |  |  |  |                                    |  |  |  |  |  |
| Was this vehicle available for use during off-duty hours?   |                          |                          |                          | Do you have evidence to support your deduction? |                          |                          |                          |                          |    |                          |  |                          |  |  |                          |  |                          |  |   |  |  |  |   |  |  |  |  |                          |  |                          |  |  |                          |  |                          |  |  |  |  |  |                                    |  |  |  |  |  |
| <input type="checkbox"/>  |                          | <input type="checkbox"/> |                          |   | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |    |                          |  |                          |  |  |                          |  |                          |  |   |  |  |  |   |  |  |  |  |                          |  |                          |  |  |                          |  |                          |  |  |  |  |  |                                    |  |  |  |  |  |
| Was another vehicle is available for personal use?  |                          |                          |                          | If "Yes," is the evidence written?              |                          |                          |                          |                          |    |                          |  |                          |  |  |                          |  |                          |  |   |  |  |  |   |  |  |  |  |                          |  |                          |  |  |                          |  |                          |  |  |  |  |  |                                    |  |  |  |  |  |

#### Mileage

Number of miles the vehicle was driven during 2021

- Business . . . . . \_\_\_\_\_
- Commuting . . . . . \_\_\_\_\_
- Other . . . . . \_\_\_\_\_

#### Expenses

- |                              |                               |
|------------------------------|-------------------------------|
| Garage rent . . . . . _____  | Repairs . . . . . _____       |
| Gas . . . . . _____          | Tires . . . . . _____         |
| Insurance . . . . . _____    | Tolls . . . . . _____         |
| Licenses . . . . . _____     | Lease addback . . . . . _____ |
| Oil . . . . . _____          | Other expenses _____          |
| Parking fees . . . . . _____ | _____                         |
| Rental fees . . . . . _____  | _____                         |
| Interest . . . . . _____     | _____                         |
| Property tax . . . . . _____ | _____                         |

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

#### Expenses

#### Office expenses

#### Home expenses

- |  |       |       |
|--|-------|-------|
| Mortgage interest . . . . . _____        | _____ | _____ |
| Real estate taxes . . . . . _____        | _____ | _____ |
| Excess mortgage interest . . . . . _____ | _____ | _____ |
| Excess real estate taxes . . . . . _____ | _____ | _____ |
| Insurance . . . . . _____                | _____ | _____ |
| Rent . . . . . _____                     | _____ | _____ |
| Repairs & maintenance . . . . . _____    | _____ | _____ |
| Utilities . . . . . _____                | _____ | _____ |
| Other expenses . . . . . _____           | _____ | _____ |

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.



### Household Employment

Name:

SSN:

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,300 or more in 2021?
- Did you withhold federal income tax during 2021 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2021 by April 18, 2022?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2021**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes No**

- Did you pay any one household employee cash wages of \$2,300 or more in 2021?
- Did you withhold federal income tax during 2021 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?
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**2021**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Qualified sick leave wages . . . . . \_\_\_\_\_

Qualified family leave wages . . . . . \_\_\_\_\_

Qualified health plan expenses . . . . . \_\_\_\_\_

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical & dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses & contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Home mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

### Other Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Employee Business Expenses

- You are a qualified performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy
- You used your personal vehicle for your job during 2021

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name:

SSN:

Education Expenses

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Table with 4 columns: Type of expense, Amount, Type of expense, Amount. Multiple rows for data entry.

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Table with 4 columns: Type of expense, Amount, Type of expense, Amount. Multiple rows for data entry.

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Table with 4 columns: Type of expense, Amount, Type of expense, Amount. Multiple rows for data entry.

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2021

- Number of miles from old home to old workplace
Number of miles from old home to new workplace
Expenses to transport and store household goods and personal effects
Travel and lodging expenses while traveling to your new home