

ODDO Brothers, CPAs

Paul C. Oddo, Jr., P.C.
Certified Public Accountants

PAUL C. ODDO, JR., CPA

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January 2022

2018 **2019 2020 2021 2022 2023** 2024

Welcome 2022!

With two difficult years of pandemic in the rear view mirror for all of us, we look forward to a much friendlier year ahead.

Enclosed is our 2022 Organizer, updated for your 2021 taxes.

Please be sure to use it and be sure to read the Important Information on pages II, III, and IV.

We cannot overstate the importance of utilizing your Tax Organizer as you assemble your documents.

IMPORTANT ...

PLEASE ANSWER ALL QUESTIONS BEGINNING ON PAGE V ...

PROVIDE YOUR TAX DOCUMENTS ...

If you plan to send us your tax documents via US Postal Service Certified Mail or Return Receipt Requested, please mail them to

**819 Redwine Road
Fayetteville, GA 30215**

Do not mail to our PO Box nor to our Atlanta address.

We look forward to working with you once more in this new year.

From all the Oddos and our Staff,
may the new year be for you and your family,
one of health, happiness, and prosperity.

Very Truly Yours,

*ODDO Brothers CPAs
Certified Public Accountants*

Welcome! Please follow these few steps . . .

- 1 Please print this Tax Organizer**
- 2 Complete the General Questions on page I.** Current clients use the following page to update your status, for example, change of address or email.
- 3 Read the Important updated Information on pages II, III, IV.**
- 4 Sign the Organizer on page V.**
- 5 Complete the General Questions starting on and following page V**
- 6 Organize and paper clip (do not staple) your tax documents behind the** corresponding pages of your Tax Organizer. For example, paper clip or place (do not staple) your W-2 forms behind the Organizer page that lists your W-2 from the previous year.

*If you are unsure where to attach a document, paperclip it behind the last page of the Organizer, "1099-B Broker Statements. Miscellaneous Documents" page. Also put all year-end **1099-B** broker statements behind this page. Provide ONLY FINAL YEAR-END broker statements. Do not include "interim" broker statements.*
- 7 Please send COPIES of tax documents. However, if you send us original documents, please KEEP COPIES of your documents.**

We prefer copies, one side only (no two-sided copies). To help control costs, we will not return any documents you send **unless you request we do so.**

 - Please check here if you wish your documents to be returned. We will destroy these documents after 3 years.
 - Please check here if you wish us to copy your documents and return your originals.
- 8 3-page E-file Package.**

Complete the instruction page advising us how you want your overpayment and/or balance due to be processed. Sign both of the e-file forms behind the instruction page. On Joint Returns, both the Taxpayer and Spouse must sign each form.
- 9 Return this page, the signed tax organizer, and the signed e-file package to us.**

IMPORTANT DATES TO REMEMBER:

March 1, 2022: Last date to receive all pertinent information to complete your personal tax returns by April 15, 2022.

Hope Scholarship / FASFA: Please provide us with all pertinent tax information preferably 2 weeks prior to the date you need your completed tax return for Hope Scholarship or FASFA, but no less than 7 days.

NEW CLIENTS ~ CURRENT CLIENT CHANGES

General Information

	TAXPAYER	SPOUSE
FIRST NAME & Middle Initial	<hr/>	<hr/>
LAST NAME	<hr/>	<hr/>
SOCIAL SEC #	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>
ADDRESS	Street 1 <hr/>	<hr/>
	Street 2 / PO Box <hr/>	<hr/>
	City / State / Zip <hr/>	<hr/>
TELEPHONE DAYTIME	<hr/>	<hr/>
EVENING	<hr/>	<hr/>
CELL PHONE	<hr/>	<hr/>
CELL PROVIDER	<hr/>	<hr/>

May we please have your cell phone provider to add to our data base? The information will allow us to send you important text message alerts if we think you are not getting your email. Thank you!

E-MAIL		DEPENDENT 1	DEPENDENT 2	DEPENDENT 3	DEPENDENT 4	DEPENDENT 5
FIRST NAME	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
LAST NAME (if different)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
SOCIAL SEC. #	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
DATE of BIRTH	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

IMPORTANT INFORMATION. PLEASE READ AND SIGN
YOUR TAX ORGANIZER FOLLOWING THIS SECTION

REMINDER: For returns completed by April 15, 2022, return your organizer and tax documents by March 1, 2022



NEW CLIENTS. Please BE SURE TO COMPLETE the General Information and Dependent Information Sections of this Organizer on the previous page. Also, be sure to read carefully the following items. You can help us process your work more efficiently by understanding our procedures.



CURRENT CLIENTS. Please BE SURE TO REVIEW AND UPDATE the preprinted General Information and Dependent Information Sections of this Organizer on the previous page. Make any necessary changes, such as new address, phone number, email, etc.



RESPONSIBILITY. First and foremost, **remember that YOU are responsible** for keeping necessary records of your income and deductions, and YOU have the final responsibility for the content of your tax returns. Our responsibility, as for all CPAs, lies in our skill to use your information to your best benefit.



APPOINTMENTS. WE CANNOT MEET WITHOUT SCHEDULING APPOINTMENTS. We will make every effort to arrange a convenient time for you if we cannot schedule an appointment during our normal business hours. Please call our office **Monday through Thursday** to schedule your appointment in Fayetteville or Atlanta. Please visit our website for office hours and contact information: www.oddocpas.com



MAIL, EMAIL, OR DELIVER YOUR ORGANIZER TO OUR OFFICES. Many times, appointments are unnecessary if you complete and mail or deliver your organizer to us. If you SCAN and email your organizer and documents, please scan only one document per page. We will contact you with any questions.
**If you mail your documents Certified Mail or Return Receipt Requested, please send to:
819 REDWINE ROAD, FAYETTEVILLE, GA 30215.**



ITEMIZED DEDUCTIONS.

HEALTH INSURANCE PREMIUMS: "Pre-tax" amounts are not deductible.

If you have included payments for health insurance premiums, DO NOT list any "pre-tax" amounts.

AD VALOREM TAXES: DO NOT include the cost of tags.

PERSONAL PROPERTY TAXES: Remember to INCLUDE tax paid on a boat or plane.



RECEIPT TOTALS. Please provide us with TOTAL income and expense, not individual receipts. Untotaled receipts will result in extra time preparing your return, and higher bills for our services.



RECEIPTS. Save all receipts for tax purposes such as audits.
Examples: Sales tax on car; Medical payments; Home remodeling. Email us if you are unsure.



REQUESTS FOR ADDITIONAL INFORMATION. We may request copies of information to document justification of positions in your favor. We will not audit nor otherwise verify data that you submit, but we may ask that you clarify some items to enable us to fully understand your tax position and to properly prepare your returns

IMPORTANT INFORMATION. **PLEASE READ AND SIGN**
YOUR TAX ORGANIZER FOLLOWING THIS SECTION

REMINDER: For returns completed by April 15, 2022, return your organizer and tax documents by March 1, 2022



ERRORS. In the rare instance in which our work contains an error, we reserve the right to amend or correct your return at no charge for our time. Please inform us immediately of any such errors.



AUDITS. All tax returns are subject to review by the taxing authorities. Should your return be selected for audit, please advise us immediately so that we may discuss with you the best method under which to proceed.



CONTACTING US. At times during tax season we are not available to answer your call. However, you may contact us in a variety of ways. If possible, we prefer you **E-MAIL** us at **IRSGOAWAY@AOL.COM**. If not possible, FAX your message to 770-461-8535, or leave a message or question on our voice mail so we can be prepared when we return your call.



TURNAROUND. Your tax return is customized for you. We take the time necessary to ensure that we have kept your income taxes to the absolute minimum. If you require quick turnaround, please advise us when you schedule your appointment or when you send us your completed tax organizer. "Final" information received from you after March 1 will most likely ensure completion will be after April 15. We will prepare an extension.



EXTENSIONS. We will make every effort to have your tax return prepared before **April 15**. However, if we have not received all necessary information from you **BY MARCH 1**, we will prepare, and possibly file an extension for you. *An extension neither increases nor decreases your chance of an audit.* We will estimate how much tax payment, if any, is to be sent with your extension.



AFTER MARCH 1. As a precaution we will prepare extensions for all tax returns, regardless of whether or not they will be used. **Please make every effort to send us your work more than five weeks prior to the end of the season.**



MORTGAGE FINANCING & REFINANCING / FASFA / HOPE SCHOLARSHIP. If your mortgage company will need financial information or tax returns prepared by us, or if you need tax returns for FASFA or the Hope Scholarship, *please provide at least seven days notice, and preferably longer, before the date the requested information is needed.*



SERVICES WE OFFER IN ADDITION TO TAX PREPARATION. Throughout the year we are available for consultation regarding your questions on specific tax matters or assistance in tax and business planning. However, we will not offer recommendations as to investment quality of any specific stock, bond, limited partnership or similar investment.

IMPORTANT INFORMATION. PLEASE READ AND SIGN
YOUR TAX ORGANIZER FOLLOWING THIS SECTION

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FEE. Fees for tax preparation and for all other related services are based on time spent at our hourly standard rates.

Estimated MINIMUM charge for the completion of both an individual's federal and state returns: \$190.00.

Estimated AVERAGE charge for the completion of both an individual's federal and state returns: \$295.00.

Review of "client-prepared" tax return: minimum \$150.

NOTE: Fees reflect timing and staffing. Many clients provide tax information late in the season, requiring staff overtime to meet tax deadlines. Invoices will reflect the additional cost due to time constraints to meet the April 15 deadline unless extensions are acceptable.

Actual charges often vary from these estimates, depending on the complexity of the returns.

Charge for additional copies of tax returns and support in divorce situations, for replacements, etc., is \$45 minimum. Either or both spouses or taxpayers may request. For further price information, please visit our web site at: www.oddocpas.com/pricing



ONLINE PAYMENT. For your convenience, we accept Credit Card payments online through MasterCard, Visa, American Express, and Discover.



TO KEEP YOUR COST OF TAX PREPARATION TO A MINIMUM: PLEASE INCLUDE ALL PERTINENT TAX DATA WITH YOUR TAX ORGANIZER or note that information will follow. **We will charge to redo completed returns for data received late.**



INVOICING & PAYMENT. We prefer to invoice clients via e-mail. We would appreciate your participation. Please make sure you check the appropriate response on the following page regarding invoice via e-mail.



BILLING OF COMPLETED WORK. In general, a service charge of 1.5% per month will be added to all accounts not paid currently unless you contact us to make arrangements for payment.



PRIVACY POLICY. All non-public information about our clients is restricted to those members of our staff who need to know such information in order to provide the services you requested. We will not sell your name to any other firm. From time to time we may provide your name to firms we work with to inform you of financial information that could benefit you.

PLEASE SIGN YOUR TAX ORGANIZER

To the best of my (our) knowledge and belief, the information provided to Oddo Brothers CPAs in this tax organizer and accompanying supplement and / or notes, is true and correct. Also, I (we) have read and understand the preceding information regarding operating procedures of Oddo Brothers CPAs and agree to abide by them while having Oddo Brothers CPAS prepare our tax returns or other work.

 **TAXPAYER**

 **SPOUSE**

DATE _____

DATE _____

2021 TAX QUESTIONS

GENERAL QUESTIONS

YES	NO	N/A

Are your names, including your dependents' names, as printed in this Tax Organizer in the GENERAL INFORMATION section, spelled as they appear on your Social Security Card(s)? If not, please make the necessary corrections.

Is your address correct, as printed in this Tax Organizer in the GENERAL INFORMATION section? If not, please make the necessary corrections next to your address.

SPECIAL NOTE REGARDING DECEASED SPOUSES: If a joint tax return was prepared last year under the names of the surviving and deceased spouses, this tax return will be filed under the name of the surviving spouse only. There is no need to correct your name.

Have COPIES of ALL pertinent 2021 tax information been enclosed with this Tax Organizer? If additional information follows after completion of your tax returns, **amendments or changes to your tax returns due to incomplete data will be charged for.**

YES	NO	N/A

Are your phone number(s), e-mail address(es), and/or fax number(s), as printed in this Tax Organizer, correct? If not, please make corrections.

E-mail: We have installed security to guard your confidential information during transmissions. If you do not use email, or do not wish to use email, please advise us.

Invoicing: We will invoice you via email unless you check the "NO" box.

Telephone: If we need to call you, what are the best times to contact you via telephone? We do not want to call you too early or too late.

Telephone No: _____

Best times to call: _____

REMINDER: For returns completed by April 15, 2022, return your organizer and tax documents by March 1, 2022

2021 TAX QUESTIONS

GENERAL QUESTIONS

PDF	PAPER

IN LIEU OF A PRINTED TAX RETURN, we will deliver your copy via e-mail in PDF printable format unless you request otherwise. Please mark your appropriate preferences.

PDF format via E-mail.

Encryption password, if desired: _____

Traditional paper format (paper requires more time to process to completion).

YES	NO	N/A

DID or WILL YOU MAKE AN IRA CONTRIBUTION (not through your W2) by April 15, 2022?

TAXPAYER: If Yes, Amount \$ _____ Traditional ROTH

SPOUSE: If Yes, Amount \$ _____ Traditional ROTH

Note: if your contribution is reflected on your W2, or handled through your corporation, do not include any amounts here.

YES	NO	N/A

TAX ESTIMATES: Do you wish us to calculate **2022** income tax estimates? (usually unnecessary if your withholding is adequate and consistently overpaid)

WOULD LIKE PAPER PAYMENT VOUCHERS? (We suggest paying online)

YES	NO	N/A

Did you make any contributions to a qualified higher education program / qualified higher education college savings account (**Section 529 Plan**)? Such payments may be deductible on your state income tax return.

YES	NO	N/A

TAXPAYER: Do you wish to contribute \$3 to the presidential campaign fund?

SPOUSE: Do you wish to contribute \$3 to the presidential campaign fund?

YES	NO	N/A

NON-CASH CONTRIBUTIONS of \$250 or more. **SPECIAL NOTE:** The IRS requires taxpayers to maintain written documentation indicating the name of the donee(s), the date(s) of the contribution(s), and the amount(s) of the contribution(s) for all cash **AND** non-cash charitable contributions. Without this support, the IRS may deny the deduction(s). Use additional page, if necessary.

CIRCLE T(axpayer) S(spouse) or J(joint)	DATE PUR- CHASED	DATE SOLD	DONEE	DESCRIPTION	VALUE
T S J					\$
T S J					\$
T S J					\$

REMINDER: For returns completed by April 15, 2022, return your organizer and tax documents by March 1, 2022

2021 TAX QUESTIONS

AT ANY TIME DURING 2021

YES	NO	N/A

Were any changes made to your prior year's tax return by you, the IRS, or the State? If yes, please provide details (e.g. change in refund received). If not, we will use the information shown on your prior year's tax return:

YES	NO	N/A

Do you file multiple state tax returns? If so, which?

Did you prepare and file your own extension(s)? If yes, how much was paid with extension(s)?

Federal \$ _____ State \$ _____

Did you receive retirement plan distributions (e.g. IRA, 401-k, etc.)? If yes, please provide copies of your 1099Rs.

If yes, were they rolled over within 60 days?

If yes, were any funds used to pay for post secondary schooling or as a down payment on the purchase of a first home?

Are you considering bankruptcy? If so, consider reviewing your plan with us for tax consequences and possible tax strategies. For example, you should consider not filing bankruptcy until your tax returns are filed up-to-date.

DEPENDENT INFORMATION

NAME of Dependent (do not include yourself or your spouse)																	
Last Name, if different																	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO							
Dependent is married?																	
... is a U.S. citizen or permanent resident?																	
... is a full-time student 5 or more months?																	
... if in college, in what year? circle year ⇨	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
	5+				5+				5+				5+				
... received over ½ support from Taxpayer?																	
Wages of Dependent	\$		\$		\$		\$		\$		\$		\$		\$		
Investment income of Dependent	\$		\$		\$		\$		\$		\$		\$		\$		

IF YOU PLAN TO CLAIM YOUR CHILDREN AS DEPENDENTS, BE SURE HE/SHE/THEY DO NOT FILE PERSONAL RETURNS AND CLAIM THEMSELVES.

IN ADDITION TO THE DEPENDENT INFORMATION PROVIDED ABOVE, PLEASE VERIFY, AND CORRECT IF NECESSARY, THE DEPENDENT INFORMATION IN THE FOLLOWING SECTION ENTITLED "GENERAL INFORMATION."

2021 TAX QUESTIONS

AT ANY TIME DURING 2021

REMINDER: For returns completed by April 15, 2022, return your organizer and tax documents by March 1, 2022

YES	NO

Did you or your spouse receive income from the following sources:

Wages?

Tips?

Interest or Dividends?

Social Security or Tier I Railroad Retirement?

Lump sum from an employer-sponsored plan for recipient and/or employee born before January 2, 1936?

Retirement or IRA distribution for which the recipient is under age 59 1/2?

Other pension, annuity, IRA, or retirement income?

If IRA distribution, were nondeductible contributions ever made?

If yes, provide the balance of all IRA accounts as of the end of 2021. \$ _____

Unemployment compensation?

Alimony?

Self-employment and/or operation of a business?

Operation of a farm?

Rental of land and property for agricultural purposes?

Other rental property?

Gambling winnings? If you are claiming gambling losses, you must have support to show the dates and places gambled. Be sure to report winnings which have not been reported to you.

Royalties?

Any miscellaneous income, such as prizes or jury duty pay?

YES	NO

Please place any of the following forms behind the appropriate sections following page IX:

Notice 1444-c (3rd Stimulus) If Yes, provide copy. If NO, how much CARES did you receive for COVID-19 relief? \$ _____

W-2 W-2G 1099R 1099 INT 1099 DIV

1099 MISC 1099B 1099S 1099G Other 1099 K-1

Bitcoin or other virtual currency activity? If yes, please provide 1099B or equivalent document.

CP01A (Identity Protection PIN) or are aware your Taxpayer(s) ID has been compromised?

Closing statements from real estate sales, purchases, or refinancing

1095-A **AFFORDABLE CARE ACT / HEALTH INSURANCE**

Although there is no longer a financial penalty in general, "Advance Premium Recapture" may still apply, and you will receive form 1095-A. **Did you or your spouse receive Form 1095-A for insurance purchased through the Government Marketplace? (Please provide forms)**

If YES, Dependent Income (AGI) \$ _____ \$ _____ \$ _____ \$ _____

Dependent name
(If more than four dependents
please provide on separate sheet)

name

name

name

name

W-2 INCOME

2021
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

* Please include a W-2 from each of your 2021 employers.

W-2G INCOME

2021
(W-2G)

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2021 payers.**

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2021 TAX YEAR

(FED/ST TAX)

* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2022.

Federal payments

State of ___ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

^--IMPORTANT: If available, please write the check # next to the date paid above.

State/local income tax balance due for previous years paid in 2021: _____

State/local estimate payment for 2019, due January 15, 2021, paid on or after January 1, 2021: _____

PENSION AND RETIREMENT INCOME

2021
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2020 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2021 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2020 TOTAL AMOUNT

PARTNERSHIP AND S-CORPORATION INCOME

2021
(K-1 P/S)

Your 2020 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2021.

ESTATE AND TRUST INCOME

2021
(K-1 E/T)

Your 2020 K-1 information is shown below.

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

* Please attach all K-1 schedules received for 2021.

BUSINESS INCOME AND EXPENSES

2021
(SCH C)

Your principal business or profession _____ Is this your spouse's Schedule C? _____

Business name _____ 2020 Business code _____

Business address _____ Employer ID _____
(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE		2021	2020
Date placed in service _____	Miles--->	_____	_____
Miles used for: Business _____		_____	_____
Commuting _____		_____	_____
Other _____		_____	_____

PART I INCOME		2021	2020
Gross receipts or sales _____	Sales-->	_____	_____
Returns and allowances _____		_____	_____
Other income _____		_____	_____

PART II EXPENSES		2021	2020
Advertising		_____	_____
Car/Truck expenses		_____	_____
Commissions		_____	_____
Contract labor		_____	_____
Depletion		_____	_____
Employee benefit programs		_____	_____
Insurance		_____	_____
Interest - mortgage		_____	_____
Interest - other		_____	_____
Legal and professional services		_____	_____
Office expense		_____	_____
Pension and profit sharing		_____	_____
Rent or lease - vehicles, machinery		_____	_____
Rent - Other business property		_____	_____
Repairs and maintenance		_____	_____
Supplies		_____	_____
Taxes and licenses		_____	_____
Travel		_____	_____
Meals and entertainment		_____	_____
Utilities		_____	_____
Wages		_____	_____
Enter prior year unallowed loss (if any)		_____	_____

OTHER EXPENSES		2021	2020
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

(SCH C PG 2)

Inventory method: Cost Lower of Cost or Market Other

Inventory at beginning of year _____

Purchases less cost of personal items _____

Inventory at end of the year _____

OFFICE IN THE HOME DEDUCTION

**2021
(8829)**

2020

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2021

2020

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2020 Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from 2020 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____

2021 TAX QUESTIONS

RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY A	PROPERTY B	PROPERTY C
Owner	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
PHYSICAL ADDRESS			
Property A	<hr/> <hr/> <hr/> <hr/>		
Property B	<hr/> <hr/> <hr/> <hr/>		
Property C	<hr/> <hr/> <hr/> <hr/>		

REMINDER: For returns completed by April 15, 2022, return your organizer and tax documents by March 1, 2022

RENTAL REAL ESTATE AND ROYALTIES

2021

SCH E

	Property A		Property B		Property C	
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
INCOME	2021	2020	2021	2020	2021	2020
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2021						
Did you actively participate in this venture?						
Did you use this property for personal use?						

2021 TAX QUESTIONS

RENTAL PROPERTY

Report income and expenses on next page

TYPE OF PROPERTY	PROPERTY D	PROPERTY E	PROPERTY F
Owner	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other	<input type="checkbox"/> TP <input type="checkbox"/> SP <input type="checkbox"/> Other
Single Family Residence			
Multi-Family Residence			
Vacation/Short-Term Rental			
Commercial			
Land			
Royalties			
Self-Rental			
Other (describe)			
No. of Days Rented			
No. of Personal Use Days			
PHYSICAL ADDRESS			
Property D			
Property E			
Property F			

REMINDER: For returns completed by April 15, 2022, return your organizer and tax documents by March 1, 2022

RENTAL REAL ESTATE AND ROYALTIES

2021
(SCH E)

	Property D		Property E		Property F	
KIND OF PROPERTY						
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
INCOME	2021	2020	2021	2020	2021	2020
Rent received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2021						
Did you actively participate in this venture?						
Did you use this property for personal use?						

T=Taxpayer, S=Spouse, J=Joint. If you don't include T S or J we will default to J -----v

ITEMIZED DEDUCTIONS			2021 (SCH A)
	*T,S,J	2021	2020
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>If you are receiving Social Security, please do not list the Medicare insurance here. We will pick the amount up from your 1099-SSA form (s) that you will provide to us.</p> </div>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	_____	_____	_____
Personal property taxes	_____	_____	_____
Other _____	_____	_____	_____
INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash	_____	_____	_____
Number of charity miles	_____	_____	_____

Unreimbursed employee business expenses (form 2106) such as mileage, hotel, air fare, meals and entertainment.....

<https://www.irs.gov/newsroom/tax-reform-affects-if-and-how-taxpayers-itemize-their-deductions>.

This deduction has been "suspended" through December 2025.

CHILD AND DEPENDENT CARE EXPENSES

**2021
(2441)**

Please list all care providers and the amounts paid to them in 2021. Any information from the prior year is shown below.

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2020 AMOUNT \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2020 AMOUNT \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2020 AMOUNT \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2020 AMOUNT \$ _____

Name of provider	_____	
Street address	_____	
City, State, Zip Code	_____	
Social Security Number or EIN	_____	
Amount paid	\$ _____	2020 AMOUNT \$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

***You may change or delete any information that does not apply to the current year.**

