2021 INDIVIDUAL TAX ORGANIZER



9750 W Skye Canyon Park Dr. Ste 160-133, Las Vegas, NV 89166 702-509-1122

 $\underline{info@tmtaxpractices.com}$

Engagement Letter for Tax Preparation Services

Client(s) Name:	
This letter confirms the terms of our tax en services that we will provide.	gagement and clarifies the nature and extent of the professional
Preparation: We will prepare the following	g Individual Tax returns:
Federal - Tax Year(s)	State(s) / Tax Year(s)
We will prepare the following Business Ta	x / Estate / Trust Returns:
Federal - Form / Tax Year(s)	State(s) /Tax Years

This engagement pertains only to the listed tax year(s), and our responsibilities do not include preparation of any other tax returns that may be due to any taxing authority. Our services are not intended to determine whether you have filing requirements in other taxing jurisdictions than the one(s) you have informed us of. This engagement does not apply to services related to an audit of the return by a government agency, additional correspondence with a government agency, or other services that may be required after filing of your returns. We are available under the terms of a separate engagement letter to provide Audit Services or a nexus study that will enable us to determine whether any other state tax filings are required. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of it for us. We will render such bookkeeping assistance as we find necessary for the preparation of the income tax returns at an additional charge when necessary to properly prepare the return. You must review the return carefully before signing to make sure the information is correct. Our work does not include any procedures designed to discover defalcations or other irregularities, such as fraud or embezzlement, should any exist.

You agree to furnish all information that is necessary for the preparation of the above tax returns and are responsible for the proper recording of transactions in the books of accounts, for the safeguarding of assets, and for the substantial accuracy of the financial records. You are responsible for disclosing any foreign accounts that may trigger a filing requirement. You are also responsible for maintaining sufficient documentation to substantiate all items of income and deduction claimed, including travel and entertainment expenses. We recommend that you provide photocopies or digital copies of all tax documents to prevent any loss of data. T.M. Tax Practices, LLC will not be responsible for lost originals. T.M. Tax Practices, LLC conducts business via the U.S. Postal Service unless you request otherwise, and will not be responsible for any lost or stolen documents.

Requirement to File Electronically: We are required by law to file most income tax returns electronically. If your return cannot be filed electronically, or you request a waiver from the electronic filing requirement, we may require your approval and signature on a waiver document. In this case we will supply you with paper copies and envelopes for sending to the appropriate Federal and State agencies.

<u>Fees & Payment</u>: Our fees will be based upon the complexity of your tax return(s), time required, as well as out-of-pocket costs and processing and handling fees. If you request an estimate, we will give you a non-binding estimate based upon your representations about the complexity of your tax return(s). We make every effort to hold fees to the amount of your estimate. Because unforeseen or changed circumstances might affect this original fee estimate, your actual fees may exceed the original fee estimate. It is our policy to notify you as soon as practical when the fees exceed the original fee estimate.

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T.M. Tax Practices, LLC reserves the right to ask for a retainer, based on the estimated price of the tax return. If the cost of preparation exceeds the retainer, the difference must be paid before we file your returns. Any excess will be refunded. If a retainer is required but not paid, services will be terminated. If a retainer is not required, we require full payment of preparation fees before we file your returns. Payment information is required prior to the commencement of preparation of the tax return. However, you will be notified prior to payment processing.

<u>Liability:</u> You agree that T.M. Tax Practices, LLCs' liability hereunder for damages, unless caused by our gross negligence or willful misconduct, shall not exceed the total amount paid for the services described herein. This shall be your exclusive remedy. If you should receive a notice from a taxing authority, you must provide a copy within 30 days of the date on the first notice. In the event of an examination or other government contact, we are available for a fee to represent you upon request.

<u>Document Retention</u>: It is our policy to retain work papers related to this engagement for seven years. Upon the expiration of the seven-year period, you agree that we shall be free to destroy our work papers. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. You should retain the tax records related to the current year's tax returns, including any receipts, statements or other supporting documentation, for at least seven years after it was filed, since any additional assessments are usually made during this period. Once your return(s) is (are) completed, you will be given a copy for your records.

Privacy Notice: As your service provider, we collect information provided by you from your tax organizer, worksheets, documents, computer data files and discussions. It may also include information provided to us at your request by brokerage houses and banks, and information that we develop as part of the engagement. We are committed to the safekeeping of your confidential information and we maintain physical and electronic safeguards to protect your information. We are required to keep all information about our engagement confidential. We will not disclose any information about you unless we have your approval as required by law, even if you are no longer a client. If you would like your records released to a third party, such as a mortgage lender, you must provide us a signed disclosure statement in a timely manner. A copy of our disclosure statement can be found on our website.

<u>Confidentiality Assurance</u>, <u>But Not Attorney-Client Privilege</u>: Information you provide will be kept confidential. However, our discussions are not protected by any form of attorney-client privilege. We will advise you to consult with an attorney at any time we feel it may be appropriate.

Jurisdiction: Notwithstanding anything contained herein, both T.M. Tax Practices, LLC and you agree that regardless of where you are domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into in our office located in Clark County, Nevada USA, and Clark County, Nevada, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Nevada.

Agreement: If the foregoing correctly sets forth your understanding of our tax engagement, please sign	this
letter in the space below. We want to express our appreciation for this opportunity to work with you and	l
sincerely appreciate your engagement in this matter.	

	 Date	
Client signature	Spouse signature (if applicable)	

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Credit Card Authorization Form

Please complete all fields. Payment information must be obtained prior to commencement of work. However, payment will not be processed until the tax return(s) have been prepared and prior to filing. You may request a quote for tax prepration services prior to the commencement of work. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card	l Information			
Card Type:	□ MasterCard	□VISA	□ Discover	□ AMEX
	□ Other			
Cardholder l	Name (as shown o	on card):		
Card Numbe	er:			
	ate (mm/yy):			
Cardholder Z	ZIP Code (from cr	edit card bi	lling address):	
I,agreed upon		authorize T	'.M. Tax Practic	es, LLC to charge my credit card above for
Customer Si	 gnature		Date	

Phone#: 702-509-1122

Individual Organizer Checklist

The tax organizer has been designed to help in the collection and organization of information necessary to prepare your income tax returns. The information requested will assist us in preparing your return in the most efficient and timely manner possible. Because this is the information we will be using to prepare and file your tax returns with the IRS (and applicable state taxing agency), please verify it is complete and accurate before submitting.

In addition to completing the organizer, there are documents we will need to prepare your taxes. Below is a a standard list of items to help you get started in gathering the necessary documents we will need to prepare your taxes:

Completed Organizer (*See Below) Prior Year Tax Return - If you are a first-time tax client, please provide a copy of your
last previously filed tax return.
Bookkeeping Records - If you use a bookkeeping system please provide us with the year-end profit & loss statement, balance sheet, and general ledger rather than completing the income and expense information within the organizer.
Income Statements - (i.e. W-2, 1099, K-1, Closing Statements: HUD)
Expense Statements (i.e. 1098, Purchase Statement: HUD)
Other - Please include any other documents you may deem necessary

*The organizer will indicate where there are additional documents we require. Please be sure to upload those documents as well for items applicable to you.

If there are questions or sections you are not sure about, please note them and we will discuss them before finalizing and filing your return(s). When your organizer is complete and you have compiled the above information, please return via our secure online portal or use the information on the cover page to send via email or postal mail. For your security, If you will be sending via email, please be sure there is no sensitive information included. Also, if you are sending via postal mail please do not send original but instead send copies.

2021 Tax Organizer Personal Information

Personal Information									
		Name			s	SN	Has IP PIN	Dat	e of birth
Taxpayer									
Spouse									
Name of pe	erson to w	nom all information should be addressed, if not t	he taxpayer						
Street add	dress, cit	ry, state, and ZIP							
		Occupation		Daytime phone	Evening	phone		Cell p	hone
Taxpayer									
Spouse		I							
Taxpayer	email								
Spouse e	mail								
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? Can you be claimed as a dependent by another taxpayer? Did you sell or refinance your primary residence in the 2021 tax year? 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 6765 from the IRS. Taxpayer Spouse Spouse									
	's type o	of photo ID nse State-issued photo ID		Spouse's type of photo Driver's license		ate-issued	photo II)	
Photo ID r	number			Photo ID number					
State phot	to ID wa	s issued		State photo ID was issued	<u> </u>				
Date photo	o ID was	s issued		Date photo ID was issued	·				
ate photo	o ID exp	ires		Date photo ID expires					
Accoun	nt Infor	mation for Deposits and Withdra	wals						
		Name of bank	Bank routing number	Bank account number	Type of ac	savings		e this ac	Count for Withdrawals
Annoine	tment l	nformation							
-									
JUT 2021	appoint	ment is scheduled for							

	יט	ependent	and Other in	iormatic	711			
lame:							SSN	l:
Dependent Information	n							
First and last name SSN		Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses
	-							
ist dependents required to f	ile a retum							
	advance payments of the	e Child Tax Cre	edit from the IRS a	t anv time fro	om July through [December	2021?	
	ter the amount each taxp received as shown on IF			•				
				Letter 6419	from the IRS.			
	rer							
Spouse	rried last year and filed a			vou filie e e	ioint ratum culti- 0	no oom = =	nouse the	io voor?
	•		i your spouse, are	you ming a	joint return with t	ne same s	pouse in	is year?
Child and Other Deper	ident Care Expense	:5						
Name of care provider			Address			SSN or EIN		Amount Paid
Estimates								
	Federal			ident State			Resident	
Overpayment applied om 2020	Date paid	Amount	Date paid		Amount	Date paid		Amount
irst quarter								
econd quarter			_					
hird quarter			_					
ourth quarter								
dditional payments								
			-					

Healthcare Coverage Questionnaire

Name:	SSN:

Name:				SS	SN:
Hea	lthcar	e Information			
		Member of household	Covered	Covered less	No healthcare
		for healthcare purposes	the entire year	than 12 months	coverage at all
YES	NO			_	
		Did anyone other than you or your spouse pay for healthcare coverage for	anyone listed above	?	
<u> </u>		Did you pay for healthcare coverage for anyone not listed above?			
		coverage for any part of the year: was the policy obtained?			
		Employer / Medicare / Medicaid / Marketplace(Exchange) / Other			
		t have coverage part or all of the year: S if the following applies to any member of the household			
		Was your previous insurance policy canceled in 2021?			
		Was coverage offered by your employer or your spouse's employer?			
		Are you a member of a federally recognized Indian tribe?			
		Are you eligible for services through an Indian healthcare provider?			
		Are you a member of a healthcare sharing ministry?			
		Did you live in the United States the entire year?			
		Are you enrolled in TRICARE?			
		Did you apply for CHIP coverage?			
		Do any of the following apply to you? Do NOT indicate which one.			
		Became homeless			
		Evicted in the past six months, or facing eviction or foreclosure			
		Received a shut-off notice from a utility company			
		Recently experienced domestic violence			
		Recently experienced the death of a close family member			
		 Recently experienced a fire, flood, or other natural or human-caused of that resulted in substantial damage to your property Filed for bankruptcy in the last six months 	lisaster		
		Incurred unreimbursed medical expenses in the last 24 months that res	sulted in substantial d	ebt	
		 Experienced unexpected increases in essential expenses due to carin ill, disabled, or aging family member 	g for an		

Income	
Name: SSN	l:
Wages & Salaries	
Provide all copies of Form W-2	2021 federal
Employer name	wages
	<u> </u>
Retirement	
Provide all copies of Form 1099-R	
	2021
Payer name	distribution
	· -
Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contribution	ions?
Yes No Did you use any of the distributions for disaster or coronavirus relief?	

	Income		
Name:		SSN:	
Form 1099-MISC Income		55/1:	
Provide all copies of Form 1099-MISC			
·	_		2021
	Payer name		amount
-			
Form 1099-NEC Income			
Provide all copies of Form 1099-NEC			
			2021
	Payer name		amount

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
Interest Income Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income	Э.	
Account number Payer name		2021 interest
	·	
If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number a	and address	
Turnibut to		

Sale of Capital Assets

Name:				SS	N:
Sale of Capital Assets (not	reported on Form 1099-B)				
Provide all brokerage statements Description	of proporty	Date purchased	Date sold	Sales price	Cost
Description	огргорену	purchased	Solu	price	Cost
					_
_					_
				<u> </u>	_
				-	
				-	_
				-	_
					_
Installment Sale Income					
	Date sold			2021	Prior years
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 par	rty 🗆				

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		
Adjustments	2021 Taxpayer	2021 Spouse
	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	Taxpayer	Spouse

Schedule A - Itemized Deductions

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	Donations to charity Cash Noncash Amount
Long-term care premiums (you) · · · · · · · · · .	Church
Long-term care premiums (your spouse) · · · · · ·	Boy or Girl Scouts
Long-term care premiums (dependents)	Goodwill
Mileage driven for medical purposes	Red Cross
Medical & dental expenses	Salvation Army
Doctor, dental, etc	United Way
Prescription medicines	Veterans
Insulin	Hospital
Glasses & contacts	University
Hearing aids	Other
Braces	Miles driven for charitable purposes
Medical equipment & supplies	Other Miscellaneous Deductions
Hospital services	Amortizable bond premiums
Laboratory services	Federal estate tax
Nursing services	Gambling losses
Other	Impairment-related work expenses
Taxes Paid	Claim repayments
State and local income taxes	Unrecovered pension investments
General sales tax (vehicle, boat, home, etc.)	Loss from other activities from Schedule K-1
Real estate taxes	Ordinary loss debt instrument
Personal property taxes	Excess deduction on termination
Other taxes (list)	Job Expenses & Certain Miscellaneous Deductions
	 Necessary job expenses you paid that were not reimbursed by your employer
	Safety equipment, tools, & supplies
Interest Paid	Uniforms
Home mortgage interest paid (attach Form 1098)	Protective clothing (shoes, hardhats, glasses, etc.)
Some of your home mortgage loan was not	Dues to professional organizations
☐ used to buy, build, or improve your home.Home mortgage interest paid to an individual	Books & subscriptions
Paid to:	Other
Name	Union dues
Address	Tax preparation fees
City, State, ZIP	Other nonpersonal expenses related to taxable income
SSN or EIN	Safe deposit box fees
Home mortgage insurance premiums	Investment expenses not entered elsewhere
Investment interest	Other
	Home equity interest · · · · · · · · · · · · · · · · · · ·

(Do not include meals & entertainment) · · · · · ·

2021 **Other Information** SSN: Name: **Mortgage Interest** Provide all copies of Form 1098 Mortgage Mortgage interest insurance Real estate Lender's name received premiums taxes paid **Employee Business Expenses** You are a qualified performing artist You are a member of the clergy You are a fee-based state or local government official You used your personal vehicle for your job during 2021 You are a disabled employee with impairment-related work expenses You are a reservist NOT reimbursed Reimbursed by your employer by your employer not included in box 1 of your W-2 Overnight business travel 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

2021 **Schedule C - Profit or Loss from Business** Name: SSN: **General Business Information** TS ____ Business name __ Employer ID number Professional product or service Ac Se Ir Gr Re Е Ad Ca

Business address, city, state, ZIP		
Accounting Method: Cash Accrual Other (specify	y)	
This business started or was acquired during 2021.	☐ This business was disposed of during 2021.	
Select if this business is for: Professional gambler Newspaper delivery and you are under 18 years of age Yes No Payments of \$600 or more were paid to an individual, who is If "Yes," you filed Forms 1099 for the individuals? You received a Paycheck Protection Program (PPP) loan for If 'Yes," was any portion of the loan forgiven?		
Income		
2021 Gross receipts or sales	Other income	2021
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 (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	There was a change in inventory method.	

Schedule E - Income or Loss from Rental Real Estate & Royalties SSN: Name: **General Property Information** Property description Address, city, state, ZIP Select the property type Single family residence Vacation / short-term rental Land Self-rental Commercial Royalties Other Multi-family residence Number of days property was rented Number of days property was used for personal use If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied This property was placed in service during 2021. Payments of \$600 or more were paid to an individual who is Yes No This property is your main home or second home. not your employee for services provided for this rental. This property was disposed of during 2021. Yes No You filed Forms 1099 for the individuals This property was owned as a qualified joint venture. Income 2021 2021 Royalties from oil, gas, Rent income **Expenses** Rental unit Rental and homeowner expenses expenses Advertising If this Schedule E is for a a multi-unit dwelling and you Auto & travel lived in one unit and rented out the other units, use the Cleaning & maintenance "Rental and homeowner Commissions expenses" column to show expenses that apply to the entire property. Use the "Rental unit Legal & professional fees expenses" column to show Management fees expenses that pertain ONLY to the rental portion of the property. Mortgage interest If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. Depletion Other expenses

Income or Loss from Partnerships, S Corporations, and Fiduciaries

Name:	SSN:
ivame.	55IV.

Partnerships, S Corporations, Estates and Trusts Provide all copies of Schedule K-1 and attachments	
Entity Name	EIN
	· ·

F	Expenses	for Busines	s Use of Yo	ur Home		
Name:					SS	N:
Business Use of Home						
TSJ For					2021	2020
Square footage of home used exclusively for b	ousiness			· · · · · · ·		
Total square footage of home				· · · · · ·		
Use of Home for Daycare						
					2021	2020
Area used part time for business				_		
Total hours used for daycare				_		
Total hours available				· · · · · · · _		
Did you live in the home all year?	∐ No					
Expenses	Office exp	nenses	Home ex	nenses		
	2021	2020	2021	2020		
Mortgage interest					In the "Office	expenses" column,
Real estate taxes					enter those e	xpenses that sively to your office;
Excess mortgage interest						expenses" column,
Excess real estate taxes					enter those e	xpenses that entire dwelling.
Insurance					P	g
Rent						
Repairs & maintenance						
Utilities						
Other expenses						
Cost of Home						
					2021	2020
Enter the smaller of your home's adjusted be						
		No				
Date placed in service						
Date taken out of service			• • • • • • •	· · · · · · · _		

Auto Expens	se Workshee	t		
Name:			SSN	:
General Information				
For				
Business name and profession/product				
Description				
Date placed in service				
Was this vehicle available for use during off-duty hours?	Yes	No		
Do you or your spouse have another vehicle available for personal use?	Yes	No		
Do you have evidence to support your deduction?	Yes] No		
If "Yes," is the evidence written?	Yes] No		
Enter the number of miles your vehicle was used for:	2021	2020		Prior year total
Business			Business	
Commuting			Total	
Other				
Expenses				
			2021	2020
Garage rent				
Gas				
Insurance				
Licenses				
Oil				
Parking fees				
Rental fees				
Interest				
Property tax				
Repairs				
Tires				
Tolls				
Lease addbacks				
Other expenses (list):		Apply business %		

Asset Listing for 2021

Name: SSN:

vaille.										33	· ·
Asset	s for:										
			Date acquired				Prior depreciation		Date sold	Sales price	Expense of sale
For	Multi	Description of property	acquired	Cost/Basis	Method	Lite	depreciation	Sec 179 exp	sold	price	of sale