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Personal Organizer

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Members
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TAX YEAR ENDED 2021

TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)

(T) Taxpayer's Full Name _____
 (S) Spouse's Full Name _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Same address as last year: Yes _____ No _____
 T Social Security # _____ S Social Security # _____
 T Date of Birth _____ S Date of Birth _____
 T Occupation _____ S Occupation _____
 Home Phone # _____ Work Phone # _____
 Work Phone # _____ Fax #(s) _____
 E-mail address _____ E-mail address _____

DEPENDENTS

Name	Birth Date	Social Security #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments)
DO NOT INCLUDE WITHHOLDING FROM SALARIES

	IRS:	State:	Date paid	IRS:	State:
1st Qtr pymt:	_____	_____	_____	_____	_____
2nd Qtr pymt	_____	_____	_____	_____	_____
3rd Qtr pymt	_____	_____	_____	_____	_____
4th Qtr pymt	_____	_____	_____	_____	_____
Amt paid w/ extension	_____	_____	_____	_____	_____

WAGES FROM W-2'S

(Please enclose all copies of W-2 Forms received.)

PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS

(Please enclose all 1099 Forms received.)

UNEMPLOYMENT & SOCIAL SECURITY INCOME

(Please enclose government forms received.)

CAPITAL GAIN(S)/LOSS(ES)

(Please enclose 1099B Forms received and purchase details.)

OTHER INCOME

T/S/J	Sources	
_____	Prizes and awards	\$ _____
_____	Royalties	\$ _____
_____	Honorariums	\$ _____
_____	Alimony received (No Child Support)	\$ _____
_____	Other: Please Itemize	\$ _____
	Do you have any expenses to offset other income	Yes _____ No _____

If yes, please request a business checklist or download a copy from our website
 Please visit our website at www.simonic.net

Name:

Tax Year: 2021

ADJUSTMENTS

Table with columns T/S/J, Source, and Amount. Rows include Regular IRA Contributions, Educator Expense, Medical Savings Accounts, Moving Expense, and Alimony Paid.

*NOTE: Does not apply to alimony initiated after 1/1/19

Note: A contribution to an IRA by April 15th may apply for the previous year.

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

Table with columns Description and Amount. Rows include Medical Insurance Premium, Prescriptions, Doctors, Auto mileage, and Other.

TAXES

Table with columns Description and Amount. Rows include Sales Tax, Real Estate, and Other taxes.

INTEREST

Table with columns Description and Amount. Rows include Personal home interest (principal and 2nd home), Equity Line Interest, and Personal investment interest expense.

Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.

CONTRIBUTIONS-If over \$500 please provide detailed list of each contribution

Table with columns Description and Amount. Rows include cash/check contributions to Church(es) and Charities, and non-cash contributions for travel, supplies, mileage, and fair market value.

EDUCATION CREDITS

Form for Education Credits including fields for Name of Student, Year of College, Tuition and fees, Student loan interest paid, Educational Expense (Tuition, Books, Auto travel), and Courses taken.

CHILD CARE CREDIT

Table with columns Name of Dependent, Age, Relationship, and Amount. Includes a section for Child Care Provider information.

Information on Child Care Provider is required:

Provider's name:
Address:
Federal ID or Social Security #:

Name:

Tax Year: 2021

HOME OFFICE INFORMATION

Please use a separate page for each business activity
one separate page for self-employed business expenses).

Home Office Expenses (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase

Purchase price

\$ _____

Total square footage of home

Square footage of office and product area

Is office space used exclusively for business?

Yes _____ No _____ (if no stop

Is home office for convenience of employer?

Yes _____ No _____ (if no stop

Do you received any rents from your employer for your office in home?

Yes _____ No _____

Type of Expense - Indirect (Please provide total amounts paid for the entire house)

Rent paid \$ _____
Insurance \$ _____
Utilities (gas, electric, etc.) \$ _____
Repairs and Upkeep \$ _____

Interest
Taxes

\$ _____
\$ _____

Building

Building Improvements

\$ _____

Type of Expense - Direct

R & M on Office Area \$ _____
Supplies for Office Area \$ _____
Furnishing for Office Area \$ _____

Auto Expenses -- See Business Organizer (for Schedule C clients)

MINISTER'S INFORMATION

GENERAL INFORMATION

Are you ordained, licensed or equivalent
Are you exempt from paying Social Security? (Please provide approved Form 4361, if yes)
Does your employer own and provide your parsonage?
If yes, what is its furnished rental value?
Current fair market value
If no, do you own your own home?
Date of purchase
Purchase price
Parsonage allowance officially designated
Is this amount included on the income line of W-2 or 1099?
Fair rental value of furnished home per month (For all housing over \$36,000, please provide written Real Estate Professional appraisal)

Business Expenses

Have you been reimbursed for your professional expenses, including mileage?
If yes, how much?

Show the details of your expenses by completing the information below:

Total Parsonage Expenses Paid by You for Year

Type of Expense
Rent paid
Principal payments
Taxes
Interest
Insurance
Repairs and upkeep
Lawn Care Expenses
Furniture/appliances
Decorator items
Misc. supplies/expenses
Utilities (water, electric, gas, phone etc.)

Unreimbursed Professional Expenses

Religious materials (Ministers)
Continuing Education
Gifts to Congregation
Office supplies
Postage
Seminars and Dues
Subscription
Telephone
*Business Long Distance
*Business Cell
Vestments
Ministry Meals
Home:
Travel Fares & Hotels & Other
Other (give details)
Description Amount
Equipment purchases (itemize)

Was auto available for personal use in off duty hours: (Circle one) Yes No Percentage of Personal Use

Auto Expenses

Auto Information

Year/make
Purchase price (If purchased in 2021 include copy of invoice)
Date of purchase
Odometer at purchase
Total miles for year **
Business miles**
Commuting miles
Auto lease (if 1st year, enclose copy of lease)
Registration fees
Garage rent
Gas, oil and lube
Insurance and auto club
Repairs, tires and batteries
Tolls and parking **
Washing and polishing
Interest on auto loan (do not include elsewhere) **

**NOTE: Complete this whether claiming mileage or actual expenses.

Name: _____

Tax Year: 2021

RENTAL PROPERTY INFORMATION

(Use separate sheet for each property.)

Type and location of rental property:

How many rental days: _____

What services do you provide (such as breakfast, daily room cleaning, laundry etc) _____

How many rooms have you dedicated in your home solely for use of paying customers and never lived in those rooms personally. _____

Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes No

Number of days used personally (Not including days spent working on the property) _____

Rent received, including sales tax, if applicable \$ _____

Date of purchase _____

Purchase price \$ _____

If property was purchased or sold in 2021, please provide settlement statement

Cost of improvements made this tax year:

Type	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(If additional space needed, please use separate sheet.)

RENTAL INCOME \$ _____

Expenses:

Association Fees	\$ _____	Office supplies/postage	\$ _____
Advertising	\$ _____	Pest control	\$ _____
Auto mileage (# OF MILES)	\$ _____	Repairs	\$ _____
Cleaning and maintenance	\$ _____	Sales tax	\$ _____
Commissions	\$ _____	Supplies	\$ _____
Decorating/painting	\$ _____	Special Assessments	\$ _____
Insurance	\$ _____	Taxes (real estate)	\$ _____
Lawn care	\$ _____	Trash Disposal	\$ _____
Legal/professional fees	\$ _____	Travel away from home	\$ _____
Licenses	\$ _____	Utilities	\$ _____
Management fees	\$ _____	Other: Provide Description	_____
Mortgage interest paid to banks, etc.	\$ _____		_____

Do you actively participate in this activity?

Yes ___ No ___ More than 100 hrs

Yes ___ No ___ More than 500 hrs

Yes ___ No ___ More than 750 hrs

Name: _____

Tax Year: 2021

PLEASE COMPLETE

I have provided all income received from all sources for the current year. YES _____ NO _____

I have adequate records or sufficient written evidence to justify these deductions. YES _____ NO _____

Note that having substantiation for Travel, Meals and Entertainment is critical.

By signing below, you are acknowledging that we will be preparing the tax return based solely on the information that you have provided, for which we have not vouched the validity of. When signing the return, you are taking final responsibility for the accuracy of the information on

You are also responsible to retain proper documentation for all expenses and deductions that you are taking. If you are unsure about the documentation needed, call our office for assistance.

Signed _____

Date _____