Anderson Advisors

January 25, 2022

:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2021 tax return. Review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment.  We appreciate your trust in our business. Contact our office at (763)231-0337 if you have any questions or need additional information.

Sincerely,

Andrew Anderson
ANDERSON ADVISORS LLC

Anderson
Advisors

January 25, 2022

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (763)231-0337.

Sincerely,

Andrew Anderson
ANDERSON ADVISORS LLC

Anderson Advisors

January 25, 2022

Subject: Preparation of Your 2021 Tax Returns

:

Thank you for choosing ANDERSON ADVISORS LLC to assist you with your 2021 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2021 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2021 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (763)231-0337.

Sincerely,

Andrew Anderson
ANDERSON ADVISORS LLC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

______________________________
Taxpayer

______________________________
Spouse

______________________________
Date

# Checklist

Name: SSN:

## Checklist

This check list is provided to help you gather necessary information for us to prepare your 2021 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2020 tax year.

**Stimulus payment (Economic Impact Payment - IRS Notice 1444-C or Letter 6475)**

[ ] Stimulus Payment ______________________________________________________________

**Advanced payment of Child Tax Credit (IRS Letter 6419)**

[ ] Taxpayer ______________________________________________________________
[ ] Spouse ______________________________________________________________

**State and city refunds and other government payments (Form 1099-G)**

[ ] Unemployment compensation

**Other Income (provide supporting documentation for income received for the following items)**

[ ] Sale of assets or property
[ ] Cancellation of debt
[ ] Other income ____________________________________________________________

**Payments (provide supporting documentation for payments made for the following items)**

[ ] Educator classroom expenses
[ ] Employee business expenses
[ ] Contributions to a Health Savings Account
[ ] Expenses related to work relocation
[ ] Alimony
[ ] Student loan interest
[ ] Tuition and fees for higher education
[ ] Expenses related to child or dependent care
[ ] Contributions to a Retirement Savings Account
[ ] Medical and dental expenses
[ ] Real estate taxes
[ ] Other state and local taxes
[ ] Mortgage interest
[ ] Investment interest
[ ] Cash contributions
[ ] Noncash contributions
[ ] Unreimbursed employee expenses
[ ] Investment expenses
[ ] Gambling losses
[ ] Other payments ____________________________________________________________

# Questionnaire

Name: SSN:

## Questionnaire

### Personal Information

Yes No

[ ] [ ] Did your marital status change during the year?
If "Yes," explain ____________________________________________________________

[ ] [ ] If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2021?

[ ] [ ] Can you or your spouse be claimed as a dependent by someone else?

[ ] [ ] 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?

[ ] [ ] Did your address change during the year?

[ ] [ ] Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain ____________________________________________________________

[ ] [ ] Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

**Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)**

### Dependent Information

Yes No

[ ] [ ] Did you have any changes in dependents during the year?
If "Yes," explain ____________________________________________________________

[ ] [ ] Can another person qualify to claim any of your dependents?

[ ] [ ] Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?
If "Yes," provide Letter 6419 from the IRS. Or, enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. If you were married last year and filed a joint tax return with your spouse, are you filing a joint return with the same spouse this year?
Taxpayer ____________________________________________________________
Spouse ____________________________________________________________

[ ] [ ] Did you have any childcare expenses during the year?

[ ] [ ] Did you have any adoption expenses during the year?

[ ] [ ] Did you have any children under age 19 or a full-time student under age 24 with more than $2,200 of unearned income?

**Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)**

### Health Care Information

Yes No

[ ] [ ] Did any member of your household have healthcare coverage through the Marketplace (Obama Care)?
If "Yes," provide copies of Form 1095-A.

[ ] [ ] Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

### Income, Purchases, Sales, and Debt Information

Yes No

[ ] [ ] Did you receive any tips not reported to your employer?

[ ] [ ] Did you receive any disability income during the year?

[ ] [ ] Did you cash in any U.S. savings bonds during the year?

[ ] [ ] Did you start a new business or purchase any rental property during the year?

[ ] [ ] Did you sell an existing business, rental property, or other property during the year?

[ ] [ ] Did you purchase any business assets or convert any assets to business use?

# Questionnaire

Name: SSN:

## Questionnaire

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

[ ] [ ] Did you purchase any gasoline, diesel, or special fuels for off-road business use?
[ ] [ ] Did you buy or sell any stocks, bonds, or other investments during the year?
[ ] [ ] Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
[ ] [ ] Did you have a principal residence or a piece of real property foreclosed on during the year?
[ ] [ ] Did you abandon a principal residence or a piece of real property during the year?
[ ] [ ] Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
[ ] [ ] Did you receive any principal or interest during this year from property sold in prior years?
[ ] [ ] Did you rent out your home or use it for business?
[ ] [ ] Did you sell, exchange, or purchase any real estate during the year?
[ ] [ ] Did you acquire a new or additional interest in a partnership or S corporation?
[ ] [ ] Did you have any debts canceled or forgiven this year?
[ ] [ ] Does anyone owe you money that has become uncollectible?
[ ] [ ] Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
[ ] [ ] Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
[ ] [ ] Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC, Form 1099-NEC, and Form 1099-K.
[ ] [ ] Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
[ ] [ ] Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
[ ] [ ] Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
[ ] [ ] Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
[ ] [ ] Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain ____________________________________________________________

### Itemized Deduction Information

**Yes No**

[ ] [ ] Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
[ ] [ ] Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
[ ] [ ] Did you receive any state or local income tax refunds from prior years?
[ ] [ ] Did you make any major purchases (vehicle, boat, etc.) during the year?
[ ] [ ] Did you pay any real estate property taxes or personal taxes during the year?
[ ] [ ] Did you pay mortgage interest during the year?
[ ] [ ] Did you make cash donations to charity during the year?
[ ] [ ] Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
[ ] [ ] Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
[ ] [ ] Did you have gambling winnings or losses during the year?
[ ] [ ] Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
[ ] [ ] Did you use your vehicle on the job other than for commuting to work?
[ ] [ ] Did you work out of town at any time during the year?

### Retirement Information

# Questionnaire

Name: SSN:

## Questionnaire

**Yes No**

[ ] [ ] Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
[ ] [ ] Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
[ ] [ ] Did you receive any Social Security benefits during the year?

## Education Information

**Yes No**

[ ] [ ] Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
[ ] [ ] Did anyone in your household attend a post-secondary school during the year?
[ ] [ ] Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
[ ] [ ] Did you pay student loan interest for yourself, your spouse, or your dependents during the year?

## Miscellaneous Information

**Yes No**

[ ] [ ] 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 ____________________________________________________________
[ ] [ ] 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, sell, exchange, or otherwise dispose of any financial interest in any virtual currencies?
[ ] [ ] Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
[ ] [ ] Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
[ ] [ ] Did you make gifts to any one person in excess of $15,000 during the year?
**Yes No**
[ ] [ ] If "Yes," are you splitting the gift with your spouse?
[ ] [ ] Did you incur moving expenses during the year?
[ ] [ ] Did you make any energy-efficient improvements to your main home during the year?
[ ] [ ] Are you a business owner who paid health insurance premiums for your employees during the year?
[ ] [ ] Did you own interest or shares in a Qualified Opportunity Fund?
[ ] [ ] Did you apply an overpayment of your 2020 taxes to your 2021 estimated taxes?
[ ] [ ] If you have an overpayment of 2021 taxes, do you want the refund applied to your 2022 estimated taxes?
[ ] [ ] Did you make any estimated payments toward your 2021 taxes?
[ ] [ ] Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
[ ] [ ] Do you anticipate your income or withholdings to be different for 2022?
[ ] [ ] Did you make any purchases subject to Use Tax?
If "Yes," provide details.
[ ] [ ] Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain ____________________________________________________________
[ ] [ ] May the IRS discuss your tax return with your preparer?
[ ] [ ] Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

## Foreign Tax Information

**Yes No**

# Questionnaire

Name: SSN:

## Questionnaire

[ ] [ ] Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
[ ] [ ] Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
[ ] [ ] Did the aggregate value of your foreign accounts exceed $10,000 at any time during the year?
[ ] [ ] Did you have any income from, or pay taxes to, a foreign country?
[ ] [ ] Did you own property in a foreign country?

**Preparer Notes**

# Income

Name: SSN:

## Wages & Salaries

Provide all copies of Form W-2

| Employer name | 2021 federal wages |
| --- | --- |
| | |
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## Retirement

Provide all copies of Form 1099-R

| Payer name | 2021 distribution |
| --- | --- |
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☐ 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<br>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<br>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 |
|---|---|---|---|---|
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## Installment Sale Income

Description of property: ______

Date acquired ______ 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 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

☐ Newspaper delivery and you are under 18 years of age

☐ Exempt Notary income

☐ 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 | | ☐ There was a change in inventory method. | |

# Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: SSN:

## General Property Information

Property description ____________________

Address, city, state, ZIP ____________________

**Select the property type**

- ☐ Single family residence
- ☐ Vacation / short-term rental
- ☐ Land
- ☐ Self-rental
- ☐ Multi-family residence
- ☐ Commercial
- ☐ Royalties
- ☐ Other ____________________

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.
- ☐ This property is your main home or second home.
- ☐ This property was disposed of during 2021.
- ☐ This property was owned as a qualified joint venture.

☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this rental.

☐ Yes ☐ No You filed Forms 1099 for the individuals

## Income

| | 2021 | | 2021 |
|---|---|---|---|
| Rent income | ________ | Royalties from oil, gas, mineral, copyright or patent | ________ |

## Expenses

| | Rental unit expenses | Rental **and** homeowner expenses |
|---|---|---|
| Advertising | ________ | |
| Auto & travel | ________ | |
| Cleaning & maintenance | ________ | ________ |
| Commissions | ________ | |
| Insurance | ________ | ________ |
| Legal & professional fees | ________ | |
| Management fees | ________ | |
| Mortgage interest | ________ | ________ |
| Other interest | ________ | ________ |
| Repairs | ________ | ________ |
| Supplies | ________ | ________ |
| Taxes | ________ | ________ |
| Utilities | ________ | ________ |
| Depletion | ________ | |
| Other expenses | | |
| ________ | ________ | ________ |
| ________ | ________ | ________ |
| ________ | ________ | ________ |
| ________ | ________ | ________ |
| ________ | ________ | ________ |
| ________ | ________ | ________ |
| ________ | ________ | ________ |
| ________ | ________ | ________ |
| ________ | ________ | ________ |

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

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.

# Income or Loss from Partnerships, S Corporations, and Fiduciaries

Name: SSN:

## Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

| Entity Name | EIN |
| --- | --- |
| | |

# 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) | | ☐ 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 | | | |
| ☐ 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 | | ☐ 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 ______

| Yes | No | | Yes | No | |
|---|---|---|---|---|---|
| ☐ | ☐ | Was this vehicle available for use during off-duty hours? | ☐ | ☐ | Do you have evidence to support your deduction? |
| ☐ | ☐ | 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? |
| ☐ | ☐ | 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 | ______ |
| Qualifed 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 | Cash | Noncash | Amount |
|---|---|---|---|
| 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 _______________

| Type of expense | Amount | Type of expense | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Student name _______________ Student name _______________

| Type of expense | Amount | Type of expense | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Student name _______________ Student name _______________

| Type of expense | Amount | Type of expense | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## 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 | |

# 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 ____________

# Dependent and Other Information

Name: SSN:

## Dependent Information

| First and last name<br>SSN | Has IP PIN | Relationship | Months in home | Date of birth | Disabled | Full-time student | Childcare Expenses |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

List dependents required to file a return ______

**Yes** **No**

☐ ☐ Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer ______

Spouse ______

☐ ☐ If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

## Child and Other Dependent Care Expenses

| Name of care provider | Address | SSN or EIN | Amount Paid |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## Estimates

| | Federal | | Resident State | | Resident City | |
|---|---|---|---|---|---|---|
| | Date paid | Amount | Date paid | Amount | Date paid | Amount |
| Overpayment applied from 2020 | | | | | | |
| First quarter | | | | | | |
| Second quarter | | | | | | |
| Third quarter | | | | | | |
| Fourth quarter | | | | | | |
| Additional payments | | | | | | |

# Income

Name: SSN:

## Form 1099-MISC Income

Provide all copies of Form 1099-MISC

| Payer name | 2021 amount |
| --- | --- |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## Form 1099-NEC Income

Provide all copies of Form 1099-NEC

| Payer name | 2021 amount |
| --- | --- |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

# 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.

## 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 irs.gov.
2. Select "View Your Account Information."
3. Select "Log in to your Online Account" and follow the prompts provided.

## 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 irs.gov.
2. Select "Child Tax Credit Update Portal."
3. Select "Manage Advance Payments" and follow the prompts provided.