

AND ORGANIZER

FOR:

Tax Year 2021

PROVIDED BY:

Jennifer Jaros-Domen CPA MBA Jaros Domen and Associates, LLC CPA Firm Allentown, NJ

Email: jennifer@jarosdomencpa.com Website: jarosdomencpa.com

Phone: 609-571-5736 Fax: 609-228-6196

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

	ERSC	N	IAL DAT	A						
	Taxpayer (T)				Spo	ouse (S)			
Name (Last, First, N	fliddle Initial)				Name (Last, First	t, Middle Initia	al)			
SSN (last 4 digits)	DOB	Occu	pation		SSN (last 4 digits)	DO	В	Occupation		
Mailing Address □	Check if address is	s new			Mailing Address	□ Check if a	address is nev	v		
Mailing Address L	Check if address is	stiew			Mailing Address	LI CHECK II a	luuress is riev	s is new		
City, State & Zip			County		City, State & Zip			County		
Phone:	H W C Phone):	H	N C	Phone:	HW	C Phone:			
E-Mail Address:					E-Mail Address:					
			DEPE	N	DENTS					
Did.	Name		(D.O.B.)	Xi	f not living with you	No. of mo	os. lived in yo	our home duri		
(First, Mido	lle Initial and La	ast)	(D.O.B.)	V	SSN (Last 4	digits)	Rela	tionship		
If more lines need If married but filir If filing Head of H	ng separately, li	st name	of spouse	an	d Social Securit	y number	at top of p	age.		
If married but filir If filing Head of H enter child's nam	ng separately, li lousehold and le here:	st name qualifyin	of spouse ig person	e an is yo	d Social Securit our child but not	your depe	at top of pendent abo	age.		
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INCOME **WAGES/SALARIES/W-2 FORMS** Taxable Withheld Other Taxes Withheld T/S Name of Employer Wages Fed. Tax Soc. Sec. Medicare State Local

Enclose <u>all</u> W-2 wage and	tax statements. (C	ode: T=Taxpayer,	S=Spouse)

TS	MISCE	LLANEOUS IN	COME (S	how losses in brackets)	
J		Amount			
	Alimony (pre	-2019 agreements, if you p	ay alimony, lis	t on page 9)	
		other public service)			Series Comments
	Tips/Gratuitie	es (not reported on W-2)			
	Contest/Awar	rds/Gambling Winnings (at	tach 1099-MIS	C, W2G or explain)	
		s/Bonuses (not reported on			
	Pensions/Anr	nuities (furnish 1099-R forn	ns)		
	IRA/Keogh pr	rofit sharing distributions (a	ttach Form 10	99-R)	
	Unemployme	nt Compensation (attach F	orm 1099-G)		
	Partnerships/	Estates/Trusts (furnish K-1	forms)		*
	Small Busine	ss Corporations/Subchapte	er S (furnish K	1 forms)	*
	Business/Self	f-Employed (furnish schedu	le or details)	1	
	Farm (furnish	schedule or details)			*
	Rental (furnis	h schedule or details)	SECTION 2	,	*
	Forgiven Deb	t (attach Form 1099-A or C)		
	Other (explain	n):			
1	if you did not a	actively or materially partic	ipate in earnin	g the income (or loss) li	sted
	NON-TA	XABLE INCOM	/E (Please	provide, even if n	not tavable)
	Pre-2019 Chil	d Support/Payments/Assis	tance (not alim	iony)	iot taxable)
		efits/Disability Income			
	Workers' Com	pensation/Loss-of-Time			
	Stimulus Chec (report any econor received during the	Taxpay Spous	13/4		
				Oth	er
	Other (explain):			
Т	Code — Taxpayer	SOCIAL SECU	JRITY	Benefits (from box 5	Federal tax withheld
S	— Spouse — Joint	IMPORTANT: Provide all	Taxpayer		
	these codes if ied filing jointly	SSA-1099 statements	Spouse		

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TAX-AID TA

;	INT	ATTACH	ALL 1099-INT FO	COME				COD
	Name of Payer (always use payer name	listed on th	ne 1099)	·	Interest Amount	Ex	kempt	E
tta	Penalty for early withdrawal of saving interest income reported on all 1099-INT and 10 ach all 1099 forms reporting tax withheld. not list interest reported in an IRA or retirement f 1099 form attached)99-OID fo	orms. <u>Use</u> MB IN US TE MF	MUNICIPAL INSTALLME U.S. BONDS TAX-EXEMP MORTGAGE	NT SALES T (explain) FINANCED BY SE	LLER	LIST CODE HERE	1
	DIV	IDE	ND IN	(list name, a	ddress & Social S	ecurity no	0.)	1
5	Name of Payer (payer name from 1099)	Total C	ALL 1099-DIV F		Capital Gain Distributions*	Nont	axable	
C	Gross Dividends above as reported on 1099-D eived. Dividends under \$10 do not require a 109	9.	atta	ch the 1099 and	y amounts listed on	ailed with	it.	
ec	eived. Dividends under \$10 do not require a 109 *Related to mutual funds. CAPITAL	9. Vifth	atta is 1099-DIV ha	ch the 1099 and as information in ND LO	d any explanation mot listed above please	ailed with se check h	it. nere	
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* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

SALE OF PERSONA	L RESIDENCE		
Date Old Residence Acquired	Cost or Basis		
Improvements (additions, landscaping, driveway, new roo	f, etc.)		
Fixing-Up Expenses (painting, repairs, etc., to prepare for		151	
Date Old Residence Sold	Selling Price		
Expenses of Sale (commissions, legal fees, points, stamp	os, etc.)		
Was any part of residence rented during the year?		Yes	No 🗆
Did you own and use the home as your principal residual teast 2 of the last 5 years?	dence for Taxpaye Spous		No 🗆
3. Was the sale due to a job transfer, medical issue or unf		Yes 🗆	No 🗆
Have you deferred a gain from the sale of a personal If so, please provide Form 2119 from tax return for the	residence into the home sol	d? Yes	No 🗆
5. Was the residence used as a home office?		Yes	No 🗆
6. Have you or your spouse sold a principal residence v	vithin the last 2 years?	Yes 🖂	No 🗆
7. Has a spouse died in the past 2 years?		Yes 🗆	No 🗆
Note: Capital gains tax laws allow exclusion of up to \$500,000 (join	t), \$250,000 (single/HH) of home	sale gains.	
NEW RESID	ENCE		
Date New Residence Acquired (or construction began)			
Date You Occupied New Residence	Cost of New Residence		
 If married, do you and your spouse have the same propinterest in the new residence as in the old? 		Yes 🗆	No 🗆
 Did either you or your spouse have NO ownership inter residence during the past three years prior to this purc 	est in a principal nase?	Yes 🗆	No 🗆
Attach copy of real estate closing papers for HIGHER EDUCATION. Note: Many higher education expenses qualify for special.	N EXPENSES tax credits and deductions.		
HIGHER EDUCATION Note: Many higher education expenses qualify for special qualify as exclusions from income for tax-free and/or penalty.	N EXPENSES tax credits and deductions. alty-free withdrawals from yo	ur tax-defer	red
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			DEDU	CTI	ONS	
	st only amounts that have		y been paid du	ring th	e year. You may round to the nearest	dollar.
	MEDICAL Only ur	reimburs	ed medical expense	s that ex	cceed 7.5% of adjusted gross income are allowed.	
T/S	Drugs and Medicines					Amount
	Prescriptions & Drugs	(Docto	r Prescribed O	nly)		
	Insulin		STATE OF STATE			
r/s	Medical Insurance P	ease s	pecify if paid	Pre-	Tax After-Tax Unsure	Amount
	Insurance — Paid by	You	(v if paid thr	ough	a health insurance exchange 🔲)	
	Group Health Plans (d	deducte	ed from salary;	provid	e final year pay stub)	
	Medicare Premiums	Fron	n Social Securi	ty Ben	efits	
		Fron	n Supplementa	Insur	ance	
	Long-Term Health Ca	re Insu	rance			
	HSA, Other (Attach 1	099-SA	for any HSA w	rithdra	wals)	
T/S	*Doctors, Dentists, Clinic Hospitals, Nurses, Etc.	es,	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You
					Eye Glasses/Contact Lenses	
					Hearing Aids & Supplies	
					X-Ray/Lab Fees	
					Ambulance, Paramedics	
					Nurses (Board & Room)	
					Medical Aid Rental	
					Artificial Teeth	
					Equipment (Prescribed)	
					Nursing Home Medical Care	
					Medicare Part B Service Payments	
					Smoking Cessation Program	
					Parking/Transportation Fees	
	*Summary Total (Option	al)				
	Lodging: While away from	om hon	ne (per day, per	perso	on maximums apply)	
	Transportation: Total nu	mber c	of miles driven f	or me	dical reasons or actual cost	
	Above amounts reimbur	sed by	insurance (incl	ude Fo	orm 1099-LTC)	
	Note any health insuran	ce pren	nium credits red	eived	during the year.	
	Comments or explanations				IER DEDUCTIONS if married and filing	

	and the second	TAXES					
	Description of Tax State Located						
Real Estate Ta	xes (Include whether you plan to	itemize or no		4	of Tax		
	xes - Other (Exclude if included						
Property Tax R				(
Personal Prope	erty Tax (If any)						
Auto Licenses	Auto Licenses (Not a deduction in all states) Number of Licenses Total Cost						
State or Local I	ncome Taxes (if not listed elsewi	here or on W-	2) (describe below)				
Sales Tax*:							
Other:							
	e sales tax support documents fo						
INTERI Mortgage	(Amounts, names, and Social Paid to Financial Institution (in		rs must match Form 1098 issu	ed by finan	cial institutions.)		
Interest,	Paid to an Individual (List nar						
Principal Residence	Name	Address		S	oc. Sec. No.		
Mortgage	Paid to Financial Institution (include Form	1098)				
Interest, Second	Paid to an Individual (List nar	ne, address,	Soc. Sec. no. below)				
Home	Name	Address		Si	oc. Sec. No.		
(Flovide closing setti	a new mortgage or borrow on ar ement papers - pages 1 & 2) s your combined mortgage debt		tgage during the year?	Yes \$	No 🗆		
Points paid to ac	quire new mortgage (if not inclu	ded above)					
Home Improvem (only if used to buy	ent Loan Interest (include Form , build or substantially improve your	1098) qualified home)					
	erest (Attach form 1098-E & loan de						
Other:			, , , , , , , , , , , , , , , , , , , ,				
Other:							
Deductible Inves	tment Interest (e.g. margin intere	est, explain be	low)				
Comments or Ex		, , ,					

	C	ONTRI	BU	TIONS		
Church and Religious				If No Receipt	X	Amount
Church (Name)						
Church (Other)						
Other Religious (Name)						
Other Charitable Organizations (*Yo	u must	have a cancelle	d check	a bank record or receipt from donee for	all cas	h contributions
If No Receipt	X	Amount	T/S	If No Receipt	X	Amount
Cancer				Heart Fund		
Easter Seals				Christmas Seals		
Red Cross				United Way		
Scouts				YMCA/YWCA		
Muscular Dystrophy				Educational TV/Radio		
Arthritis Foundation				Schools (Name & Describe)		
Veteran's Organization (Name)			Misc. Door-to-Door		
Summary Total Optional (See	note	below)				
Note: A summary total for cash or check cor	ntributio	ns may be used	above. I	Political contributions are not deductible. If	ou re	ceived a gift fo
your donation listed above, reduce your do	_				12000	
	marke				uiei p	
Name of Organization		110	ems D	onated Date		Value
	+					
	_					
Note: If noncash donations have a total	ıl valu	e of \$500 or m	ore, att	ach a detailed list of items donated, t	he na	ime
and address of donee organization, the over \$5,000 require appraisal). If you d	purc	hase date, cost	and th	e method used to arrive at fair marke	t valu	e (items
f the charity sells the vehicle, your dec	luction	value is gener	rally lim	ited to the amount of the sales proce	eds.	
Donated clothing and household items Volunteer Work — Mileage (Churc					ntribi	itions)
Name of Organization	1, 110			erformed Parking		Miles Drive
reality of Organization		7100	ivity i	one in an an a		
Meals, lodging and other expense	e ma	walen he alle	haw	Liet full details		

IMPORTANT CHANGES IN DEDUCTIONS

- Charitable contributions limit is 100 percent of the taxpayers' income (up from 60%). The limit for noncash contributions is 50 percent of the taxpayers' income.
- Above-the-line charitable contribution of \$300 is available for single filers who don't itemize deductions, and \$600 for married filers who don't itemize deductions.

		OTHE	RD	EDUC	TIO	NS			
T/S		A	mount	T/S				Amo	unt
	Casualty/Theft Losses	Check if loss	is in fed	erally declar	ed disas	ster area			9-17-2
	From fire, storm, theft, and						each		
	Kind of Property or Item			e Acquired		or Basis			
					Insur	ance Paid			
	Describe how and/or what happened		Date	e of Loss	Fair N	/larket Value – E	Before		
	Alimany Dalid () 1	Boid to	(Mama)			/larket Value – /	After		
	Alimony Paid (note if pre Gambling Losses	-	to gambling w	inninge)	SSN				
	dambing Losses	See next pag	-		ace Evr	encec	Emant of		
\geq					C00 LAP	C113C3.			
	CHILD AND D (care expenses must be for child u	EPEND Inder 13 or physical	DEN'	T CAR	E	if you hav	e employe	r-provided	7
d if r	equired to be gainfully em								(V)
7013	Name of Provider	Soc. Sec.			E ISO	Address	in your i	Paid	77
								i did	
	al ID number if required	#		Total Child	Care	Paid During Ye	ear S	\$	
o file	IRS wage reports		No. of Children				dren Under Age 13 #		
Form	W-10 should be used to obtain provide	der details. Expense	es must be	allocated by chil	d or depe	ndent. If more space	e needed, a	ttach list with de	etails.
_									\leq
	RET	REME	NT C	CONTI	RIB	UTIONS	5		
		Date	Tradi	tional IRA	F	Roth IRA	Keogl	n/SEP/SIM	PLE
Single	e or Taxpayer	1 1							
Spous	6e	/ /							
f you v	want the maximum allowable	deduction - wri	te MAX i	n column(s).	You wi	l be informed of	famount	to denosit	
List to	tal value of ALL IRAs on 12/31	Single or Taxpayer		(0)		Spouse	anount	to doposit.	
		Taxpayer							

	В	USIN	ESS	EXPE	NSES			
How to use: Use this a Provide financials if ava		marize yo	ur Schedu	ule C sole	proprietor busi	ness ex	penses).
Type of Business						Тахр	ayer [☐ Spouse ☐
Total Revenue				В	usiness Owner		Both [
Business Expense (if mo	ore lines ne	eded, con	tinue on b	ack page)	The contract of			
Advertising		Insurance				rs/Maint		
Commission/Fees		Interest			Taxes/	License	S	
Contract Labor		Legal/Pro	of. Service	S	Utilitie	S		
Depreciation		Office Su	ipplies	111	Wages	3		
EE Benefits		Rent or L	ease		Other:			
Total business expenses			ac deray					\$
Meal expense						45141	41	\$
Did you purchase any	business e	quipment	during the	e year?	Yes 🗆 No 🗆	(If yes	, attac	h details)
Vehicle Expense (If both	taxpayer and	spouse ha	ve deducti	ons, use Ve	hicle 1 for taxpay	er, Vehi	cle 2 fo	r spouse)
	Vehicle	1 Veh	nicle 2			Vehic	cle 1	Vehicle 2
Gas & Oil				Licenses				
Insurance				Repair/Ma	aint/Lube			
Lease Payments				Other:				
	Date Placed in Service	Make	Year	Model	Cost or Basi	s 🔻		New This Year
Vehicle 1	/ /						acquire	n details on newly ed vehicles and
Vehicle 2	/ /						of old v	n or disposition vehicle.
Travel Expenses — Awa	ay from hon	ne (Days g	gone over	night)	Taxpay	/er □	Spouse
Transportation				Auto Ren	tal			
Lodging				Cabs, Bu	s, etc.	,		
Vehicle Mileage Detail						Veh	cle 1	Vehicle 2
X if another vehicle is available for	or personal use.		of Year		+			
Subtract B from A for (1), Total Mile List Business Miles (2), from driving			nning of \					
2 from 1 to get personal miles (3). D	Divide line 2		Miles Dri		= -			
by line 1 for percent of business use			ness Mile onal Miles					
No. round-trip miles from home to w Number of days worked last year _	ork			se (Line 2			%	%
I have adequate records (Signature)	and sufficie					and ded	uctions	s listed above.
		НС	ME (OFFIC	E		len's	
Type of Business	, -		7 ^		D-II-	1		
Justified business	use for: 1	axpayer L		pouse _	Both _			
Date Acquired Home				Jtilities		the l	\	
Cost of Land					ortgage, home	equity	oan)	
Cost of Home				Taxes				
Cost of Improvements	(1)			nsurance				
Sq. Footage of Living A		natary P		Maintenan				
Sq. Footage of Office A		entory & storage)		_	rovider # of Ho	urs		
% Office Area [(2) ÷	(1)]		(Other:				

No No No No No No No No		QUESTIONS (Taxpayer or Spouse	e)	
Were you notified by the IRS or YOUR STATE of any change to a tax return?	For			
2. Are any of your claimed dependents not residents or clitzens of the U.S.? 3. Did you make any gifts of over \$15,000 to any individual 4. Do you have any foreign income or foreign bank accounts? 4. Do you have any foreign income or foreign bank accounts? 5. Did you have living expenses in a foreign country as a result of income earned abroad? 6. Do you have any worthless stocks, uncollectible bad debts or were you the victim of a ponzi scheme? 7. Did you become disabled during the year? 8. Are you a handicapped employee? 9. Did you receive any distribution from an IRA, profit sharing or pension plan? 10. Have you used bartering to exchange any goods or services? 11. As a member of the armed forces on active duty, did you move pursuant to a military order? 12. Did you receive any insurance or other reimbursement from a prior year casuality, theft loss or medical deduction? 13. Did you start a new business during the year or do you expect to start one this coming year? 14. Do you expect any significant changes in income, withholding taxes or your tax liability for the corning year? 15. Did you receive any cource of income that is not listed in this booklet (lottery, awards, etc.)? 16. Do you have children under age 19 with investment income (age 24 if dependent student)? 17. Did you pay anyone (over 18) \$2,200 or more to work at your home (housedclaning, yard work or other domestic help) during the calendar year? If yes, submit details. 18. Do you donate a partial interest in any goods to charitable organizations? 19. Did you or anyone in your household receive a stimulus payment? 19. If you are age 72 or older, have you started your mandatory 19. Did you or anyone in your household receive a stimulus payment? 20. Did you on anyone in your household receive a etimulus payment? 21. Do you have a medical or health savings account (MSA or HSA)? 22. If you are age 72 or oldern at staken at distribution from a qualified tuition program (QTP) or 529 program during the year? 23. Did you urchase	1.	Were you notified by the IRS or YOUR STATE of any change to a tax return?	Yes	No 🗆
Did you make any gifts of over \$15,000 to any individual (with no tax advantage to you)?		Are any of your claimed dependents not residents or citizens of the U.S.?		-
4. Do you have any foreign income or foreign bank accounts? 5. Did you have living expenses in a foreign country as a result of income earned abroad? 6. Do you have any worthless stocks, uncollectible bad debts or were you the victim of a ponzi scheme? 7. Did you become disabled during the year? 8. Are you a handicapped employee? 9. Did you receive any distribution from an IRA, profit sharing or pension plan? 10. Have you used bartering to exchange any goods or services? 11. As a member of the armed forces on active duty, did you move pursuant to a military order? 12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction? 13. Did you start a new business during the year or do you expect to start one this coming year? 14. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? 15. Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)? 16. Do you have children under age 19 with investment income (age 24 if dependent student)? 17. Did you pay anyone (over 18) \$2,200 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar year? If yes, submit details. 18. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund? 19. Did you or anyone in your household receive a stimulus payment? 19. Did you donate a partial interest in any goods to charitable organizations? 20. Did you have a medical or health savings account (MSA or HSA)? 21. Possibly on the varies in any goods to charitable organizations? 22. If you are age 72 or older, have you started your mandatory retirement savings withdrawate? 23. Did you pay nong-term healthcare insurance premiums or receive benefits? 24. Did you pay long-term healthcare insurance premiums or receive benefits? 25. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction.	3.	Did you make any gifts of over \$15,000 to any individual (with no tax advantage to you)?		
5. Did you have living expenses in a foreign country as a result of income earned abroad? 6. Do you have any worthless stocks, uncollectible bad debts or were you the victim of a ponzi scheme? 7. Did you become disabled during the year? 8. Are you a handicapped employee? 9. Did you receive any distribution from an IRA, profit sharing or pension plan? 10. Have you used bartering to exchange any goods or services? 11. As a member of the armed forces on active duty, did you move pursuant to a military order? 12. Did you receive any insurance or other reimbursement from a prior year casually, theft loss or medical deduction? 13. Did you start a new business during the year or do you expect to start one this coming year? 14. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year? 15. Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)? 16. Do you have children under age 19 with investment income (age 24 if dependent student)? 17. Did you pay anyone (over 18) \$2,200 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar year? If yes, submit details. 18. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund? 19. Did you or anyone in your household receive a stimulus payment? 19. Did you donate a partial interest in any goods to charitable organizations? 20. Did you donate a partial interest in any goods to charitable organizations? 21. Do you have a medical or health savings account (MSA or HSA)? 22. If you are age 72 or older, have you started your mandatory residented assistance? 23. Did you pay long-term healthcare insurance premiums or receive benefits? 24. Did you pay long-term healthcare insurance premiums or receive benefits? 25. Are you paying off a student loan? 26. Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. 27. Have you or your dependents taken a d		Do you have any foreign income or foreign bank accounts?	1000	-
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or your tax liability for the coming year? 15. Did you receive any source of income that is not listed in this booklet (lottery, awards, etc.)? 16. Do you have children under age 19 with investment income (age 24 if dependent student)? 17. Did you pay anyone (over 18) \$2,200 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar year? If yes, submit details. 18. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund? 19. Did you or anyone in your household receive a stimulus payment? Yes No Did you donate a partial interest in any goods to charitable organizations? Yes No Did you donate a partial interest in any goods to charitable organizations? Yes No Did you are age 72 or older, have you started your mandatory Yes No Did you receive employer-provided: commuter transportation benefits? Yes No Did you receive employer-provided: commuter transportation benefits? Yes No Are you paying off a student loan? 24. Did you pay long-term healthcare insurance premiums or receive benefits? Yes No Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. Yes No Have you or your dependents taken a distribution from a qualified tuition program (QTP) or 529 program during the year? 28. Did you purchase any energy-efficient equipment during the year (hybrid car, air conditioner, furnace, windows, doors, water heater, etc.)? Yes No Did you have qualified military combat pay? 29. Did you own bonds that qualify for the Gulf Bond, Renewable Energy or Build America bond credits?		to start one this coming year?	Yes	No □
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35. Did you buy, sell, or use any digital currency during the year?		Did you buy, sell, or use any digital currency during the year?		

Please answer all questions above. Provide details for any "Yes" answers. A "No" answer will be assumed if not otherwise indicated.

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