

General Information

Taxpayer

Spouse

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

Check ("X") which phone number to list on return.

Home Phone
Work Phone
Cell Phone
Fax Number

Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)

Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31

Sales tax rate of locality in 2021 %
If Part Year, Period of Residency to

_____ to _____

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type Driver's license OR State Issued ID Driver's license OR State Issued ID
ID number _____
ID issuing state _____
ID issue date _____
ID expiration date _____

Filing Status

Status on 2020 return :
Status as of 12/31/2021 : 1 Single
Enter ("X") in the box 2 Married filing joint
 3 Married filing separately (Enter spouse's name and SSN above)
 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
 5 Qualifying widow(er) with minor child Year spouse died _____

Taxpayer's Address

Street _____ Apt/Suite : _____
City _____ State _____ Zip Code _____
If address is in a foreign country, enter that country
Foreign province/county Foreign postal code _____
If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name Gabriel P Domenici
Firm's name Domenici Tax & Business Services
Street 1034 Apple Blossom Ln
City Corona State CA Zip Code 92881

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____
here _____ Date _____

Yes	No	<u>Purchases, Sales, Gains and Losses</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2 Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9 Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did any security become worthless during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	15 Did any debts become uncollectible during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	<u>Business and Rental Property Income & Deductions</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2021?
<input type="checkbox"/>	<input type="checkbox"/>	8 Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you receive income from raising animals or crops?

Yes	No	<u>Other Deductions</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2021?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9 Did you refinance a mortgage or take out a home equity loan during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15 Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you donate a vehicle?

Yes	No	<u>Miscellaneous</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you make gifts of more than \$15,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2021?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	8 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes No

Return preparation and filing

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
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<input type="checkbox"/>	32					
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<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
1					
2					
3					
4					
5					
6					
7					
8					
9					
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36					
37					
38					
39					
40					
41					
42					
43					

Name _____

SSN _____

Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
1	Prescription medications		
2	Fees for doctors, dentists, etc.		
3	Fees for hospitals, clinics, etc.		
4	Lab and X-ray fees		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.		
6	Medical equipment and supplies		
7	Medical mileage (number of miles driven)		
8	Medical parking, tolls and local transportation		
9	Lodging for medical purposes (up to \$50 per night per person)		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)		
11	Long Term Care insurance premiums (taxpayer)		
12	Long Term Care insurance premiums (spouse)		
13	Expenses to stop smoking		
14	Health insurance premiums - coverage established under your business (1)		
15	Health insurance premiums - coverage established under your business (2)		
16	Long Term Care insurance premiums - coverage est. under your business (1)		
17	Long Term Care insurance premiums - coverage est. under your business (2)		
18	_____		
19	_____		
20	_____		
21	_____		
22	Insurance reimbursement for any medical and dental expense listed above		

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						