Personal Information
General

Personal Information General

Personal Information

Full Name: ____________________ Date of Birth: ______________ SSN: ______________

Spouse Name: ____________________ Date of Birth: ______________ SSN: ______________

Filing Status (circle one) : Single Married Filing Jointly Married Filing Separately Head of Household Qualifiying Widow/er

Address: ____

____

Your Occupation: ____________________ Spouse Occupation: ____________________

Phone Number: ____________________ Email: ____________________________

Tax Payer Driver's License:

DL Number: ____________________

Issue Date: ____________________

Expiration Date: ____________________

Spouse Driver's License:

DL Number: ____________________

Issue Date: ____________________

Expiration Date: ____________________

Banking Information:

Financial Institution: ____________________

Account Number: ____________________

Routing Number: ____________________

Circle One: Checking Savings

Dependents Information

Dependent #1

Full Name: ____________________ Date of Birth: _______________ SSN: _______________

Relationship: ____________________

Dependent #2

Full Name: ____________________ Date of Birth: _______________ SSN: _______________

Relationship: ____________________

Dependent #3

Full Name: ____________________ Date of Birth: _______________ SSN: _______________

Relationship: ____________________

FOR THOSE THAT ARE FILING HEAD OF HOUSEHOLD

Head of Household Qualifier

Full Name: ____________________ Date of Birth: _______________ SSN: _______________

Relationship: ____________________

# of days they lived with you: ____________________

Amount of income they earned that year: ____________________

Personal Information
Income

(Attach relevant income documents)

Personal Information Income

Income

W-2s

- [ ] W-2 from ______________________
- [ ] W-2 from ______________________

1099s

- [ ] 1099-Int from ______________________
- [ ] 1099-Int from ______________________
- [ ] 1099-DIV from ______________________
- [ ] 1099-DIV from ______________________
- [ ] 1099-R from ______________________
- [ ] 1099-R from ______________________
- [ ] 1099-MISC from ______________________
- [ ] 1099-MISC from ______________________
- [ ] 1099-NEC from ______________________
- [ ] 1099-NEC from ______________________
- [ ] 1099-B from ______________________
- [ ] 1099-B from ______________________

K-1s

- [ ] K-1 Form from ______________________
- [ ] K-1 Form from ______________________

Social Security

- [ ] 1099 SSA Form
- [ ] 1099 SSA Form

Other Income

- [ ] W-2 G (Gambling Winnings)
- [ ] 1099-G (Unemployment or Prior Year State Refund)

*If you have other documents that are income or seem like they are income related, please provide them to your tax preparer. *

Personal Information Adjustments

(Attach relevant adjustment documents)

Personal Information Adjustments

Adjustments

- [ ] Educator Expenses ____________ (for educators, max $250 deduction)
- [ ] SEP and or SIMPLE Contributions ____________
- [ ] Self-Employed Health Insurance Deductions ____________
- [ ] Penalty on early withdrawal of savings ____________
- [ ] Alimony Paid To ____________

First Name	Last Name	SSN	Divorce Date	Amount Paid

- [ ] Deductible IRA ____________
- [ ] Student Loan Interest
  - [ ] 1098-E Form from ____________
  - [ ] 1098-E Form from ____________
- [ ] Economic Impact Payments
  - [ ] Amount Received from 3rd Stimulus ____________
  - [ ] Amount Received from 4th Stimulus* ____________
- [ ] Advanced Child Care Payments
  - [ ] Amount Received ____________

*At the time of making this tax binder, the 4th stimulus was still being negotiated, we've included a section IF the government passes another stimulus package

Personal Information
Itemized Deductions

(Attach relevant itemized deduction documents)

Personal Information Itemized Deductions

(also known as Schedule A)

Itemized Deductions/Schedule A

☐ Medical Expenses (Out-of-Pocket)

Insurance Premiums: ______________ Prescriptions: ______________

Co-pays: ______________ Dental: ______________

Procedures: ______________ Vision: ______________

☐ Property Tax ☐ Personal Property Tax

☐ DMV Registration Fees

Vehicle #1: ______________________ ____________
Year Make/Model DMV Fee

Vehicle #2: ______________________ ____________
Year Make/Model DMV Fee

Vehicle #3: ______________________ ____________
Year Make/Model DMV Fee

Vehicle #4: ______________________ ____________
Year Make/Model DMV Fee

☐ Mortgage Interest

☐ 1098 Form from ______________ ☐ 1098 Form from ______________

☐ Mortgage Insurance Premiums (usually found on 1098 Form with Mortgage Interest)

☐ Charitable Contributions

Gifts by Cash or Check: ____________________

Other than by Cash or Check: ________________

(Donations to Goodwill, Salvation Army, etc - give your tax preparer the donation receipt you received)

☐ Job Expenses and Most Other Misc Deductions

(This is no longer federally applicable, however some states you can still take advantage of these expenses)

Prior Year Tax Preparation Fee: __________________

Unreimbursed Employee Expenses: (Consult with your Tax Preparer regarding these deductions)

Parking, Tolls, Transportation: ____________________

Travel away from Home: ____________________

Vehicle Information: ____________________

Date Placed in Service

____________________ ____________________

Total Miles for the Year Business Miles

	Amount
Gas	
Insurance	
Licenses	
Oil	
Parking	

	Amount
Payments	
Rental fees	
Repairs	
Tires	
Tolls	

Keep track of Your:

Medical Expenses
Charitable Contributions

Use these
tracking pages

Medical Expense Breakdown

Insurance Premiums:

Date	To Whom	Amount

Total Amount Paid:

Co-pays:

Date	To Whom	Description	Amount

Total Amount Paid:

Medical Expense Breakdown Part 2

Procedures:

Date	To Whom	Amount

Total Amount Paid:

Prescriptions:

Date	To Whom	Description	Amount

Total Amount Paid:

Medical Expense Breakdown Part 3

Dental:

Date	To Whom	Amount

Total Amount Paid:

Vision:

Date	To Whom	Description	Amount

Total Amount Paid:

Charitable Contributions

Gifts by Cash or Check:

Date	To Whom	Cash or Check #	Amount

Total Amount Paid:

Personal Information
Other

(Attach relevant documents)

Personal Information
Other

Other

☐ Education Credits (1098-T Form)

☐ Child Care Expenses

Child Care Provider: ____________	Child Care Provider: ____________
Address: ____________	Address: ____________
____________	____________
Phone Number: ____________	Phone Number: ____________
SSN or EIN: ____________	SSN or EIN: ____________
Amount Paid: ____________	Amount Paid: ____________

☐ Health Care Forms (1095-A, 1095-B, 1095-C)
You may also receive health care forms from the state

☐ Estimated Tax Payments

FEDERAL	STATE
Date/Amount Paid: ____________	Date/Amount Paid: ____________
Date/Amount Paid: ____________	Date/Amount Paid: ____________
Date/Amount Paid: ____________	Date/Amount Paid: ____________
Date/Amount Paid: ____________	Date/Amount Paid: ____________

☐ HSA Contributions

Notes

____

____

____

Rental Property

☐ Rental Property

Address: ______________________

____

Type of Property: (Circle One)

1 Single Family Residence
2 Multi-Family Residence
3 Vacation/Short-Term Rental
4 Commercial
5 Land
6 Royalties
7 Self-Rental
8 Other (describe

Rental Income: ____________

Rental Expenses:

Advertising	________
Auto and travel	________
Cleaning and maintenance	________
Commissions	________
Insurance	________
Legal and other professional fees	________
Management fees	________
Mortgage interest paid to banks, etc.	________
Other interest	________
Repairs	________
Supplies	________
Taxes	________
Utilities	________
Depreciation expense or depletion	________
Other	________
	________

Notes on Property

____

____

____

____

____

(Print more of these pages if you have more than 1 rental property, you'll need to fill out one for each or your properties)

Business Information General

(Attach relevant documents)

Business Information General

Business Information

Business Name: ____________________ EIN (if applicable) : _____________ State ID/SOS #: _________

Type of Entity (circle one if applicable) : Sole proprietor S-Corp Corp LLC LP

Address: ____ Established: __________

____

Type of business: ____________________

Owner's Information

Full Name: ____________________ SSN: _______________

Address: ____

____

Ownership percentage: ______________

Owner's Information

Full Name: ____________________ SSN: _______________

Address: ____

____

Ownership percentage: ______________

Business Information Income & Expense Documents

(Attach relevant documents)

Business Information Income

Income

- [ ] 1099 NEC (non-employee compensation)
- [ ] Other revenue reports/logs/etc
- [ ] 1099 K (from credit card processing)
- [ ] Records of Cash/Checks recieved

Expenses

- [ ] Bank Statements (best to keep a separate bank account for your business, even if it is not an official business bank account --if you're just starting out you can open a personal bank account and do all of your business transactions in that)
- [ ] Receipts (especially for items paid in cash or not paid through the business bank account)
- [ ] Forms 1099 NEC that you provided to Independent contractors/outside services
- [ ] Expense Log/Report
- [ ] Cost of Goods Sold Log/Report
- [ ] Any downloadable CVS files from sites like Shopify/Etsy/Etc of your revenue/transactional expenses

Notes

Business Information
Income & Expenses
(Profit & Loss)

(Attach relevant documents)

Business Income & Expenses

ANNUAL

Income

REVENUE/EARNINGS	
OTHER	
TOTAL INCOME	

Standard Expenses

EXPENSE TYPE	SPENT
ADVERTISING	
CELL PHONE	
INSURANCE	
LEGAL & PROFESSIONAL	
LICENSING	
MARKETING	
MEALS	
MISCELLANEOUS	
OFFICE SUPPLIES	
OUTSIDE SERVICES	
SOFTWARE	
SUPPLIES	
TRAVEL	
OTHER	
TOTAL EXPENSES	

Other Expenses

EXPENSE TYPE	SPENT
T. OTHER EXPENSES	

Office Expenses

EXPENSE TYPE	SPENT
MORTGAGE/RENT	
UTILITIES:	
INTERNET	
ELECTRICITY	
WATER	
GAS	
SEWAGE/TRASH	
REPAIRS/MAINTENANCE	
T. HOME EXPENSES	

Vehicle Information

MAKE/MODEL	
STARTING DATE	
TOTAL BUSINESS MILES	

Vehicle Expenses

EXPENSE TYPE	SPENT
CAR PAYMENTS	
GAS	
INSURANCE	
REPAIRS/MAINTENANCE	
REGISTRATION	
OTHER	
T. VEHICLE EXPENSES	

TOTAL INCOME:

TOTAL EXPENSES:

NET INCOME/LOSS:

Other Expenses cont...

EXPENSE TYPE	SPENT
T. OTHER EXPENSES	

Vehicle Information

MAKE/MODEL ______

STARTING DATE ______

TOTAL BUSINESS MILES ______

Vehicle Information

MAKE/MODEL ______

STARTING DATE ______

TOTAL BUSINESS MILES ______

Vehicle Information

MAKE/MODEL ______

STARTING DATE ______

TOTAL BUSINESS MILES ______

Notes for Tax Preparer

Business Income & Expenses

MONTH: ____________

Income

REVENUE/EARNINGS	
OTHER	
TOTAL INCOME	

Standard Expenses

EXPENSE TYPE	SPENT
ADVERTISING	
CELL PHONE	
INSURANCE	
LEGAL & PROFESSIONAL	
LICENSING	
MARKETING	
MEALS	
MISCELLANEOUS	
OFFICE SUPPLIES	
OUTSIDE SERVICES	
SOFTWARE	
SUPPLIES	
TRAVEL	
OTHER	
TOTAL EXPENSES	

Other Expenses

EXPENSE TYPE	SPENT
T. OTHER EXPENSES	

Office Expenses

EXPENSE TYPE	SPENT
MORTGAGE/RENT	
UTILITIES:	
INTERNET	
ELECTRICITY	
WATER	
GAS	
SEWAGE/TRASH	
REPAIRS/MAINTENANCE	
T. HOME EXPENSES	

Vehicle Information

MAKE/MODEL	
STARTING DATE	
TOTAL BUSINESS MILES	

Vehicle Expenses

EXPENSE TYPE	SPENT
CAR PAYMENTS	
GAS	
INSURANCE	
REPAIRS/MAINTENANCE	
REGISTRATION	
OTHER	
T. VEHICLE EXPENSES	

TOTAL INCOME: ____________

TOTAL EXPENSES: ____________

NET INCOME/LOSS: ____________

MONTH: ______________

Other Expenses cont...

EXPENSE TYPE	SPENT
T. OTHER EXPENSES	

Vehicle Information

MAKE/MODEL ______________

STARTING DATE ______________

TOTAL BUSINESS MILES ______________

Vehicle Information

MAKE/MODEL ______________

STARTING DATE ______________

TOTAL BUSINESS MILES ______________

Vehicle Information

MAKE/MODEL ______________

STARTING DATE ______________

TOTAL BUSINESS MILES ______________

Notes for Tax Preparer

Not a fan of that style?

(for recording your income and expenses)

How about this one?

INCOME	AMOUNT
Sales/Service Income	
Commission Income	
Interest Income	
Other Income	
TOTAL INCOME	

TOTAL INCOME: ______

TOTAL EXPENSES: ______

NET INCOME/LOSS: ______

TAX YEAR: ______

Business Deductions

	AMOUNT
Accounting	
Advertising	
Auto & Truck expenses	
Bank charges	
Cell phone	
Commissions	
Computer	
Consulting	
Delivery	
Dental expenses *	
Discounts	
Education	
Employee benefits *	
Equipment lease	
Equipment rental	
Freight	
Fuel	
Gifts	
Independent contractors	
Insurance	
Buildings	
Equipment	
Liability	

	AMOUNT
Insurance	
Other	
Workers' Comp	
Internet	
Interest expense	
Janitorial	
Laundry & cleaning	
Legal & professional	
License fees	
Marketing	
Meals	
Medical expenses *	
Merchant account fees	
Meetings	
Miscellaneous	
Office expense	
Outside service	
Parking fees	
Payroll fees *	
Payroll taxes *	
Permits and fees	
Postage/shipping	
Printing	

	AMOUNT
Property taxes	
Recruiting	
Rent	
Repairs	
Security	
Software	
State tax fee	
Supplies	
Telephone	
Tools	
Training	
Travel	
Uniforms**	
Utilities	
Waste removal	
Other expenses	

VEHICLE #1 INFORMATION:

MAKE/MODEL: ______ MANUFACTURED YEAR: ______

STARTING YEAR FOR BUSINESS USE: ______ CIRCLE ONE: OWNED LEASED

VEHICLE #2 INFORMATION:

MAKE/MODEL: ______ MANUFACTURED YEAR: ______

STARTING YEAR FOR BUSINESS USE: ______ CIRCLE ONE: OWNED LEASED

VEHICLE MILEAGE: BUSINESS ______ MILES COMMUTE ______ MILES OTHER ______ MILES

AUTO & TRUCK EXPENSES:

	AMOUNT		AMOUNT
GAS		PAYMENTS	
INSURANCE		RENTAL FEES	
LICENSES		REPAIRS	
OIL		TIRES	
PARKING		TOLLS	

*Typically you can only deduct this expense if you have payroll through your business

**To deduct uniforms the clothing items must have your business name or logo (it cannot be items that can be worn for other occasions)

INCOME	AMOUNT
Sales/Service Income	
Commission Income	
Interest Income	
Other Income	
TOTAL INCOME	

TOTAL INCOME:

TOTAL EXPENSES:

NET INCOME/LOSS:

TAX YEAR:

MONTH:

Business Deductions

	AMOUNT
Accounting	
Advertising	
Auto & Truck expenses	
Bank charges	
Cell phone	
Commissions	
Computer	
Consulting	
Delivery	
Dental expenses *	
Discounts	
Education	
Employee benefits *	
Equipment lease	
Equipment rental	
Freight	
Fuel	
Gifts	
Independent contractors	
Insurance	
Buildings	
Equipment	
Liability	

	AMOUNT
Insurance	
Other	
Workers' Comp	
Internet	
Interest expense	
Janitorial	
Laundry & cleaning	
Legal & professional	
License fees	
Marketing	
Meals	
Medical expenses *	
Merchant account fees	
Meetings	
Miscellaneous	
Office expense	
Outside service	
Parking fees	
Payroll fees *	
Payroll taxes *	
Permits and fees	
Postage/shipping	
Printing	

	AMOUNT
Property taxes	
Recruiting	
Rent	
Repairs	
Security	
Software	
State tax fee	
Supplies	
Telephone	
Tools	
Training	
Travel	
Uniforms**	
Utilities	
Waste removal	
Other expenses	

MONTH:________________

VEHICLE #1 INFORMATION:

MAKE/MODEL: MANUFACTURED YEAR:

STARTING YEAR FOR BUSINESS USE: CIRCLE ONE: OWNED LEASED

VEHICLE #2 INFORMATION:

MAKE/MODEL: MANUFACTURED YEAR:

STARTING YEAR FOR BUSINESS USE: CIRCLE ONE: OWNED LEASED

VEHICLE MILEAGE: BUSINESS MILES COMMUTE MILES OTHER MILES

AUTO & TRUCK EXPENSES:

	AMOUNT		AMOUNT
GAS		PAYMENTS	
INSURANCE		RENTAL FEES	
LICENSES		REPAIRS	
OIL		TIRES	
PARKING		TOLLS	

*Typically you can only deduct this expense if you have payroll through your business

**To deduct uniforms the clothing items must have your business name or logo (it cannot be items that can be worn for other occasions)

Small Business Tax Deductions Cheat Sheets

Small Business Tax Deductions Cheat Sheet PART 1

Advertising and Promotion

- Facebook/Instagram/Google ads
- Prints (brochures, flyers, etc)

Auto Expenses *

Deduct Mileage at .56 per mile for 2021

OR

- Car payments
- Insurance
- Gas
- Depreciation (if vehicle is owned)
- Parking and tolls
- Registration (DMV) fees
- Maintenance and repairs

Bank Fees

- ATM fees
- Monthly service fees
- Annual fees
- Late payments
- NSF fees
- Merchant account fees
- Credit Card processing fees

Business License and Permits

- State/city/local licensing
- Industry/job specific license

Communication

- Cell Phone
- Landline
- Answering Services
- Subscriptions for Communication Services

Consultation

- General consultation
- Financial consultation
- Job consultation

Continuing Education

- Tuition
- Books/supplies
- Program fees
- Trainings and workshops

Cost of Goods Sold

- Materials/Supplies
- Labor

Dues and Subscriptions

- Memberships
- Monthly/annual subscription

Equipment Rental

- Payment processor rental
- Industry/job specific rentals
- Tool rental
- Large equipment rental

Gifts *

- Gifts provided to vendors or customers/clients/patients (can only deduct $25 per person per year)

Continue...

Small Business Tax Deductions Cheat Sheet PART 2

Independent Contractors*

- Contractors
- Outside services

See small business tax deductions cheat sheet part 4 for more information

Insurance

- General
- Liability
- Workers Compensation
- E&O Insurance

Interest

- Finance charges
- Loan interest

Legal and Professional

- Legal consultation and fees
- Accounting
- Bookkeeping
- Financial Advisor
- Industry/Job specific fee

Marketing

- Agency Fees
- Surveys
- Development of advertising
- Social Media monitoring/participation
- Sponsorships

Meals *

- Restaurants
- Fast Food

(Note: meals are usually deducted by 50% depending on the purpose of the meal. Consult with your tax preparer.)

Postage and Shipping

- Stamps
- Certified mail
- Delivery
- Freight costs

Office

- Rent or mortgage
- Insurance
- Utilities
- Maintenance and repairs

Office Expenses

- Delivery items (coffee, water, etc)
- Supplies (paper, ink, etc)

Home Office Deductions *

Divide sq ft of office by total sq ft of house, then multiply the expenses with this amount to obtain the actual amount you're able to deduct.

See part 5 for more information...

Continue...

Small Business Tax Deductions Cheat Sheet PART 3

Security

- Security/surveillance services
- Subscriptions for security
- Security-related products (Ring doorbell, etc)

Software

- Accounting/Invoicing/Bookkeeping
- Credit Card Processing
- Form Template
- CRM
- Project/Industry/Job-specific software

Travel

- Lodging
- Car rental/transportation service
- Airfare

Utilities

- Water
- Sewage
- Trash/waste removal
- Electricity
- Internet
- Cable

Uniforms *

- Shirts, hats, etc

(Note: must have your business logo/name on the item to be deductible)

Website

- Domain Name
- Hosting

Other Expenses

- Commissions
- Discounts
- Furniture *
- Janitorial
- Large/Expensive Equipment *
- Laundry and Cleaning
- Medical expenses (premiums, co-pays, dental, vision, etc)
  - (Note: these expenses are usually only deductible if you run payroll through your business)
- Meetings
- Payroll expenses (processing, taxes, wages, etc)
- Recruiting
- Referrals
- Storage
- Supplies that are industry/job specific
- Tools
- Training

Consult a Tax Professional

Whilst most of the listed deductions are 100% deductible, some of them do have special requirements. Please consult a tax preparer/professional when including the expenses with the * next to them.

Please also note: We encourage you to always consult a tax professional when doing your own taxes, especially for your business taxes.

Small Business Tax Deductions Cheat Sheet PART 4

Independent Contractor Information

**If you paid an independent contractor or an outside service $600 or more (for services provided, NOT products) you are required to provide them with a 1099 NEC form.
NEC = Non-Employee Compensation

If you are required to provide a 1099 NEC form, then you'll need the independent contractor or outside service provider to fill out a W-9 form (so that you can fill out the 1099 NEC form)

Here is a link to the W-9 form:
https://www.irs.gov/pub/irs-pdf/fw9.pdf

This form can be purchased at any major office supply store OR you can even order them from the IRS website for free (if using the IRS website you'll have to either handwrite the forms or have a typewriter as they have carbon copies). **

Here is the link for the IRS website:
https://www.irs.gov/businesses/online-ordering-for-information-returns-and-employer-returns

Outside Services/Independent Contractor Information

Outside Services or Contractor Information

FILLED OUT W-9 FORM? YES OR NO
(IF NO) FULL NAME: ____________
SSN OR EIN: ____________
ADDRESS: ____________
ADDRESS CONT: ____________
AMOUNT PAID: ____________

Outside Services or Contractor Information

FILLED OUT W-9 FORM? YES OR NO
(IF NO) FULL NAME: ____________
SSN OR EIN: ____________
ADDRESS: ____________
ADDRESS CONT: ____________
AMOUNT PAID: ____________

Outside Services or Contractor Information

FILLED OUT W-9 FORM? YES OR NO
(IF NO) FULL NAME: ____________
SSN OR EIN: ____________
ADDRESS: ____________
ADDRESS CONT: ____________
AMOUNT PAID: ____________

Outside Services or Contractor Information

FILLED OUT W-9 FORM? YES OR NO
(IF NO) FULL NAME: ____________
SSN OR EIN: ____________
ADDRESS: ____________
ADDRESS CONT: ____________
AMOUNT PAID: ____________

Outside Services or Contractor Information

FILLED OUT W-9 FORM? YES OR NO
(IF NO) FULL NAME: ____________
SSN OR EIN: ____________
ADDRESS: ____________
ADDRESS CONT: ____________
AMOUNT PAID: ____________

Outside Services or Contractor Information

FILLED OUT W-9 FORM? YES OR NO
(IF NO) FULL NAME: ____________
SSN OR EIN: ____________
ADDRESS: ____________
ADDRESS CONT: ____________
AMOUNT PAID: ____________

must issue a 1099 Misc form to all of the outside services/independent contractors that you paid over $600

Provide your tax preparer the copies of the W-9 forms, if applicable

Small Business Tax Deductions Cheat Sheet PART 5

You can also deduct "Home Office Expenses"

*NOTE: We suggest talking to your tax preparer for the MOST accurate information for your situation. *

Requirements to Claim the Home Office Deduction

1. Regular and exclusive use.
2. Principal place of your business.

Regular and exclusive use - usually you cannot deduct a home office if it's a home office slash guest bedroom or if it has partial use as something else (like kids toy room or gym or etc).

Principal place of your business - this office is the main place you conduct your business, you may use other venues to meet clients, customers, etc but the normal day-to-day operations is here.

If you meet the criteria for a Home-Based Business, you'll then have to do some calculations to see how much you can deduct from your normal living expenses.

You'll need the following information:

Total Square Feet of Home: ________________

Total Square Feet of Office: ________________

For an example scenario, continue to the next page

Continue...

Small Business Tax Deductions Cheat Sheet PART 6

Divide the Total Square feet of the Office by the Total Square feet of your home. That will give you a percentage. You will use this to calculate your deductions. (see below for an example)

To put it simply, take expenses like monthly Mortgage/Rent and multiply it by the percentage you just calculated. The result is the monthly deduction you can take for that expense.

Example: *I have a 1000 square foot home, my office is 110 square feet that means my percent I can use is 11%. (110/1000 = .11) My monthly rent is $1,250. So if I multiply my rent by my percent I get to write off $137.50 per month ($1,250 x .11 = $137.50) for rent for my home office expense.*

You'll do this calculation for the rest of your home office expenses.

We hope this binder helps you get organized, lower your taxable liability and keep more of your hard-earned money in your pockets!!!

Again, we strongly suggest you talk to your tax preparer about all your deductions and any credits you may qualify for

Oh, not quite done yet... see the next page for Important Due Dates!

Important Due Dates for 2022

(Or tax year 2021)

Personal Tax Returns		Due Date/ Date to File Extension	Extension Due Date
Federal	Form 1040/1040A/1040EZ Includes: Schedule C (Sole Proprietorships/Single Member LLCs)	April 15, 2022	October 15, 2022
State	Each state has different forms	April 15, 2022	October 15, 2022

Business Tax Returns		Due Date/ Date to File Extension	Extension Due Date
Federal			
S-Corporation	Form 1120S	March 15, 2022	September 15, 2022
Partnerships	Form 1065	March 15, 2022	September 15, 2022
C-Corporation	Form 1120	April 15, 2022	October 15, 2022

State

Each state has different forms, some states that do not have income tax will not have to file a tax return. If your state does require a tax return, it is best to file both Federal and state returns at the same time.

> **Please note: if you owe on your tax returns, filing an extension does not extend the time to pay. The balance that is owed is still due on the original due date (not on the extended due date)**

Other Business Forms		Due Date
Form 1099-NEC	Filed Electronically to IRS	March 31, 2022
• "Non-Employee Compensation" - usually for outside services or Independent contractors. (paid $600 or more)	Filed Paper to IRS	February 1, 2022
	Filed to recepients	February 1, 2022

NOTE: THESE ARE APPROXIMATE DATES BASED ON THE PAST YEARS, DUE TO COVID-19 THESE DATES MAY BE POSTPONED

Bonus!

How to Check the Status of Your Tax Refund

To Make This Process Easier Please Have A Copy of Your Tax Return on Hand
Please allow approximately 2-3 days after E-filing your taxes to check the Refund Status
If you paper-filed your tax return, please allow for 1 to 2 weeks before checking your Refund Status

FEDERAL

Go to: https://sa.www4.irs.gov/irfof/lang/en/irfofgetstatus.jsp

Enter in your SSN, Filing Status, and the Exact Refund Amount (Federal Refund)

This should show you which step the IRS is at in regards to sending out your refund.

STATE (every state's refund website may be a bit different but they will ask for information that is on your tax return)

Click here to find your states' revenue department website:
https://www.irs.gov/tax-professionals/government-sites

Please note: On the *Federal* side, you do not get refunds nor will you owe anything for small businesses (S-Corp, LLC or LP), these entities "Pass-Through" (their income or losses) to your personal tax return so if you get a refund or if you owe a balance it will be on your personal return, NOT your business return

Also note: On the State side, you may owe or you may get a refund depending on your state be sure to review your tax return to check if you're getting a refund or if you owe

January

February

March

April

May

June

July

August

September

October

November

December

Other Documents