



Gallagher Tax & Investment LLC

Tax Preparation and Planning

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INCOME TAX ORGANIZER FOR TAX YEAR 2021

General Information

	Name (First, M.I., Last)	Soc. Sec. No.	Date of Birth	Occupation
Taxpayer:		- -	/ /	
Spouse:		- -	/ /	
Street Address:		City, State, Zip:		
Preferred E-mail:		Alternate E-Mail:		
Daytime Phone: () -		Cell Phone: () -		
Evening Phone: () -		Fax: () -		

Filing Status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separately* <input type="checkbox"/> Head of Household** <input type="checkbox"/> Qualifying Widow(er) Date of Spouse's Death ____/____/____	Other: (check all that apply as of 12/31/21) <input type="checkbox"/> Blind (Taxpayer) <input type="checkbox"/> Blind (Spouse) <input type="checkbox"/> Age 65 or older (Taxpayer) <input type="checkbox"/> Age 65 or older (Spouse)
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*If Married Filing Separate: did you live with your spouse any time after June 30, 2021? Yes No

**If you are Head of Household and have no dependents, list the name _____ and Social Security Number _____ of your qualified child who lives with you and qualifies you for this status.

Dependent Information

*If any dependents do not live with you we **MUST** have Form 8332 (Release of Claim) signed by the custodial parent.*

Name (First,Last)	Date of Birth	Social Security Number	Relationship	Months Lived With You (2021)	Full Time Student?	Dependent's Gross Income
	/ /	- -				
	/ /	- -				
	/ /	- -				
	/ /	- -				
	/ /	- -				

State Residency Information

Please complete as either full or part-year resident of your state:

Full Year	County	School District
State of Residency:		
Part Year	County	School District
1st State of Residency: (Dates lived) from: / / to: / /		
2nd State of Residency: (Dates lived) from: / / to: / /		

2021 TAX QUESTIONS

AT ANY TIME DURING 2021:

Did you or your spouse:

YES	NO

- Buy or refinance a home during 2021? Include HUD-1 Settlement Statement
- Have credit card debt or mortgage debt cancelled? (enclose 1099C) Pg. 5
- Pay mortgage insurance premiums (P.M.I.) on a mortgage issued after 12/31/06? Pg. 9
- Suffer a loss as a result of a casualty? (i.e. flood, fire, theft, natural disaster, etc.) Pg. 10
- Make estimated payments (IRS/state) to prepay your current year tax liability? Pg. 5
- Elect to have your 2020 tax refund be applied to your 2021 tax liability? Amount:\$ _____
- Have any interest in a partnership, S-corporation, estate or trust? (enclose K-1) Pg. 4
- Have any household employees to whom you paid \$1000 or more? *We will call you for details .*
- Rollover any of your retirement accounts? (Include 1099-R) Pg. 5
- Make any IRA contributions,? Deductible or Non-Deductible Pg. 8
- Get claimed (or were eligible to be claimed) as a dependent on anyone else's return?
- Pay any alimony? To: _____ SSN: _____ \$ _____
- Receive an IRS or state notice of a change to your tax return? Please enclose.
- Receive a state/local tax refund? \$ _____ State/locality _____
- Pay a state/local balance due? \$ _____ State/locality _____
- Make out-of-state purchases for which use tax is due? Use Tax due: \$ _____

Did you or your spouse sell or dispose of any of the following property:

YES	NO

- Please include cost basis information*
- Stock, mutual fund, or other non-business assets? Pg.4
- Your personal residence?
- Rental property?
- Property relating to a business or farm?
- Any other business property not listed above? (i.e. equipment, land)
- If you sold any property above, are you receiving payments in installments?

YES	NO

- Did your dependent children receive any interest and/or dividends? \$ _____
- Did you cash any US EE or I bonds to pay for post-secondary education for yourself, your spouse, or your dependents?
- Were there any births, adoptions, divorces, marriages, or deaths in your household?
- * Did you install energy efficient improvements or insulation in your primary household?
- * Did you purchase or lease a plug-in electric, alternative motor vehicle after 2/17/09?
- Do you want \$3 or \$6 of your taxes allocated to the Presidential Election Campaign Fund?

* **If yes, please enclose copies of your receipts.**

Please use the following space for any comments you wish to make to your preparer:

Additional Information

ELECTRONIC FILING - POTENTIAL FEE FOR THIS SERVICE:

_____ **YES, electronically** file my federal and state returns.
-Required by IRS with limited exceptions.
-Form 8879 (Signature Form) will be provided to you before we e-file.

_____ **NO**, do not electronically file my returns. **IRS Requires Explanation**

- In either case, we will contact you when your return is complete to go over the final results.

DIRECT DEPOSIT - NO FEE FOR THIS SERVICE:

_____ **YES, have** my refund(s) deposited! (Available whether you e-file or not)
-Send a check from the account you want the deposit to go into and write
"VOID" across it.

_____ **NO**, do not have my refund deposited into my account.

FINAL CHECK LIST

- _____ **Originals of all W-2's** **Other forms may be original or copies unless noted.**
_____ Completed Organizer
_____ Interest and/or Dividend Statements - 1099 INT & 1099DIV
_____ Original Forms 1099B-Proceeds from Sales of Stocks/Bonds, with corresponding transaction documents.
_____ Forms 1099R-Distributions from Pensions/IRA's etc.
_____ Mortgage Interest Statements-Form 1098
_____ College Tuition Payment Statements-Form 1098T & Calendar Year 2021 Tuition Payments totals
_____ Form 1099G and/or W-2G (For Unemployment, State Tax Refunds, Gambling, etc.)
_____ Closing statements (HUD-1) if you bought/sold/refinanced a residential or rental property
_____ Copy of last year's federal & state tax returns (*if you are a new client*)
_____ K-1's from Partnerships, S-Corp's, Trusts
_____ HSA, MSA Forms 1099-SA and 5498-SA
_____ Original "VOID" check for direct deposit of refund
_____ Copy of any statement or information of which you are unsure

Payment Information

_____ **Check / Money Order** (please enclose the same fee you paid last year, any add'l fees will be billed.)

_____ **Credit/Debit Card** (your card will not be charged until we call you with final results)

select one: Visa MasterCard Discover Security Code: _____

Card No. _____ Exp Date ____/____ Zip code _____

Name on Card _____ Signature _____

Income

Interest Income - List only items not included on enclosed 1099 forms.

Enclose 1099 interest statements

Name of Payer:	Taxpayer	Spouse	Joint
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dividend Income - List only items not included on enclosed 1099 forms.

Enclose 1099 dividend statements

Name of Payer:	Taxpayer	Spouse	Joint
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Partnership, Trust & Estate Income - List only items not included on enclosed K-1 forms.

Enclose K-1 statements

Name of Entity:	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Capital Gains & Losses

Enclose 1099-B and broker statements reflecting purchases and sales. **While not always listed on the 1099-B, purchase date and price (cost basis) must be provided.** List sales below only for which no 1099-B is provided.

Description & Quantity	Date Acquired	Date Sold	Sales Price (net of commissions)	Aquisition Price (plus commissions)
	/ /	/ / 2021	\$	\$
	/ /	/ / 2021	\$	\$
	/ /	/ / 2021	\$	\$
	/ /	/ / 2021	\$	\$
	/ /	/ / 2021	\$	\$
	/ /	/ / 2021	\$	\$
	/ /	/ / 2021	\$	\$
	/ /	/ / 2021	\$	\$
	/ /	/ / 2021	\$	\$
	/ /	/ / 2021	\$	\$

Income (continued)

Retirement Income, IRA Distributions & Rollovers

2021 Distributions & Rollovers - Enclose Form 1099-

	<i>R</i> Taxpayer	Spouse
Annuity	\$ _____	\$ _____
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Self-employed retirement	\$ _____	\$ _____
Pension Payments	\$ _____	\$ _____

Social Security Benefits

Enclose SSA statement(s)

Taxpayer amount: \$ _____

Spouse amount: \$ _____

Other Income

List all other income (i.e. Alimony, Unemployment compensation, Royalties, Rental of land and property for agricultural purposes and any miscellaneous income such as cancellation of debt, prizes, jury duty pay, etc.) Enclose statements and forms if applicable.

Name of Payer:	Taxpayer	Spouse	Joint
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gambling Winnings & Losses

Enclose W-2G

Amount of winnings \$ _____ Amount of losses for which you have documentation \$ _____

Estimated Tax Payments

Enter only the payments to be applied to the current tax year, including those made in January 2021.

Federal		State		Local	
Date paid	Amount paid	Date paid	Amount paid	Date paid	Amount paid
/ /	\$ _____	/ /	\$ _____	/ /	\$ _____
/ /	\$ _____	/ /	\$ _____	/ /	\$ _____
/ /	\$ _____	/ /	\$ _____	/ /	\$ _____
/ /	\$ _____	/ /	\$ _____	/ /	\$ _____

Name of State: _____ Name of Locality: _____

State/local income tax balance due for previous years paid in 2021: \$ _____

State/local estimated payment for 2021, due Jan. 15, 2022, paid on or after Jan. 1, 2022: \$ _____

Small Business Worksheet

Name of Business:		Type of Business:	
Taxpayer Name:		Business Code: E IN:	
Date operations began: / /		Date your business closed (if applicable): / /	
Gross Income (provide all 1099's)	\$	Returns and Refunds	\$
Cost of Inventory at Beginning of Year	\$	Cost of Inventory Purchased	\$
Cost of Inventory Withdrawn for Personal Use	\$	Cost of Inventory at End of Year	\$
Advertising	\$	Taxes & Licenses	\$
Contract Labor	\$	Travel (airfare, lodging, tolls, parking, etc.)	\$
Insurance (other than health)	\$	Meals & Entertainment	\$
Interest-Mortgage (Commercial building)	\$	Utilities (other than home)	\$
Interest-Other	\$	Wages Paid	\$
Legal & Professional Services	\$	Go r nq { gg'J gcnj 'Kpwtcpeg'Rckf	\$
Office Supplies	\$	Dues & Publications	\$
Rent or Lease	\$	Postage	\$
Repairs & Maintenance (other than home)	\$	Telephone	\$
Supplies	\$	Internet	\$

Vehicle Expense

Type & Year of Vehicle:	Is this evidence written?	Yes or No
Date First Used for Business: / /	Number of Miles Driven for Business	mi.
Do you have another car for personal use? Yes or No	Number of Miles Driven for Personal	mi.
Do you have evidence to support the deduction? Yes or No	Number of Miles Driven for Commuting	mi.

Home Office

Square Footage of Home	Cost of Utilities Except Water per Month	\$
Square Footage of Space/Room Used	Amount of Rent Paid per Month	\$
Cost of Home	Insurance – Homeowners/Renters	\$
Number of Months Office was in Home	Other - Specify	\$

List Equipment Purchased in 2021	Date Purchased	Placed in Service	Cost
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
<i>If we prepare your business personal property tax return, please attach a list of property retired in 2021.</i>	/ /	/ /	\$
	/ /	/ /	\$

First-Year Startup & Organizational Expenses Paid

Payee	Date Paid	Purpose	Cost
	/ /		\$
	/ /		\$
	/ /		\$
	/ /		\$

Small Business Comments and Other Expenses:

Did you make any payments that require you to file Form(s) 1099? Yes No

Rental Real Estate & Royalties

Enter the total amount for the year

	Property 1	Property 2	Property 3
Type of property (house, condo, etc.)			
Date placed in service	/ /	/ /	/ /
# of days used for personal (if any)			
Address of property			

Income

Rents received	\$	\$	\$
Royalties received	\$	\$	\$

Expenses

Advertising	\$	\$	\$
Auto and travel	\$	\$	\$
Cleaning and maintenance	\$	\$	\$
Commissions	\$	\$	\$
Insurance	\$	\$	\$
Legal, professional fees	\$	\$	\$
Management fees	\$	\$	\$
Mortgage interest	\$	\$	\$
Other interest	\$	\$	\$
Repairs & Maintenance	\$	\$	\$
Supplies	\$	\$	\$
Taxes	\$	\$	\$
Telephone	\$	\$	\$
Utilities	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Other _____	\$	\$	\$
Did you make any payments that require filing Form(s) 1099?	Yes No	Yes No	Yes No
Did you actively participate in management of the property?	Yes No	Yes No	Yes No

Major Improvements

Do not include maintenance or repair expenses

Date and description	Property 1	Property 2	Property 3
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Sale of property

Enclose your settlement statement for both the purchase and sale of the property

Moving Expenses

Job related relocation of your primary residence

Date of move: ____/____/____ Distance from old to new home _____ miles

Cost to move household goods \$ _____ Storage costs (up to 30 days) \$ _____

Travel and lodging expense* \$ _____ Shipping expense \$ _____

Employer reimbursements \$ _____

*Enter amount for one trip per family member.

Health Savings Account

Contributions for 2021 can be made through April 15th 2022. Enclose Forms 1099-SA and 5498-SA

2021 Contributions \$ _____ 2021 Qualified H.S.A. medical expenses \$ _____

High Deductible Plan for Family _____ or Self _____ ?

Individual & Self-Employed Retirement Account Contributions

2021 Contributions already made:

	Taxpayer	Spouse
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Self-employed retirement	\$ _____	\$ _____

Education Savings & Expenses

Education Savings Account Contributions:

2021 contributions may be deductible on your state return - Please include your account. # _____

To a State College Savings 529 Plan \$ _____ Beneficiary: _____ State: _____

To a State Prepaid Tuition Program \$ _____ Beneficiary: _____ State: _____

To a State Higher Education Trust/Fund \$ _____ Beneficiary: _____ State: _____

To a Coverdell Education Savings Plan \$ _____ Beneficiary: _____ State: _____

Tuition & Fees and Student Loan Interest

Enclose 1098E and 1098T statements. \$ totals listed should be for the calendar year 2021.

Student name _____

School name _____

Tuition, fees & course materials \$ _____ \$ _____ \$ _____

Room and Board \$ _____ \$ _____ \$ _____

Education savings withdrawals \$ _____ \$ _____ \$ _____

Was student at least halftime? Yes No Yes No Yes No

Year in college 1 2 3 4+ 1 2 3 4+ 1 2 3 4+

Other Adjustments

	Taxpayer	Spouse
Interest paid on student loans	\$ _____	\$ _____
Penalty on early withdrawal of savings	\$ _____	\$ _____
Educator expenses	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Medical Expenses

Only list amounts **not** paid from H.S.A. funds, F.S.A.'s or reimbursed by insurance. Include out-of-pocket expenses for:

Insurance premiums (Not Pre-tax)	\$ _____	Prescription drugs	\$ _____
Cobra premiums	\$ _____	Physician/Dentist/Chiropractor	\$ _____
Co-pays	\$ _____	Psychotherapy/Counseling	\$ _____
Long-term care insurance-Taxpayer	\$ _____	Contacts/Glasses/Lasik	\$ _____
Long-term care insurance-Spouse	\$ _____	Hospital & Lab Fees	\$ _____
Number of medical travel miles _____		Other _____	\$ _____

Taxes & Interest Paid

State & Local taxes

If you itemize your deductions, you may deduct the greater of state income tax or state sales tax paid. If you know the amount of state sales tax paid, enter that amount below. (Keep your receipts) If not, your deductible amount can be calculated using the IRS tables.

Sales tax paid on the purchase of a car, boat, aircraft, motor home, or home building materials	\$ _____
Sales tax paid on all other items purchased during 2021 (with proper documentation)	\$ _____

Property taxes

Enclose 1098 statements and any closing statements for purchase, sale or refinancing of your home. Include taxes paid on primary residence and vacation/other home, if applicable.

Real estate taxes - Primary Residence	\$ _____
Real estate taxes - All Other Real Estate	\$ _____
Personal property taxes (Auto Excise or Wheel Tax, based on value - do not include plate fee)	\$ _____

Interest

Enclose 1098 statements and any closing statements for purchase, sale or refinancing of your home. Include interest paid on primary residence and vacation/other home, if applicable.

Home mortgage interest	\$ _____
Points paid on purchase	\$ _____
Home equity interest (Home equity loan balance: \$ _____)	\$ _____
Investment interest expense (taxable securities only)	\$ _____
Qualified mortgage insurance premiums paid (P.M.I.)	\$ _____

Charitable Contributions - All cash donations require either a bank record or written receipt from the charity. Single contributions of \$250 or more require written acknowledgement stating that no goods or services were exchanged for your donation. This statement MUST be kept with your tax return.

Cash contributions

Church	\$ _____	College/University: _____	\$ _____
Official charities	\$ _____	Other: _____	\$ _____
Airline charity	\$ _____	Number of charity travel miles _____	

Non-cash contributions (used items must be in good condition)

	Date of donation	Original cost	Fair value
Name of Org. #1: _____	____/____/____	\$ _____	\$ _____
Name of Org. #2: _____	____/____/____	\$ _____	\$ _____
Name of Org. #3: _____	____/____/____	\$ _____	\$ _____

Items donated to Org. #1: _____
 Items donated to Org. #2: _____
 Items donated to Org. #3: _____

Vehicle Donation

Name of Org. _____ Date of donation: ____/____/____

Please send Form 1098C from the charity indicating the proceeds from vehicle sale. (**Required by IRS**)

Original purchase date: ____/____/____ Year, Make & Model of vehicle: _____, _____, _____

Child & Dependent Care Expenses

We must have all of the following:

Child's Name	Name of provider	Address of provider	SSN or EIN of provider	Amount paid
_____	_____	_____	- - -	\$ _____
_____	_____	_____	- - -	\$ _____

Casualty & Theft Losses

Enclose insurance statements and reports

Description of property:	Reason for loss or damage:	Date of loss:	Value prior to loss or damage:	Value after loss or damage:
_____	_____	/ /	\$ _____	\$ _____
_____	_____	/ /	\$ _____	\$ _____

Employee Expenses (Non-Airline)

Pilot clients: please use the "Pilot Professional Deductions" attached.

Amount Reimbursed: \$ _____	Employer name(s): _____
Professional and Union dues \$ _____	Travel \$ _____
Business publications \$ _____	Meals and entertainment \$ _____
Tools and supplies \$ _____	Job-related education \$ _____
Uniforms \$ _____	Job-related phone calls \$ _____
Other _____ \$ _____	Other _____ \$ _____
Employee vehicle (non-commuting): _____ miles	Actual vehicle expense: \$ _____

Home Office - Must be required by your employer

Square footage of home _____ sq.ft.	Amount paid for utilities \$ _____
Square footage of home office _____ sq.ft.	Amount of rent paid \$ _____
Purchase price of home \$ _____	Insurance - Homeowners/Renters \$ _____
Value of the land \$ _____	Repairs/Maintenance \$ _____
Months used for work _____	Other _____ \$ _____

Miscellaneous Expenses

Tax preparation expense \$ _____	Tax prep. books/software \$ _____
Tax prep. mailing expense \$ _____	Other _____ \$ _____
Investment fees and expenses \$ _____	Other _____ \$ _____
Safe deposit box rental \$ _____	Other _____ \$ _____

Renters Credits/Deductions for IN, MA, MI, MN, NJ, WI, CA

Landlord's Name : _____ Landlord's Address: _____

of months rented: _____ Total rent paid in 2021:\$ _____ Are utilities included in rent? Yes No

Apartment address: _____

NJ - Do you have roommates? If yes, list names & SSN's: _____

NJ - Your portion of the monthly rent:\$ _____ Roommates portion of the monthly rent:\$ _____

K-12 Education Credits for AZ, IL, IA & MN

Name of Student	Grade	Qualified Expenses	School Name	Address, State, Zip

AZ - Only fees or donations to a public or charter school located in Arizona, for extracurricular activities or character education programs qualify.
IL - Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify. (must be over \$250)
IA - Fees for tuition and textbooks to an Iowa accredited school. Extracurricular materials for sporting events, musical & dramatic events, social events, and drivers education also apply.
MN - Tuition & fees paid to public or private schools. Other supplies, including up to \$400 of computer-related expenses, also qualify.

Other State/Local Information

Do you want us to prepare your local (city or county) tax return? Yes No (If yes, provide tax form)

Find your state of residence for applicable items!

CA - Donations of fresh produce: Date: ___/___/___ Qty: ___ County: _____ \$ _____

CA - Are you a registered domestic (same sex) partner? (must file a MFJ or MFS state return.) Yes or No

CT - Amount of taxable interest earned on Connecticut Homecare Option Program for the Elderly. \$ _____

CT - Amount and date of property tax paid on primary residence and automobiles:
 Home Street address: _____ Date paid: ___/___/___ \$ _____
 Auto 1 Year, make & model: _____, _____, _____ Date paid: ___/___/___ \$ _____
 Auto 2 Year, make & model: _____, _____, _____ Date paid: ___/___/___ \$ _____

DC - Amount spent by public school teachers on class supplies or continuing ed in 2021? \$ _____

DC - Are you a registered domestic (same sex) partner? (must file a MFJ or MFS state return.) Yes or No

DE - Cost of clothing and other expenses incurred for active volunteer firefighter service. \$ _____

HI - Cost of child passenger restraint system(s). (attach a copy of the invoice) \$ _____

HI - Cost of renewable energy technology systems installed in 2021. \$ _____

ID - Cost of energy efficient upgrades to your primary residence, if built before 2002. \$ _____

IL - Property Index Number of your primary residence: _____

IN - Cost of new insulation* installed in primary residence during 2021 Date home was built: ___/___/___

*Includes insulation, weather stripping, double pane windows, storm doors, storm windows & labor - **Enclose receipts.**

-Cost of tuition, fees, or textbooks for children enrolled in K-12 private school or homeschooled \$ _____

MA - Please provide the following information if you were enrolled in a health insurance plan:

Taxpayer: Name of insurance company _____ Federal ID # ___-___-___ Subscriber # _____

Spouse: Name of insurance company _____ Federal ID # ___-___-___ Subscriber # _____

MI - Provide the Property Tax Statement showing the 2021 taxable value of your home. \$ _____

MN - Provide the Statement of Property Taxes Payable in 2022. You should receive this statement in March.

MT - Amount spent on alternative energy/conservation systems. Date placed in service ___/___/___ \$ _____

MT - Contributions to First-time Homebuyers savings account. \$ _____

NJ - Are you a civil union (same sex) partner? (must file a MFJ or MFS state return.) Yes or No

NY - Were you an active volunteer firefighter or ambulance worker for all of 2021? Yes or No

Name of volunteer: _____ Fire/ambulance dept. & address: _____

NY - Amount spent on qualified solar energy system equipment. Date placed in service: ___/___/___ \$ _____

NC - Were you an active volunteer firefighter or rescue squad worker for all of 2021? Yes or No

OH - Local Return(s) you want prepared by us: _____

OH - School District Return(s) you want prepared by us: _____

PA - Local Return(s) you want prepared by us: _____

SC - Amount spent on qualified solar energy system equipment. Date placed in service: ___/___/___ \$ _____

UT - Are you a stay-at-home parent providing full-time care of a dependent child? Yes or No

UT - Did you purchase (or convert) a vehicle that uses propane, natural gas, or electricity? Yes or No

UT - Cost of renewable residential energy systems. Date placed in service: ___/___/___ \$ _____

VA - Sales tax paid on energy efficient appliances/equipment. Date placed in service: ___/___/___ \$ _____