# 2021 Tax Organizer Personal Information

Persona	al Infor	mation							
		Name			s	SN	Has IP PIN	Dat	e of birth
Taxpayer									
Spouse									
Name of pe	erson to w	hom all information should be addressed, if not th	ne taxpayer						
Street add	dress, cit	y, state, and ZIP							
		Occupation		Daytime phone	Evening	phone		Cell p	hone
Taxpayer									
Spouse									
Taxpayer	email								
Spouse er	mail								
Yes No	ied filing  o  Are yo  Are yo  Are yo  O  O  O  O  O  O  O  O  O  O  O  O  O	Married	go to the Presiden xchange, or otherw student, at the end o the IRS? student, at the end ir earned income in ned income.	tial Election Campaign Furise dispose of any financion of 2021, were you in foster of 2021, were you homeled 2019?	nd? al interest in er care on or	any virtual after turnir	currenc	ars	
Taxpayer'	' <b>s type o</b> 'er's licer	f photo ID		Spouse's type of photo I Driver's license Photo ID number	St	ate-issued	•		
State photo ID was issued State photo ID was issued									
Date photo ID was issued Date photo ID was issued									
		ires		Date photo ID expires					
Accoun	t Infor	mation for Deposits and Withdrav	vals						
		Name of bank	Bank	Bank	Type of a	iccount	+		count for
			routing number	account number	Checking	Savings	Depo	osits	Withdrawals
				+					
Appoint	tment l	nformation							
Your 2021	appoint	ment is scheduled for							

lame:  Dependent Information		-		formatio	on			
Dependent Information							SSN	:
First and last name SSN		Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses
If "Yes," enter the amount red Taxpayer Spouse	vance payments of the amount each taxpelived as shown on li	payer received a RS Letter 6419, joint return with	and the number of cl , box 2. Or, provide l	nildren takei ∟etter 6419	n into account to of from the IRS.	determine	ouse this	year? Amount Paid
Estimates							·	
	Federa Date paid	al Amount	Res Date paid	ident State	mount	F Date paid	Resident	City Amount
verpayment applied om 2020								
irst quarter			_					
econd quarter								
_								
hird quarter			_					
hird quarter  ourth quarter			_					

## 2021 **Healthcare Coverage Questionnaire** Name: SSN: **Healthcare Information** Member of household Covered Covered less No healthcare for healthcare purposes the entire year than 12 months coverage at all YES NO П Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above? Did you pay for healthcare coverage for anyone not listed above? If you had coverage for any part of the year: Where was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other If you didn't have coverage part or all of the year: Answer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2021? П Was coverage offered by your employer or your spouse's employer? П Are you a member of a federally recognized Indian tribe? П Are you eligible for services through an Indian healthcare provider? П Are you a member of a healthcare sharing ministry? Did you live in the United States the entire year? П Are you enrolled in TRICARE? П Did you apply for CHIP coverage? П Do any of the following apply to you? Do NOT indicate which one. Became homeless • Evicted in the past six months, or facing eviction or foreclosure · Received a shut-off notice from a utility company • Recently experienced domestic violence · Recently experienced the death of a close family member Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property Filed for bankruptcy in the last six months

Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt

Experienced unexpected increases in essential expenses due to caring for an

ill, disabled, or aging family member

Income	
Name: SSN	:
Wages & Salaries Provide all copies of Form W-2	
Provide all copies of Form W-2  Employer name	2021 federal wages
Retirement Provide all copies of Form 1099-R	
Payer name	2021 distribution
Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contribution.  Yes No Did you use any of the distributions for disaster or coronavirus relief?	ns?

Income	
Name: SSN	:
Form 1099-MISC Income	
Provide all copies of Form 1099-MISC	
Payer name	2021 amount
- Ligot Hamile	
Form 1099-NEC Income	
Provide all copies of Form 1099-NEC	
	2021
Payer name	amount

Income		
Name:	SSN:	
Dividend Income		
Provide all copies of Form 1099-DIV & other statements that report dividend income.  Account number	2021 ordinary	2021 qualified
Payer name	dividends	dividends
Interest Income		
Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income.		
Account number Payer name		2021 interest
If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and addre	ess	

# 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
	purchaseu	Solu	price	0031
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

Amount	2021 Taxpayer Spouse Scholarships or grants not reported on Form Wr-2 Scholarships or grants not reported on Form Wr-2 Scholarships or grants not reported on Form Wr-2 Scholar Security Benefits (attach Forms 1099-SSA)  Railroad Retirement Benefits (attach Forms 1099-RRB)  Railroad Retirement Benefits (attach Forms 1099-RRB)  Railroad Retirement Benefits (attach Forms 1099-RRB)  Railroad Ratach Forms 1099-RRB)  Railroad Ratach Forms 1099-RRB  Amount	cholarships or grants not reported on Form W-2  ocial Security Benefits (attach Forms 1099-SSA)  allroad Retirement Benefits (attach Forms 1099-RRB)  tate income tax refund (attach Forms 1099-G)  limony received  Divorce or separation date  Amount  nemployment compensation (attach Forms 1099-G)  nemployment compensation repaid in 2021  ambiling winnings (attach Forms W2-G)  laska Permanent Fund  ury duty pay  BLE distributions  ther income:  dijustments  ducator expenses (If you are an educator, enter the amount you paid for classroom supplies)  ontributions made to a Self-Employed Pension plan (SEP)  ayments made for Self-Employed Health Insurance for you, your spouse, or dependents  limony paid	cholarships or grants not reported on Form W-2  ocial Security Benefits (attach Forms 1099-SSA)  allroad Retirement Benefits (attach Forms 1099-RRB)  tate income tax refund (attach Forms 1099-G)  limony received  Divorce or separation date  Amount  nemployment compensation (attach Forms 1099-G)  nemployment compensation repaid in 2021  ambiling winnings (attach Forms W2-G)  laska Permanent Fund  ary duty pay  BLE distributions  ther income:  dijustments  dijustments  dijustments  ducator expenses (If you are an educator, enter the amount you paid for classroom supplies)  ontributions made to a Self-Employed Pension plan (SEP)  ayyments made for Self-Employed Health Insurance for you, your spouse, or dependents  limony paid	cholarships or grants not reported on Form W-2  ocial Security Benefits (attach Forms 1099-SSA)  allroad Retirement Benefits (attach Forms 1099-RRB)  tate income tax refund (attach Forms 1099-G)  limony received  Divorce or separation date  Amount  nemployment compensation (attach Forms 1099-G)  nemployment compensation repaid in 2021  ambling winnings (attach Forms W2-G)  laska Permanent Fund  ary duty pay  BLE distributions  ther income:  dijustments  dijustments  dijustments  ago 2021  Taxpayer  2021  Taxpayer  2021  Taxpayer  2021  Taxpayer  2021  Spouse  ducator expenses (If you are an educator, enter the amount you paid for classroom supplies)  ontributions made to a Health Savings Account (HSA)  ontributions made to a Self-Employed Pension plan (SEP)  ayyments made for Self-Employed Health Insurance for you, your spouse, or dependents  limony paid	Scholarships or grants not reported on Form W-2 Social Security Benefits (attach Forms 1099-SSA) Salarioad Retirement Benefits (attach Forms 1099-RRB) State income tax refund (attach Forms 1099-GN) Nimony received Divorce or separation date Amount Jnemployment compensation (attach Forms 1099-G) Jnemployment compensation repaid in 2021 Jambling winnings (attach Forms W2-G) Jakaska Permanent Fund Jury duty pay July duty pay July duty pay ABLE distributions Jother income:  Seducator expenses (If you are an educator, enter the amount you paid for classroom supplies)  Contributions made to a Health Savings Account (HSA) Payments made for Self-Employed Pension plan (SEP) Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Name SSN Divorce or separation date SSN Divorce or separation date Contributions made to an Individual Retirement Account (IRA) Contributions made to a Roth IRA	Alimony received  Divorce or separation date Amount  Unemployment compensation (attach Forms 1099-G)  Unemployment compensation repaid in 2021  Gambling winnings (attach Forms W2-G)
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2021 2021 Taxpayer Spouse	SSN Divorce or separation date	SSN Divorce or separation date	SSN Diverse or constraint date	OOU DI COLO COLO COLO COLO COLO COLO COLO COL	SSN Divorce or separation date  Contributions made to an Individual Retirement Account (IRA)	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)		Bivorde of department date	DIVOICE OF SEDARATION DATE	SSN Divorce or separation date	SSN Divorce or separation date  Contributions made to an Individual Retirement Account (IRA)	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)		· · · · · · · · · · · · · · · · · · ·	Divorce of separation date	SSN Divorce or separation date	Contributions made to an Individual Retirement Account (IRA)	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)	Name	Name			Contributions made to a Roth IRA · · · · · · · · · · · · · · · · · · ·	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)			Name	Name		Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)	SSN Divorce or separation date	SSN Divorce or separation date	Name SSN Divorce or separation date	Name SSN Divorce or separation date		contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)	SSN Divorce or separation date	SSN Divorce or separation date	Name SSN Divorce or separation date	Name SSN Divorce or separation date		Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)	SSN Divorce or separation date	SSN Divorce or separation date	Name SSN Divorce or separation date	Name SSN Divorce or separation date		contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Taxpayer Spouse sroom supplies)	Name	Name			ontributions made to a Roth IRA · · · · · · · · · · · · · · · · · · ·	ontributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Taxpayer Spouse sroom supplies)		·			ontributions made to an Individual Retirement Account (IRA)	ontributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)			Divorce of separation date	SSN Divorce or separation date	SSN Divorce or separation date	contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)	SSN Divorce or separation date	55N Divorce or separation date	Liverse or concretion date		SSN Divorce or separation date  Contributions made to an Individual Retirement Account (IRA)	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)	SSN Divorce or separation date	SSN Divorce or separation date	CCN Diverse or congretion date	00N	SSN Divorce or separation date  Contributions made to an Individual Retirement Account (IRA)	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)	Divorce or separation date	55IV Divorce or separation date	Name of the state		SSN Divorce or separation date  Contributions made to an Individual Retirement Account (IRA)	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Taxpayer Spouse scroom supplies)	Divorce of separation date	Divorce of separation date		CCN Divorce or congretion date	SSN Divorce or separation date	contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)	Divorce or separation date	SSN Divorce or separation date	Liveree or concretion date		SSN Divorce or separation date  Contributions made to an Individual Retirement Account (IRA)	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Taxpayer Spouse scroom supplies)	Divorce or separation date	Divorce or separation date		C'C'RI	SSN Divorce or separation date  Contributions made to an Individual Retirement Account (IRA)	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Taxpayer Spouse	SSN Divorce or separation date				SSN Divorce or separation date	ontributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse seroom supplies)	Divote di separation date	Divolce of Separation date	O TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOU	SSN Divorce or separation date	SSN Divorce or separation date	ontributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)		·	Divorce of separation date	SSN Divorce or separation date	ontributions made to an Individual Retirement Account (IRA)	ontributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Taxpayer Spouse scroom supplies)	Name	Name			ontributions made to a Roth IRA · · · · · · · · · · · · · · · · · · ·	ontributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)			Name	Name	Contributions made to a Roth IRA · · · · · · · · · · · · · · · · · · ·	Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse ssroom supplies)	SSN Divorce or separation date	SSN Divorce or separation date	Name SSN Divorce or separation date	Name SSN Divorce or separation date		ontributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·
2021 2021 Spouse seroom supplies)	SSN Divorce or separation date Contributions made to an Individual Retirement Account (IRA)	SSN Divorce or separation date ontributions made to an Individual Retirement Account (IRA)	Name SSN Divorce or separation date ontributions made to an Individual Retirement Account (IRA)	Name SSN Divorce or separation date ontributions made to an Individual Retirement Account (IRA)	nterest paid on a student loan · · · · · · · · · · · · · · · · · · ·	Contributions made to a Health Savings Account (HSA)
2021 2021 Spouse seroom supplies)	SSN Divorce or separation date  Contributions made to an Individual Retirement Account (IRA)	SSN Divorce or separation date ontributions made to an Individual Retirement Account (IRA)	Name SSN Divorce or separation date ontributions made to an Individual Retirement Account (IRA)	Name SSN Divorce or separation date ontributions made to an Individual Retirement Account (IRA)		Contributions made to a Health Savings Account (HSA)
2021 Z021 Spouse seroom supplies)	SSN Divorce or separation date  Contributions made to an Individual Retirement Account (IRA)	SSN Divorce or separation date	Name SSN Divorce or separation date ontributions made to an Individual Retirement Account (IRA)	Name SSN Divorce or separation date ontributions made to an Individual Retirement Account (IRA)		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

#### Schedule C - Profit or Loss from Business Name: SSN: **General Business Information** Business name Employer ID number Professional product or service Business address, city, state, ZIP Accrual Other (specify) Accounting Method: Cash This business was disposed of during 2021. This business started or was acquired during 2021. Select if this business is for: Professional gambler **Exempt Notary income** Newspaper delivery and you are under 18 years of age 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 **Expenses** 2021 2021 Advertising Car & truck expenses Commissions & fees ..... Taxes & licenses . . . . . Family health coverage payments for taxpayer, spouse or dependents Rent or lease (vehicles, machinery, & equipment) Rent (other business property) **Cost of Goods Sold** 2021 2021 Inventory at beginning of year Purchases Other costs Inventory at end of year There was a change in inventory method. Cost of labor

### Schedule E - Income or Loss from Rental Real Estate & Royalties SSN: Name: **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. Payments of \$600 or more were paid to an individual who is This property is your main home or second home. Yes No not your employee for services provided for this rental. This property was disposed of during 2021. Yes No You filed Forms 1099 for the individuals This property was owned as a qualified joint venture. Income 2021 2021 Royalties from oil, gas, **Expenses** Rental unit Rental and homeowner expenses expenses If this Schedule E is for a Advertising a multi-unit dwelling and you Auto & travel lived in one unit and rented out the other units, use the Cleaning & maintenance "Rental and homeowner Commissions expenses" column to show expenses that apply to the entire property. Use the "Rental unit Legal & professional fees expenses" column to show expenses that pertain ONLY to Management fees the rental portion of the property. Mortgage interest Other interest 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. Other expenses

## **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? ☐ If "Yes," is the evidence written? Was another vehicle is available for personal use? Mileage Number of miles the vehicle was driven during 2021 **Expenses** Other expenses Interest ...... **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 Office expenses **Expenses** Home expenses Mortgage interest In the "Office expenses" column, enter those expenses that Real estate taxes pertain exclusively to your office; Excess mortgage interest 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 employee	s?
	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?	2024
T. L. L L		2021
	rages subject to Social Security tax	
	ages subject to Medicare tax · · · · · · · · · · · · · · · · · · ·	
	rages subject to Additional Medicare tax withholding	
	ome tax withheld	
	k leave wages	
	nily leave wages	
Qualified he	alth 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 employee 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?	s? <b>2021</b>
Total cash v	rages subject to Social Security tax     .   .   .   .   .   .   .   .  .  .	
	/ages subject to Medicare tax · · · · · · · · · · · · · · · · · · ·	
	rages subject to Additional Medicare tax withholding	
	ome tax withheld	
	k leave wages	
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	alth plan expenses · · · · · · · · · · · · · · · · · ·	
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## **Schedule A - Itemized Deductions**

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	Donations to charity Cash Noncash Amount
Long-term care premiums (you) · · · · · · · · · · · · · · · · · · ·	Church
Long-term care premiums (your spouse) · · · · · · ·	Boy or Girl Scouts
Long-term care premiums (dependents)	Goodwill
Mileage driven for medical purposes	Red Cross
Medical & dental expenses	Salvation Army
Doctor, dental, etc	United Way
Prescription medicines	Veterans
Insulin · · · · · · · · · · · · · · · · · · ·	Hospital
Glasses & contacts	University
Hearing aids · · · · · · · · · · · · · · · · · · ·	Other
Braces	Miles driven for charitable purposes
Medical equipment & supplies	Other Miscellaneous Deductions
Hospital services	Amortizable bond premiums
Laboratory services	Federal estate tax
Nursing services	Gambling losses
Other	Impairment-related work expenses
Taxes Paid	Claim repayments
State and local income taxes	Unrecovered pension investments
General sales tax (vehicle, boat, home, etc.)	Loss from other activities from Schedule K-1
Real estate taxes	Ordinary loss debt instrument
	Excess deduction on termination
Personal property taxes	Job Expenses & Certain Miscellaneous Deductions
Other taxes (list)	Necessary job expenses you paid that were not reimbursed by your employer
	Safety equipment, tools, & supplies
Interest Paid	Uniforms
Home mortgage interest paid (attach Form 1098)	Protective clothing (shoes, hardhats, glasses, etc.)
Some of your home mortgage loan was not	Dues to professional organizations
☐ used to buy, build, or improve your home.  Home mortgage interest paid to an individual	Books & subscriptions
Paid to:	Other
Name	Union dues
Address	Tax preparation fees
City, State, ZIP	Other nonpersonal expenses related to taxable income
SSN or EIN	Safe deposit box fees
Home mortgage insurance premiums	Investment expenses not entered elsewhere
Investment interest	Other
	Home equity interest · · · · · · · · · · · ·

## Other Information SSN: Name: **Mortgage Interest** Provide all copies of Form 1098 Mortgage Mortgage interest insurance Real estate Lender's name received premiums taxes paid **Employee Business Expenses** You are a qualified performing artist You are a member of the clergy You are a fee-based state or local government official You used your personal vehicle for your job during 2021 You are a disabled employee with impairment-related work expenses You are a reservist NOT reimbursed Reimbursed by your employer by your employer not included in box 1 of your W-2 Overnight business travel expenses (Do not include meals & entertainment) **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