

# Miller Dixon Drake 2021 - Client Tax Organizer

## Personal Information (Please indicate changes from prior year)

Name - Taxpayer 1	Name - Taxpayer 2 (spouse)																																
Social Security Number	Social Security Number																																
Address																																	
Email Address	Email Address																																
Contact Phone Number	Contact Phone Number																																
Date of Birth	Date of Birth																																
Occupation	Occupation																																
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## Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Disabled	FT Student	Mo @ Home	Dependent's Gross Income

## Banking Information

All refunds on federal and state returns will be directly deposited into your bank account.

All payments due on federal and state returns will be automatically deducted from your bank account on April 15th.

Same Bank Account As Last Year  Yes  No

ATTACH VOIDED CHECK HERE

(If bank account changed from prior year)

## VOLUNTARY IDENTITY VERIFICATION

Pennsylvania is accepting voluntary information this filing season in an effort to combat stolen-identity tax fraud. You may provide the information from your driver's license. Joint returns require both spouses information. This is completely voluntary.

	Taxpayer 1		Taxpayer 2
Driver's license number			
Issue date of license			
Expiration date of license			
State where license was Issued			

Please check the appropriate box. If yes, include all necessary details.

- Yes  No 1. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?
- Yes  No 2. Can you be claimed as a dependent by another taxpayer?
- Yes  No 3. Were there any changes in dependents from the prior year?
- Yes  No 4. Do you have any children (under age 19 or college students under age 24) with unearned income in excess of \$2,200?
- Yes  No 5. Did you maintain a home for someone not claimed as a dependent?
- Yes  No 6. Did you move during the year? If so, date moved? \_\_\_\_\_, 2021
- Yes  No 7. Did you cash in any US Savings bonds?
- Yes  No 8. Did you receive, sell, send, exchange or otherwise acquire financial interest in any virtual currency (ex: bitcoin)?
- Yes  No 9. Did you receive employer-provided education assistance?
- Yes  No 10. Did your college student receive education benefits?
- Yes  No 11. Did you, or will you, contribute to a Coverdell Education Savings Account this year?
- Yes  No 12. Did you receive a 1099Q for a distribution from a 529 plan?
- Yes  No 13. Did you receive a damage award for personal injury, sickness or discrimination?
- Yes  No 14. Did you take out a home equity loan or line of credit this year or refinance any property?
- Yes  No 15. If you had HSA distributions, were all of the distributions used to pay for qualified medical expenses?
- Yes  No 16. Did you have any debts cancelled, forgiven, or refinanced?
- Yes  No 17. Did you go through bankruptcy proceedings?
- Yes  No 18. If you worked for yourself, did you pay health insurance premiums for yourself and your family?
- Yes  No 19. Have you ever made a non-deductible IRA contribution?
- Yes  No 20. At any one time did you have a combined \$10,000 or more in foreign bank accounts?
- Yes  No 21. Did you make energy efficient improvements to your home this year? If yes, provide receipt & product rating.
- Yes  No 22. Did you engage in any bartering transactions or engage in the sharing economy?
- Yes  No 23. Did you make gifts of more than \$15,000 to any individual during this year?
- Yes  No 24. Are you active duty military?
- Yes  No 25. Do you have a household employee?
- Yes  No 26. If you have an overpayment on your federal or state return, would you like to have the overpayment applied to next year? (If you answer no, the overpayment will be refunded.)
- Yes  No 27. Did you convert an IRA to a ROTH IRA in 2021?
- Yes  No 28. Did you purchase health insurance through the Marketplace Exchange? If yes, provide form 1095-A.
- Yes  No 29. Did you make a Section 529 Plan Contribution? If so, please provide student's name and social security number.
- Yes  No 30. Did you receive unemployment compensation? If so, please provide 1099-G.
- Yes  No 31. Did you make any charitable contributions in 2021?
- Yes  No 32. Did you receive a Stimulus Payment in 2021? If so, how much did you receive \_\_\_\_\_ (received approx. March 2021)
- Yes  No 33. Do you have an IRS Identity Protection PIN Number? If so, please provide \_\_\_\_\_.
- Yes  No 34. Did you received the Advance Child Tax Credit? If so, please include the letter that shows how much was received in 2021.

# INCOME

## WAGES - PROVIDE W-2's

Number of W-2 Forms attached/enclosed \_\_\_\_\_

## SOCIAL SECURITY - PROVIDE SSA 1099

Number of 1099 Forms attached/enclosed \_\_\_\_\_

## RETIREMENT INCOME - PROVIDE 1099-R's

Number of 1099 Forms attached/enclosed \_\_\_\_\_

### Interest Income

Provide 1099-INT

Payer (Complete only if NO 1099-INT form)

Amount


### Dividend Income

Provide 1099-DIV

Payer (Complete only if NO 1099-DIV form)

Amount


### Capital Gains/Losses

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership Interest, Cryptocurrency

Provide 1099-B forms

Payer (Complete only if NO 1099-B form)

Name	Date Purchased	Date Sold	Proceeds	Basis

### Other Income

List All Other Income (including non-taxable) - provide documents

Income Type	Amount
Alimony Received	
Scholarship (Grants)	
Unemployment Compensation	
Prizes, Bonuses, Awards	
Gambling, Lottery (expenses _____ )	
Unreported Tips	
Director / Executor's Fee	
Commissions	

Income Type	Amount
Jury Duty	
Worker's Compensation	
Disability Income	
State Income Tax Refund	
Local Income Tax Refund	
Other:	
Other:	
Other:	

# ADJUSTMENTS TO INCOME & ITEMIZED DEDUCTIONS

## Other Deductions

Educator Expenses \_\_\_\_\_  
Health Savings Acct Contr \_\_\_\_\_  
Self-employed SEP/SIMPLE/etc \_\_\_\_\_  
Self-employed health insurance \_\_\_\_\_  
Student Loan Interest \_\_\_\_\_  
Tuition and fees \_\_\_\_\_  
Alimony Paid: \_\_\_\_\_  
Recipient's SSN \_\_\_\_\_

## Medical Dental Expenses

### Do Not Provide Documents

Medicare Insurance Premiums \_\_\_\_\_  
Other Med Insurance Premiums \_\_\_\_\_  
Long Term Care Insurance \_\_\_\_\_  
Doctor/Dentist/Hospital \_\_\_\_\_  
Prescription Drugs \_\_\_\_\_  
Nursing Care \_\_\_\_\_  
Non-prescription Med Supplies \_\_\_\_\_  
Other \_\_\_\_\_

\*(Do not list amounts that were reimbursed or paid with pre-tax dollars)

## Taxes Paid

### Please complete or enclose documents

Real Estate Tax - Residence \_\_\_\_\_  
Real Estate Tax - 2nd Home \_\_\_\_\_  
PA Unemployment Withholding \_\_\_\_\_  
Local Services Tax (LST) \_\_\_\_\_  
2020 PA Balance Due \_\_\_\_\_  
2020 Local Balance Due \_\_\_\_\_  
2020 PA Est Pymt (paid in Jan 2021) \_\_\_\_\_  
2020 Local Est Pymt (paid in Jan 2021) \_\_\_\_\_  
Sales Tax on a Vehicle \_\_\_\_\_

## Interest Expense

### Please complete or enclose documents

Mortgage interest paid #1 \_\_\_\_\_  
Mortgage interest paid #2 \_\_\_\_\_  
Mortgage interest paid #3 \_\_\_\_\_  
Investment Interest \_\_\_\_\_  
Mortgage insurance premiums \_\_\_\_\_

# CHARITABLE CONTRIBUTIONS

## CASH CHARITABLE CONTRIBUTIONS (Cash, check, credit card, etc.)

Please complete Option 1 or 2 - **NOT** both and Option 3, if applicable

OPTION 1 - Provide Total 2021 **Non-IRA** Contribution Amount

NONE

OPTION 2 - List Individual **NON-IRA** Contributions - we will total

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____

### FOR TAXPAYERS 70½ OR OLDER

OPTION 3 - List Charitable Contributions paid **DIRECTLY** from your **IRA**

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

### NON-CASH CHARITABLE CONTRIBUTIONS

Provide receipts if the **COMBINED TOTAL** of all non-cash contributions exceeds \$500

1	Goodwill	_____
2	Salvation Army	_____
3	_____	_____
4	_____	_____
5	_____	_____

# BUSINESS & RENTALS

## Business Income and Expenses

## Rental Real Estate

Business Name

Property Name/Location

**Income -**

Gross receipts/sales \_\_\_\_\_

Other Income \_\_\_\_\_

**Expenses -**

Advertising \_\_\_\_\_

Commissions \_\_\_\_\_

Contract Labor \_\_\_\_\_

Insurance \_\_\_\_\_

Interest \_\_\_\_\_

Legal/Prof Fees \_\_\_\_\_

Office Expense \_\_\_\_\_

Rent \_\_\_\_\_

Repairs/Maintenance \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes/Licenses \_\_\_\_\_

Travel \_\_\_\_\_

Meals/Entertainment \_\_\_\_\_

Utilities \_\_\_\_\_

Wages \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**Business Miles:**

Business \_\_\_\_\_

Commuting \_\_\_\_\_

Personal \_\_\_\_\_

**Total Miles** \_\_\_\_\_

Do you or your spouse have another vehicle available for personal use?  Yes  No

Was your vehicle available for personal use during off-duty hours?  Yes  No

Do you have evidence to support the deduction?  Yes  No

If yes, is the evidence written?  Yes  No

Inventory, at end of year \_\_\_\_\_

Purchases (less personal items) \_\_\_\_\_

**Income -**

Rents Received \_\_\_\_\_

**Expenses -**

Advertising \_\_\_\_\_

Auto /Travel \_\_\_\_\_

Cleaning/Maintenance \_\_\_\_\_

Commissions \_\_\_\_\_

Contract Labor \_\_\_\_\_

Insurance \_\_\_\_\_

Legal/Prof Fees \_\_\_\_\_

Management Fees \_\_\_\_\_

Interest \_\_\_\_\_

Rent \_\_\_\_\_

Repairs \_\_\_\_\_

Supplies \_\_\_\_\_

Utilities \_\_\_\_\_

**Taxes:**

Real Estate \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Rental Mileage \_\_\_\_\_

Did you use this property for personal use?  Yes  No

If so, how many days? \_\_\_\_\_

Partnership, S Corp, Trust, Estate Income

Provide K-1

List payers of partnership, limited partnership, S-corporation, trust, or estate income if K-1 is NOT available

Real Estate Sold or Purchases

Provide 1099-S and closing statements / settlement sheet

Property	Date Aquired	Cost & Improvements

\* Provide information on improvements, prior sales of home, and cost of a new residence.

Retirement Contributions

IRA, ROTH, Self Employment, Simple, Profit Sharing, etc.

Type of Plan	Date	Amount
Taxpayer:		
Spouse:		

529 Plan Contributions

Students Name	Social Security Number	State	Amount

Estimated Tax Paid

Date Paid	Federal	State	Local

Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. # or EIN	Amount Paid

\* Also complete this section if you receive dependent care benefits from your employer.

Education Expenses

\* Enclose all 1098-T Statements

Students Name	Type of Expense	Amount

**Employee Business Expenses**

\* For State and Local Deduction only

Are these expenses for the taxpayer or spouse? \_\_\_\_\_

Occupation in which expense incurred \_\_\_\_\_

Parking fees, tolls, and local transportation \_\_\_\_\_

Travel expenses while away from home overnight \_\_\_\_\_

Meals and entertainment expenses \_\_\_\_\_

Other \_\_\_\_\_

Reimbursement received \_\_\_\_\_

Union Dues \_\_\_\_\_

Office in the home (Sq. Feet):

a) Total Home \_\_\_\_\_

b) Office \_\_\_\_\_

**NOTE!** You are entitled to either actual expenses OR standard deduction rate of \$5/sq ft up to 300 sq. ft.

Insurance \_\_\_\_\_

Utilities \_\_\_\_\_

Maintenance \_\_\_\_\_

2021 W-2 job related miles (not to and from work) \_\_\_\_\_

**Questions, Comments & Other Information**