

General Information

Taxpayer

Spouse

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

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

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

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 Karoly Somogyi
 Firm's name A+ TAX
 Street 2306 Acton Street
 City Berkeley State CA Zip Code 94702

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 _____

Name _____

SSN _____

Questions

Yes No

<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"/>

Personal Information

- Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- Did you purchase or sell your principal residence or did your address change?
- Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2021?
- Were either you or your spouse in the military or National Guard?
- Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes No

<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"/>

Dependents

- Are there any changes in your dependents from last year?
- Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income?
- Did you pay education expenses for your dependent children?
- Did anyone in your family receive a scholarship of any kind during 2021?
- Did you pay any dependent care expenses for a child or a parent?
- Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- Are all of your dependents either US residents or citizens?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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Health Care Coverage

- Did you or a member of your family have minimum essential coverage in 2021? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes No

<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"/>
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<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"/>

Income (In 2021, did you or your spouse have any of the following?)

- Wages? (include form(s) W-2)
- Non-employee compensation? (include form(s) 1099-NEC)
- Miscellaneous Income? (include form(s) 1099-MISC)
- Interest income? (include form(s) 1099-INT)
- Dividend income? (include form(s) 1099-DIV)
- Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- Disability income? (include form(s) W-2 or 1099)
- Unemployment compensation? (include form(s) 1099-G)
- Alimony?
- Did you receive tip income NOT reported to your employer?
- Did you receive payments from a Long-Term Care insurance contract?
- Did you barter your services for goods or services from someone else?
- Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- Did you receive employer-provided adoption benefits for a previous year?
- Did you cash in any U.S. savings bonds?
- Did you make a loan to someone at an interest rate below market rate?
- Did you receive a housing allowance for ministerial services you provided?
- Did you receive any income not reported in this Organizer?
- Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Foreign Reporting

- Did you have an interest in or signature authority over a financial account in a foreign country?
- Were you the grantor of or transferor to a foreign trust?
- Did you receive income from a foreign source or pay taxes to a foreign government?

Yes No

<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Retirement & Other Plans

- Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- Did you rollover a retirement plan distribution into another plan?
- Did you convert a traditional IRA to a Roth IRA?
- Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- Did you make any contributions to an HSA (Health Savings Account) in 2021?
- Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?
- Did you receive an early distribution for a qualified birth or adoption distribution?

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				
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<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<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
<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					
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<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 _____

Foreign Employer Compensation & Pension

<input type="checkbox"/> "X" if spouse		Foreign employer's name	Employer Compensation	Gross Pension	Taxable Pension
<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				
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<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				
<input type="checkbox"/>	44				

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
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	14						
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	19						
	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
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	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
1							
2							
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42							
43							
44							

Name _____

SSN _____

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Ordinary Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Qualified Dividends Prior Year Amount	Capital Gains Current Year Amount	Capital Gains Prior Year Amount
	1						
	2						
	3						
	4						
	5						
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	8						
	9						
	10						
	11						
	12						
	13						
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	39						
	40						
	41						
	42						
	43						
	44						

Name _____

SSN _____

Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2021 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

- 1 Total qualified tuition and fees paid 1 _____
- 2 Nontaxable education benefits received 2 _____
- 3 Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2021 3 _____
- 4 Enter the face value of all post - 1989 series EE bonds cashed in 2021 4 _____
- 5 Enter the face value of all series I bonds cashed in 2021 5 _____

Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution

Eligible Educational Institution

	First Name	M I	Last Name
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

1	Name	_____
	Address	_____
	City, State, Zip	_____
2	Name	_____
	Address	_____
	City, State, Zip	_____
3	Name	_____
	Address	_____
	City, State, Zip	_____



Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	1	
<input type="checkbox"/>	2 _____	_____	2	
<input type="checkbox"/>	3 _____	_____	3	
<input type="checkbox"/>	4 _____	_____	4	
<input type="checkbox"/>	5 _____	_____	5	
<input type="checkbox"/>	6 _____	_____	6	
<input type="checkbox"/>	7 _____	_____	7	
<input type="checkbox"/>	8 _____	_____	8	
<input type="checkbox"/>	9 _____	_____	9	

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	_____	1	
<input type="checkbox"/>	2 _____	_____	_____	2	
<input type="checkbox"/>	3 _____	_____	_____	3	
<input type="checkbox"/>	4 _____	_____	_____	4	
<input type="checkbox"/>	5 _____	_____	_____	5	
<input type="checkbox"/>	6 _____	_____	_____	6	
<input type="checkbox"/>	7 _____	_____	_____	7	
<input type="checkbox"/>	8 _____	_____	_____	8	
<input type="checkbox"/>	9 _____	_____	_____	9	

Name _____

SSN _____

Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29	Advertising	29	
30	Contract labor	30	
31	Commissions and fees	31	
32	Depletion	32	
33	Employee benefit programs (other than on line 39)	33	
34	Insurance (other than health)	34	
Interest:			
35	Mortgage (paid to banks, etc.)	35	
36	Other	36	
37	Legal and professional services	37	
38	Office expense	38	
39	Pension and profit-sharing plans	39	
Rent or Lease:			
40	Machinery rental or lease	40	
41	Equipment rental or lease	41	
42	_____	42	
43	_____	43	
44	_____	44	
	Other business property rental or lease		
45	_____	45	
46	_____	46	
47	_____	47	
48	Repairs and maintenance	48	
49	Supplies (not included in inventory cost of goods sold)	49	
50	Taxes and licenses	50	
Travel and Meals:			
Travel			
51	_____	51	
52	_____	52	
53	_____	53	
54	_____	54	
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/> <input type="checkbox"/>
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	Utilities	60	
61	Wages	61	
Other Expenses:			
62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	
66	_____	66	
67	_____	67	
68	_____	68	
69	_____	69	
70	_____	70	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Excess real estate taxes 7
- 8 Insurance 8
- 9 Rent 9
- 10 Repairs and maintenance 10
- 11 Utilities 11
- 12 Other Expenses:

- a _____ 12a
- b _____ 12b
- c _____ 12c
- d _____ 12d
- e _____ 12e

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Business: _____

Additional expenses related to business portion only (Direct)

- 13 Casualty losses 13
- 14 Excess mortgage interest 14
- 15 Excess real estate taxes 15
- 16 Insurance 16
- 17 Rent 17
- 18 Repairs and maintenance 18
- 19 Utilities 19
- 20 Other Expenses:

- a _____ 20a
- b _____ 20b
- c _____ 20c
- d _____ 20d
- e _____ 20e

Current Year Amount	Prior Year Amount

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____

Address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8)	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
a If rental real estate, enter the percent of ownership if less than 100%		
b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13 a Qualified mortgage interest paid to banks, etc.		
b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17 a Real estate taxes		
b Other Taxes		
18 Utilities		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Entity Name

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____
43	_____

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

		Unreimbursed Partnership Exp. Current Year
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____
31	_____	_____
32	_____	_____
33	_____	_____
34	_____	_____
35	_____	_____
36	_____	_____
37	_____	_____
38	_____	_____
39	_____	_____
40	_____	_____
41	_____	_____
42	_____	_____
43	_____	_____

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Name _____

SSN _____

Miscellaneous Income

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Refund from state				
2	Unemployment compensation				
3	Prizes and awards				
4	Scholarships and fellowships				
5	Income from rental of personal property, if not in the business of renting such property				
6	Net operating loss carryover (negative no.)				
7	Canceled debts (1065 K-1)				
8	_____				
9	_____				
10	_____				
11	Other income not provided for in this Organizer				

Adjustments to Income

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Educator expenses				
2	Certain business expenses of reservists, performing artists, and fee-basis government officials				
3	Health Savings account deduction				
4	Moving expenses (members of armed forces)				
5	Self-employed SEP, SIMPLE, or other qualified plans				
6	Self-employed health insurance deduction				
7	Penalty on early withdrawal of savings				
8	Alimony paid				
9	IRA contribution				
10	Student loan interest deduction				
11	Tuition and fees (Total education expenses)				

Other Adjustments to Income

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Foreign housing deduction				
2	Jury duty pay given to your employer				
3	Reforestation amortization				
4	Repayment of sub-pay under the Trade Act of 1974				
5	Contributions to Section 501(c)(18)(D) pension plans				
6	Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions				
7	Expenses from the rental of personal property but were not in the business of renting such property				
8	Contributions by chaplains to section 403(b) plans				
9	Archer MSA deduction				
10	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income				
11	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money				
12	Excess deductions on termination of an estate/trust - Section 67(e) expenses				
13	_____				
14	_____				

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2021 1
- 2 Enter contributions, on line 1, made after 12/31/2021 and before 04/15/2022 2
- 3 Enter value of all traditional IRAs on 12/31/2021 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2022 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2021 5
- 6 Enter contributions, on line 5, made after 12/31/2021 and before 04/15/2022 6
- 7 Enter value of all traditional IRAs on 12/31/2021 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2022 8

Roth IRA Contributions

Filer

- 1 Enter 2021 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2021 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2021 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2021 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2021 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2021 2

--	--

Education (Coverdell ESA)

Filer

- 1 Enter 2021 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2021 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2021 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2021 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

Name _____

SSN _____

Medical and Dental - Itemized Deductions

	Current Year Amount	Prior Year Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

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

Name _____

SSN _____

Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
Real Estate Taxes			
23	Principal residence	23	
24	Real estate taxes from Schedule E properties	24	
Real Estate Not Held For Investment			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
Real Estate Held For Investment			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
Personal property taxes			
35	Non-business portion of vehicle personal property taxes	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes	41	
42	K1 (1120S) - Other deductions/taxes	42	
43	K1 (1041) - Other deductions/taxes	43	
44	Foreign Taxes	44	
45	From Schedule E properties	45	
46	_____	46	
47	_____	47	
48	_____	48	

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

Current Year Amount	Prior Year Amount

49 Lender _____ 49

50 Lender _____ 50

51 Lender _____ 51

52 Lender _____ 52

Home Mortgage Interest Not Reported on Form 1098

53 Name: _____ 53

Address: _____

SSN: _____

--	--

54 Mortgage insurance premiums paid on 2021 acquisition indebtedness for principal residence 54

--	--

Refinancing Points

55 Description 55

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2021

56 Description 56

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2021

57 Description 57

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2021

58 Description 58

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2021

59 Investment interest paid 59

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

(State use only)

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
60 Union and professional dues 60				
61 Professional subscriptions 61				
62 Uniform and protective clothing 62				
63 Job search costs 63				
64 _____ 64				
65 _____ 65				
66 _____ 66				
67 _____ 67				
68 _____ 68				
69 _____ 69				

Certain Miscellaneous Deductions - Itemized Deductions

(State use only)

	If investment related enter "X"	Current Year Amount	Prior Year Amount
70 Tax preparation fees 70			
71 Certain attorney and accounting fees 71			
72 Safe deposit box rental 72			
73 IRA Custodial fees 73			
74 Investment counsel and advisory fees 74			
75 Losses on deposits in insolvent or bankrupt financial institutions 75			
76 Convenience fees paid with credit or debit card for federal taxes in 2021 76			
77 _____ 77			
78 _____ 78			
79 _____ 79			
80 _____ 80			
81 _____ 81			
82 _____ 82			
83 _____ 83			
84 _____ 84			
85 _____ 85			
86 _____ 86			

Other Miscellaneous Deductions

87 Federal estate tax on income in respect of a decedent 87		
88 Amortizable bond premiums on bonds acquired before 10/23/86 88		
89 Gambling losses (if gambling income) 89		
90 Repayment of income 90		
91 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction 91		
92 Certain unrecovered investment in a pension 92		
93 _____ 93		
94 _____ 94		
95 _____ 95		
96 _____ 96		
97 _____ 97		
98 _____ 98		

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						

Name _____

SSN _____

Employee Business Expenses

Enter "X" in one box: Filer Spouse

Occupation in which you incurred the expenses _____

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official

IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).

		Current Year Amount	Prior Year Amount
Meals			
1	Meals		
2	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>

Travel Expenses			
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals		

Other Employment Related Expenses			
5	Business gifts		
6	Employment related education expenses		
7	Trade publications		
8	_____		
9	_____		
10	_____		
11	_____		
12	_____		

Employer Reimbursements			
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2		
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2		
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements		

Name _____

SSN _____

Occupation in which you incurred these expenses _____

Vehicle Information - Unreimbursed Employee Business Expenses

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Average daily roundtrip commuting miles	6			
7	Parking fees and tolls	7			
8	Vehicle Interest	8			
9	Vehicle Personal Property tax	9			

Actual Expenses

10	Gasoline, oil and repairs	10			
11	Vehicle Insurance	11			
12	Vehicle registration fees	12			
13	Vehicle lease or rental	13			
14	_____	14			
15	Value of employer-provided vehicle (if 100% is included in W-2)	15			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Average daily roundtrip commuting miles	6			
7	Parking fees and tolls	7			
8	Vehicle Interest	8			
9	Vehicle Personal Property tax	9			

Actual Expenses

10	Gasoline, oil and repairs	10			
11	Vehicle Insurance	11			
12	Vehicle registration fees	12			
13	Vehicle lease or rental	13			
14	_____	14			
15	Value of employer-provided vehicle (if 100% is included in W-2)	15			

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2020 and paid in 2021 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2021
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2021	
1	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
2	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
3	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
4	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
5	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____

Name _____

SSN _____

Adoption Expenses

1 Provide the Following Information on Each Eligible Child

First Name		Last Name	Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 2004 and Disabled	A Child With Special Needs	A Foreign Child	
1st Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4th Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2 Expenses you paid in 2020.

3 Expenses you paid in 2021, if the adoption was final in 2021.

4 Expenses you paid in 2021, if the adoption was final before 2021.

1st Child	2nd Child	3rd Child	4th Child

Enter "X" in the appropriate box

5 Did you receive Employer-Provided-Adoption-Benefits in a prior year?

Yes

No

