



## 2021 Tax Organizer

New Clients Only- Please provide a copy of your prior year 2020 Federal & State tax returns

**PERSONAL INFORMATION** (if you are an existing client, you do **not** need to fill out birthdate and occupation)

| Description | Taxpayer | Spouse |
|-------------|----------|--------|
| Full Name:  |          |        |
| Birthdate:  |          |        |
| Occupation: |          |        |

**CONTACT INFORMATION** (Please complete even if you are an existing client to ensure we have accurate records)

| Description                | Information |
|----------------------------|-------------|
| Mailing or Street Address: |             |
| Phone Number(s):           |             |
| Email Address:             |             |
| Spouse Email Address:      |             |

**DEPENDENT INFORMATION** (if you are an existing client, please include name only of which dependents you claim you this year)

| Full Name | SSN | Relationship to you | Birthdate |
|-----------|-----|---------------------|-----------|
|           |     |                     |           |
|           |     |                     |           |
|           |     |                     |           |
|           |     |                     |           |

### **ADVANCED CHILD TAX CREDIT**

| Did you receive the Advance Child Tax Credit?                          | Yes | No |
|--|-----|----|
| If yes, please list the <b>exact</b> amounts of each payment received: |     |    |

### **STIMULUS MONEY**

| Did you receive the third stimulus check?   | Yes | No |
|---|-----|----|
| If yes, please write in the <b>exact</b> amount (please note the maximum was \$1400 per person)<br>Amount Received: _____ |     |    |

## **TAX YEAR RETURN QUESTIONS**

*All questions pertain to the 2021 tax year. For any question answered "Yes", please include support*

|  |            |           |
|--|------------|-----------|
| <b>Personal Information:</b>   | <b>Yes</b> | <b>No</b> |
| Do you wish to donate \$3 to the Presidential Election Campaign Fund?  |            |           |
| Did your marital status change?  |            |           |
| Were you enrolled in Health Insurance Marketplace? <i>If yes, include form 1095-A</i>  |            |           |
| <b>Dependents:</b>   | <b>Yes</b> | <b>No</b> |
| Were there any changes in dependents from the prior year?  |            |           |
| Did you or your spouse pay for childcare while either of you worked?   |            |           |
| Do you have children under age 18 with unearned income greater than \$1,100?   |            |           |
| <b>Education:</b>  | <b>Yes</b> | <b>No</b> |
| Did you or your spouse pay any student loan interest?  |            |           |
| Did you, your spouse or your dependents incur any college education expenses such as tuition? <i>If so, please include form 1098-T</i>                             |            |           |
| <b>Retirement or Severance:</b>  | <b>Yes</b> | <b>No</b> |
| Did you or your spouse contribute to a Roth IRA, convert an existing IRA into a Roth IRA or roll any other distributions into a Roth IRA?                          |            |           |
| Did you or your spouse turn age 70 ½ and have money6 in an IRA or other retirement account without taking any distributions?                                       |            |           |
| <b>Personal Residence:</b>   | <b>Yes</b> | <b>No</b> |
| Did your address change? <i>If so, please provide new address on Page 1</i>  |            |           |
| Did you sell your home? <i>If so, please provide all closing documents and forms</i>   |            |           |
| <b>Foreign Matters:</b>  | <b>Yes</b> | <b>No</b> |
| Did you or your spouse perform any work outside of the U.S. or pay any foreign tax?  |            |           |
| Did you or your spouse hold any money or securities in a foreign financial institution?  |            |           |
| <b>Miscellaneous:</b>  | <b>Yes</b> | <b>No</b> |
| Were you or your spouse notified by the Internal Revenue Service or other othering taxing authority of any changes in prior year returns?                          |            |           |
| Did you or your spouse sell, acquire, or exchange any virtual currencies (ex. Crypto Currency) <i>If so, please provide information regarding these activities</i> |            |           |
| Did you, your spouse or your dependents receive an identity protection PIN from the IRS? <i>If so, please include this information</i>                             |            |           |
| Did you earn any foreign income, or did you pay any foreign taxes?   |            |           |
| Do you have any foreign bank accounts or trust? Signing rights on foreign account? Ownership or beneficial interest in a foreign accounts or foreign assets?       |            |           |

|  |            |           |
|--|------------|-----------|
| <b>State Income:</b>   | <b>Yes</b> | <b>No</b> |
| Did you earn income in another state? <i>If so, list states:</i> _____                         |            |           |
| Did you live in another state? <i>If so, list states:</i> _____<br>Lived From: _____ to: _____ |            |           |

**BANKING:**

| Direct Deposit:   | Yes | No |
|---|-----|----|
| Would you like any refunds owed to you directly deposited? <i>(you may also attach a voided or photocopied check)</i> |     |    |
| Name of Bank: _____   |     |    |
| Routing Number: _____ Account Number: _____   |     |    |

**ITEMIZED DEDUCTIONS**

| Medical Expenses   | Amount |
|--|--------|
| Prescription Medicines and Drugs                                 | \$     |
| Health Insurance Premiums Paid                                   |        |
| Long-Term Care Insurance Premiums Paid                           |        |
| Doctors, Dentists, Etc.  |        |
| Hospitals  |        |
| Lab Fees   |        |
| Eyeglasses & Contacts  |        |
| Real Estate Taxes Paid   | Amount |
| Real Estate Taxes  | \$     |
| Personal Property Taxes <i>(including car registration fees)</i> |        |
| Other <i>(describe below)</i>                                    |        |
|  |        |
|  |        |
| Mortgage Interest <i>(list institution paid)</i>                 | Amount |
|  | \$     |
|  |        |
| Cash Contributions <i>(list organization paid)</i>               | Amount |
|  | \$     |
|  |        |
|  |        |
|  |        |
|  |        |
|  |        |
| Noncash Contributions <i>(list organization)</i>                 | Amount |
|  | \$     |
|  |        |
|  |        |
|  |        |
|  |        |

**OTHER POTENTIALLY DEDUCTIBLE ITEMS**

| Nature and Source  | Taxpayer | Spouse |
|--|----------|--------|
| Educator Expenses  | \$       | \$     |
| Health Savings Contribution <i>(include forms 5498-SA &amp; 1099-SA)</i>   |          |        |
| Alimony Paid   |          |        |
| Residential Energy Credit: Include receipts or description of property, date placed in service and cost.<br>(Solar electric, solar water heating, fuel cell, small wind, geothermal heat, insulation material, exterior windows, exterior doors, roofing, certain heat pumps, furnaces, boilers, biomass fuel). If you received a credit in the past please indicate |          |        |

**CHILD AND DEPENDENT CARE EXPENSES** *(please include all supporting documents)*

| Provider Name | Provider Address | SSN or EIN | Amount Paid |
|---------------|------------------|------------|-------------|
|               |                  |            | \$          |
|               |                  |            |             |
|               |                  |            |             |

**OTHER SOURCES OF INCOME** *(please include all 1099's or supporting documents)*

| Nature & Source                           | Amounts |
|---|---------|
| Unemployment income <i>(Form 1099G)</i>   | \$      |
| Alimony Received                          |         |
| Jury Duty Pay                             |         |
| Gambling Income <i>(Form W2-G)</i>        |         |
| Cancellation of Debt <i>(Form 1099-C)</i> |         |

**RETURN DELIVERY**

| Processing   | Paper | Electronic |
|--|-------|------------|
| Upon completion, how would you like to receive your tax return? <i>(Please choose one)</i> |       |            |

**FEDERAL TAX PAYMENTS**

| Detail   | Date Paid | Amount Paid |
|--|-----------|-------------|
| Prior Year Overpayment Applied                   |           | \$          |
| 1 <sup>st</sup> Quarter Estimate (Due 4/15/2021) |           |             |
| 2 <sup>nd</sup> Quarter Estimate (Due 6/15/2021) |           |             |
| 3 <sup>rd</sup> Quarter Estimate (Due 9/15/2021) |           |             |
| 4 <sup>th</sup> Quarter Estimate (Due 1/15/2022) |           |             |

**STATE TAX PAYMENTS**

| Detail   | State | Date Paid | Amount Paid |
|--|-------|-----------|-------------|
| Prior Year Overpayment Applied                   |       |           | <u>\$</u>   |
| 1 <sup>st</sup> Quarter Estimate (Due 4/15/2021) |       |           |             |
| 2 <sup>nd</sup> Quarter Estimate (Due 6/15/2021) |       |           |             |
| 3 <sup>rd</sup> Quarter Estimate (Due 9/15/2021) |       |           |             |
| 4 <sup>th</sup> Quarter Estimate (Due 1/15/2022) |       |           |             |