



January 7, 2022

Dear Valued Client,

**We hope that you and your family had a safe and wonderful holiday season and want to wish you a Happy New Year!** We sincerely appreciate the confidence you have placed in us by continuing to utilize our tax and financial consulting services. Attached is the 2021 Tax Organizer. You may also download a fillable PDF version of the organizer from our website, [www.wagnerwetzel.com](http://www.wagnerwetzel.com).

We will prepare your 2021 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you to clarify information. *It is your responsibility to provide all information required for the preparation of complete and accurate returns, as well as to closely read and understand the completed return before it is filed. We will provide you with a complete electronic copy of the tax returns for review and discussion prior to e-filing.*

The filing deadline for the 2021 tax return is **April 18, 2022**. To meet this deadline, information needed to complete the return should be received by us no later than **April 1, 2022**. If an extension of time to file is required, any tax that may be due with the return must be paid by you with that extension. We will do our best to provide an estimate of the tax due based on discussions with you. Any amounts not paid by the filing deadline are subject to interest and late payment penalties when those amounts are actually paid.

Our fee for these services will be based upon the specific forms required to complete your return.

**If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office along with the completed organizer.**

As always, please feel free to call our office with any questions you may have as you complete the organizer. We look forward to discussing the 2021 tax return results soon.

Sincerely,

Drew Wagner, C.P.A.

Amy Koss, C.P.A.

Josh Deckard, C.P.A.

**Approved by:**

\_\_\_\_\_  
**Signature(s)**

\_\_\_\_\_  
**Date**



**INCOME TAX ORGANIZER FOR TAX YEAR 2021**

**General Information**

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

**Filing Status: (check one)**

Single  
 Married Filing Joint  
 Married Filing Separately\*  
 Head of Household\*\*  
 Qualifying Widow(er) Date of Spouse's Death \_\_\_\_/\_\_\_\_/\_\_\_\_

**Other: (check all that apply as of 12/31/21)**

Blind (Taxpayer)  
 Blind (Spouse)  
 Age 65 or older (Taxpayer)  
 Age 65 or older (Spouse)

\* **If Married Filing Separate:** did you live with your spouse any time after June 30, 2021? Yes No

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

\*\* **If you are Head of Household** verify the following statements are true:

Yes No I am unmarried or considered unmarried as of December 31, 2021.

Yes No I have maintained a household and provided over half the cost which was the principal place of abode for my qualifying child in 2021

**Dependent Information**

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

If you are claiming an additional dependent this year or this is the first year we are preparing your individual tax return you **Must** provide a copy of the dependent(s) Social Security card or birth certificate

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

**State Residency Information**

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

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

**2021 TAX QUESTIONS**

**AT ANY TIME DURING THE YEAR:**

**Did you or your spouse:**

YES	NO

**Make estimated payments (IRS/state) to prepay your current year tax liability? Pg. 5**

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**Purchase health insurance through the Marketplace (healthcare.gov)? (Enclose 1095-A)**

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**Receive the third economic stimulus payment (up to \$1,400/person)? Amount \$ \_\_\_\_\_**

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**Receive any of the advanced monthly Child Tax Credits between July-December?**

**If yes, enclose a copy of Letter 6419 that the IRS should have mailed to you**

**Amount received in: July: \$ \_\_\_\_\_ August: \$ \_\_\_\_\_ September: \$ \_\_\_\_\_**

**October: \$ \_\_\_\_\_ November: \$ \_\_\_\_\_ December: \$ \_\_\_\_\_**

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**Make any cash charitable contributions? Total cash contributions \$ \_\_\_\_\_**

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**Make or plan to make any contributions or receive and distributions/withdrawals from a Health savings account (HSA)? Pg. 8**

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**Make any IRA contributions? Deductible or Non-Deductible Pg. 8**

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**Pay or receive alimony? Do not include child support.  Pay  Receive**

**To/From: Name \_\_\_\_\_ SSN: \_\_\_\_\_ Amount: \$ \_\_\_\_\_**

**Date of original divorce or separation agreement (Required): \_\_\_\_ / \_\_\_\_ / \_\_\_\_**


**Rollover any of your retirement accounts? (Include 1099-R) Pg. 4**

**Have any interest in a partnership, S-corporation, estate or trust? (enclose K-1) Pg. 4**

**Have credit card debt or mortgage debt cancelled? (enclose 1099C) Pg. 5**

**Make gift(s) to any person that total more than \$15,000 this year?**

**Buy or refinance a home? Include settlement statement/closing disclosure**

**Pay for child care while you worked, looked for work, or while a full-time student? Pg. 10**

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

*Please include cost basis information*

**Your personal residence? (enclose settlement statement for sale)**

**Rental property? (enclose settlement statement for sale)**

**Property relating to a business or farm? (use pg. 6 - comments section)**

**Any other business property not listed above? (i.e. equipment, land)**

**If you sold any property above, are you receiving payments in installments? (explain below)**

YES	NO

**At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? If yes, please explain below and provide statements**


**\* Do you have any foreign financial accounts, foreign assets, or hold interest in a foreign entity?**


**\*\* Did you install a solar water heater, solar electric equipment, or geothermal heat pump on or in your primary or vacation home or make any other energy-efficient home improvements?**


**Do you want \$3 of your taxes allocated to the Presidential Election Campaign Fund?**

**Does your spouse want \$3 of their taxes allocated to the Presidential Election Campaign Fund?**

**\* If yes, explain below and provide statements showing account balances**

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

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

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## Additional Information

### DIRECT DEPOSIT - NO FEE FOR THIS SERVICE:

**YES**, have my refund(s) deposited (Available whether you e-file or not).

Per IRS Security Summit requirements, verify the bank name, routing transit number, account number, and type of account below or send a check from the account you want the deposit to go into and write "VOID" across it.

Bank Name:

Routing Number:

Account Type:

Account Number:

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

## FINAL CHECK LIST

<input type="checkbox"/>	Originals of all W-2's	Other forms may be original or copies unless noted.
<input type="checkbox"/>	Letter 6419 from the IRS if you received any advanced monthly Child Tax Credit payments	
<input type="checkbox"/>	Interest and/or Dividend Statements from investments & brokerage accounts - 1099INT & 1099DIV	
<input type="checkbox"/>	Original Forms 1099B-Proceeds from Sales of Stocks/Bonds, with corresponding transaction documents.	
<input type="checkbox"/>	Forms 1099R-Distributions from Pensions/IRA's etc.	
<input type="checkbox"/>	Mortgage Interest Statements - Form 1098	
<input type="checkbox"/>	College Tuition Payment Statements - Form 1098T	
<input type="checkbox"/>	1099G and/or W-2G (For Unemployment, State Tax Refunds, Gambling, etc.)	
<input type="checkbox"/>	Closing statements (HUD-1) if you bought/sold/refinanced a residential or rental property	
<input type="checkbox"/>	Copy of last year's federal & state tax returns ( <i>if you are a new client</i> )	
<input type="checkbox"/>	K-1's from Partnerships, S-Corp's, Trusts	
<input type="checkbox"/>	Forms 1099-SA and 5498-SA from H.S.A. or M.S.A. accounts	
<input type="checkbox"/>	Copy of dependents' birth certificate or social security card ( <i>if you are a new client or have new dependent</i> )	
<input type="checkbox"/>	Copy of any statement or information of which you are unsure	

## Payment Information

\*\*\*\*\*Full payment is required for new Clients before your return is finalized.\*\*\*\*\*

**Check/Cash**

**E-Check/ACH** (payment will be pulled from your account listed above but not until we call with your results)

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

Select one:

Visa

MasterCard

Discover

Security Code: \_\_\_\_\_

Card No. \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ Zip code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Income**

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

Enclose 1099 interest statements

Name of Payer & Amount of 2021 Interest Income:	Taxpayer	Spouse	Joint
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Enclose 1099 dividend statements

Name of Payer & Amount of 2021 Dividend Income:	Taxpayer	Spouse	Joint
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Capital Gains & Losses**

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

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

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

Enclose K-1 statements

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

**Retirement Income, IRA Distributions & Rollovers**

2021 Distributions & Rollovers - Enclose 1099R

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

## Income (continued)

### Social Security Benefits

Enclose SSA statement(s)

Taxpayer amount: \$ \_\_\_\_\_

Spouse amount: \$ \_\_\_\_\_

### Other Income

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

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

## Gambling Winnings & Losses

Enclose W-2G

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

## Estimated Tax Payments

Enter only the payments to be applied to the current tax year.

### Federal

	<u>Due Date</u>	<u>Date Paid (if not due date)</u>	<u>Amount Paid</u>
2021 1st Quarter Estimate	4/15/2021	___/___/___	\$ _____
2021 2nd Quarter Estimate	6/15/2021	___/___/___	\$ _____
2021 3rd Quarter Estimate	9/15/2021	___/___/___	\$ _____
2021 4th Quarter Estimate	1/18/2022	___/___/___	\$ _____

### State/Local Name of state/local: \_\_\_\_\_

	<u>Due Date</u>	<u>Date Paid (if not due date)</u>	<u>State Amount Paid</u>	<u>Local Amount Paid</u>
2021 1st Quarter Estimate	4/15/2021	___/___/___	\$ _____	\$ _____
2021 2nd Quarter Estimate	6/15/2021	___/___/___	\$ _____	\$ _____
2021 3rd Quarter Estimate	9/15/2021	___/___/___	\$ _____	\$ _____
2021 4th Quarter Estimate	1/18/2022	___/___/___	\$ _____	\$ _____

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

## Small Business Worksheet

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

### Vehicle Expense

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

### Home Office

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

List Equipment Purchased in 2021	Date Purchased	Placed in Service	Cost
	/    /	/    /	\$
	/    /	/    /	\$
	/    /	/    /	\$
	/    /	/    /	\$
	/    /	/    /	\$
	/    /	/    /	\$
	/    /	/    /	\$
	/    /	/    /	\$

*\* Please attach a list of all property sold or retired in 2021*

### First-Year Startup & Organizational Expenses Paid

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

Small Business Comments and Other Expenses (including PPP funds received, if applicable):

## Rental Real Estate & Royalties

Enter the total amount for the year

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

### Income

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

### Expenses

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

### Major Improvements

*Do not include maintenance or repair expenses*

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

### Sale of property

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



## Health Savings Account

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

2021 Contributions \$ \_\_\_\_\_ 2021 Distributions/qualified medical expenses \$ \_\_\_\_\_  
 High Deductible Plan for Family or Self ?

## Individual & Self-Employed Retirement Account Contributions

2021 Contributions made:	Taxpayer	Spouse
Traditional IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Self-employed retirement	\$ _____	\$ _____

## Education Savings & Expenses

### Education Savings Account Contributions:

2021 contributions may be deductible on your state return - **Enclose the year-end statement for each account**

College Savings 529/Prepaid Plan-Account #:	_____	\$ _____	Beneficiary: _____	State: _____
College Savings 529/Prepaid Plan-Account #:	_____	\$ _____	Beneficiary: _____	State: _____
College Savings 529/Prepaid Plan-Account #:	_____	\$ _____	Beneficiary: _____	State: _____
College Savings 529/Prepaid Plan-Account #:	_____	\$ _____	Beneficiary: _____	State: _____

### Tuition

Enclose Form(s) 1098-T. **Totals listed should only be for amounts PAID during the calendar year 2021**

Student name	_____	_____	_____
School name	_____	_____	_____
Tuition, fees & course materials	\$ _____	\$ _____	\$ _____
Education savings withdrawals	\$ _____	\$ _____	\$ _____
Was student at least halftime?	Yes No	Yes No	Yes No
Year in college	1 2 3 4+	1 2 3 4+	1 2 3 4+

### Student Loan Interest - List only interest amounts not included on enclosed 1099 forms

Enclose Form(s) 1098-E.

Name of Payee:	Total Interest Paid:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## Other Adjustments

	Taxpayer	Spouse
Educator expenses *	\$ _____	\$ _____
Penalty on early withdrawal of savings	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

\*Note: Educator must work 900+ hours/year in grades K-12.

## Medical Expenses

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

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

## Taxes & Interest Paid

### State & Local taxes

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

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

### Property taxes

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

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

### Interest

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

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

\* Was the home equity loan used to buy, build, or improve your home?      Yes      No

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

### Cash contributions

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

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

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

Items donated to Org. #1: \_\_\_\_\_

Items donated to Org. #2: \_\_\_\_\_

Items donated to Org. #3: \_\_\_\_\_

### Vehicle Donation

Name of Org. \_\_\_\_\_ Date of donation: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Original purchase date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year, Make & Model of vehicle: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Child & Dependent Care Expenses**

**We must have all of the following:**

Child's name: \_\_\_\_\_ Name of provider: \_\_\_\_\_ Address of provider: \_\_\_\_\_ SSN or EIN of provider: \_\_\_\_\_ Amount paid: \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_

**Casualty, Disaster, & Theft Losses** **\*\*Only applicable for federally declared disaster areas**

*Enclose insurance statements and reports*

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

**Employee Expenses** **\*\*Only applicable for AL, AR, CA, HI, IA, MN, NY, and PA residents\*\***

**Pilot clients who reside in one of the above states: please use the "Pilot Professional Deductions" attached.**

Amount Reimbursed: \$ \_\_\_\_\_ Employer name(s): \_\_\_\_\_

Professional and Union dues	\$ _____	Travel	\$ _____
Business publications	\$ _____	Meals and entertainment	\$ _____
Tools and supplies	\$ _____	Job-related education	\$ _____
Uniforms	\$ _____	Job-related phone calls	\$ _____
Other _____	\$ _____	Other _____	\$ _____

Employee vehicle (non-commuting): \_\_\_\_\_ miles Actual vehicle expense: \$ \_\_\_\_\_

**Home Office - Must be required by your employer**

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

**Miscellaneous Expenses** **\*\*Only applicable for AL, AR, CA, HI, IA, MN, NY, and PA residents\*\***

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

**Renters Credits/Deductions**

Landlord's Name : \_\_\_\_\_ Landlord's Address: \_\_\_\_\_

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

Apartment address: \_\_\_\_\_

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

*Provide your certificate of rent paid from your landlord*

## Indiana Residents

Are any of your children enrolled in a K-12 private school or home schooled? Yes      No  
 If yes, number of children enrolled \_\_\_\_\_

Did you make any contributions to an Indiana college or university? Yes      No

Name of College/University:	Date of Contribution:	Amount Contributed:
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____

Did you make any donations to a scholarship-granting organization (SGO)? Yes      No

Name of SGO: \_\_\_\_\_ Scholarship Amount: \$ \_\_\_\_\_

Did you make contributions to an Indiana 529 Savings Plan? Yes      No

Contributions for K-12 education expenses: \$ \_\_\_\_\_  
 Contributions for post-secondary education expenses: \$ \_\_\_\_\_  
 Total 2021 529 Contributions: \$ \_\_\_\_\_

*Please provide year-end statements for all accounts*

## Other State/Local Information

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

**Find your state of residence for additional applicable items**

**AZ** - Contributions to AZ Long Term Care Savings Accounts: \$ \_\_\_\_\_

**AZ** - Solar Energy Device installed in your residence: Date in service: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

**CT** - Amount and date of property tax paid on primary residence and automobiles:

Home Street Address: \_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

Auto 1 Year, Make, & Model: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

Auto 2 Year, Make, & Model: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

**HI** - Cost of renewable energy technology systems installed in 2021: \$ \_\_\_\_\_

**ID** - Cost of energy efficient upgrades to your primary residence, if built before 2002: \$ \_\_\_\_\_

**IL** - Property Index Number of your primary residence: \_\_\_\_\_ Taxes Paid: \$ \_\_\_\_\_

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

Taxpayer: Name of insurance company: \_\_\_\_\_ Federal ID#: \_\_\_\_\_ Subscriber#: \_\_\_\_\_

Spouse: Name of insurance company: \_\_\_\_\_ Federal ID#: \_\_\_\_\_ Subscriber#: \_\_\_\_\_

**MI** - Provide the Property Tax Statement showing the 2021 taxable value of your home. Value: \$ \_\_\_\_\_

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

**MT** - Amount spent on alternative energy/conservation systems: Date in service: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

**MT** - Contributions to a First-time Home buyers savings account: \$ \_\_\_\_\_

**NY** - Amount spent on qualified solar energy system equipment: Date in service: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

**SC** - Amount spent on qualified solar energy system equipment: Date in service: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

**UT** - Are you a stay-at-home parent providing full-time care of a dependent child? If yes, number of dependent children: \_\_\_\_\_

**UT** - Cost of renewable residential energy systems: Date in service: \_\_\_/\_\_\_/\_\_\_ \$ \_\_\_\_\_

## K-12 Education Credits for AL, AZ, IA, IL, LA, MN, SC, & WI

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

**AZ** - Only fees or donations to a public or charter school located in Arizona for extracurricular activities or charter education programs qualify.

**IL** - Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify. (must be over \$250)

**IA** - Fees for tuition and textbooks to an Iowa accredited school. Extracurricular expenses such as sporting events, musical & dramatic events, social events, and drivers education also apply.

**MN** - Tuition & fees paid to public or private schools. Other supplies, including up to \$400 of computer-related expenses, also qualify.