

## 2021 Individual Tax Organizer

### Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.

Yes	No	Personal Information
		Did your marital status change during the year?
		Did your address change during the year?
		Could you be claimed as a dependent on another person's tax return for 2021?

Yes	No	Dependents
		Were there any changes in dependents?
		Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2021?
		Did you have any children under age 19 or full-time students under age 24 at the end of 2021, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

Yes	No	Health Care Coverage
		Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

Yes	No	Income
		Did you receive unreported tip income of \$20 or more in any month?
		Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
		Did you receive any disability income?
		Did you have any foreign income or pay any foreign taxes?

Yes	No	Purchases, Sales and Debt
		Did you start a business or farm, purchase rental or royalty property, or acquire an interest in partnership, S corporation, trust or REMIC?
		Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
		Did you buy or sell any stocks, bonds or other investment property in 2021?
		Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
		Did you have any debts cancelled or forgiven?
		Does anyone owe you money which has become uncollectible?
Yes	No	Retirement Plans
		Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you contribute to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you transfer or rollover any amount from one retirement plan to another retirement plan?

Yes	No	Education
		Did you receive a distribution from an Education Savings Account or Qualified Tuition Program?
		Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

Yes	No	Itemized Deductions
		Did you incur a loss because of damaged or stolen property?
		Did you work out of town for part of the year?
		Did you use your card on the job (other than to and from work)?

Yes	No	Estimated Taxes
		Did you apply an overpayment of 2021 taxes to your 2022 estimated tax (instead of being refunded)?
		If you have an overpayment of 2021 taxes, do you want the excess applied to your 2022 estimated tax (instead of being refunded)?
		Do you expect 2022 taxable income and withholdings to be different from 2021?

Yes	No	Miscellaneous
		Do you want to allocate \$3 to the Presidential Election Campaign Fund?
		Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		May the IRS discuss your tax return with your preparer?
		Did you have an interest or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
		Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		Was your home rented out or used for business?
		Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
		Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
		Did you engage the services of any household employees?
		Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
		Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
		Did your bank account information change within the last twelve months?
		At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes	No	Corona Virus Aid, Relief and Economic Security Act (CARES Act)
		Did you receive a economic impact payment from the Government? If so, how much?
		Did your business have any PPP loan amounts forgiven?
		Did you receive a distribution from your retirement plan because of COVID?

**Wages (W-2)**

Employer Name	H	CPA USE ONLY					
	W	Withholding				FICA	
		Wages	Federal	State	SDI	SSA	Med.

Memo: Total number of W-2 \_\_\_\_\_  
 Please attach W-2's. Thank you



## Other Income

	Total	Taxpayer	Spouse
State tax refund* (1099G)			
Alimony received			
Individual Retirement Account Account distribution (1099R) Amount of rollover (1099R)			
Pension & Annuity Income (1099R)			
Gambling Income (W-2G) Gambling Losses			
Unemployment compensation* (1099G)			
Social Security benefits* (SSA 1099)			
Other Income: give description			
Partnerships, Estates & Trusts* (K-1)			
Installment sale collection			
Memo: withholding on any of the above items			

\*Please attach all supporting documents.

# Capital Gains & Losses

(1099-B and/or 1099-S Brokerage Statement)

Description of Property	Date Acquired	Date Sold	Sales Price (gross or net)	Cost or Basis	Sales expense (if gross sales price entered)	Gain or (loss)

Were any of the above business assets?

Yes \_\_\_\_\_

No \_\_\_\_\_

## Adjustments to Income

Individual Retirement Account Contributions: Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax-sheltered annuity at any time during the year?	Taxpayer	Spouse
Would you like to make an IRA Contribution?		
Would you like to make a Roth IRA Contribution?		
Moving expenses?		
Penalty on early withdrawal or savings		
Alimony paid		
If self-employed:		
Health Insurance		
Retirement contributions, KEOGH, Roth, or SEP IRA		
Student interest expenses (1098-E)		

Please indicate yes or no. If yes, please fill in the amount.

## Schedule A

Doctors: Medical, Dental, Prescriptions & Hospital		\$ _____
Mortgage Interest (1098):	<b>1<sup>st</sup> Home</b>	
	1 <sup>st</sup> payment	\$ _____
	2 <sup>nd</sup> payment	\$ _____
	3 <sup>rd</sup> payment	\$ _____
	<b>2<sup>nd</sup> Home</b>	
	1 <sup>st</sup> payment	\$ _____
	2 <sup>nd</sup> payment	\$ _____
	3 <sup>rd</sup> payment	\$ _____
Property Taxes:	<b>1<sup>st</sup> Home</b>	
	1 <sup>st</sup> payment	\$ _____
	2 <sup>nd</sup> payment	\$ _____
	<b>2<sup>nd</sup> Home</b>	
	1 <sup>st</sup> payment	\$ _____
	2 <sup>nd</sup> payment	\$ _____
Charitable Deductions:		
Cash/Checks		\$ _____
Non-Cash*		\$ _____
Charitable Miles		\$ _____
*If noncash over \$500, more details are necessary (i.e.: what was donated, when etc.)		
Moving expenses for new job:		\$ _____
Moving miles from new job:		\$ _____
Unreimbursed employee expense		\$ _____
Tax preparation fee		\$ _____
Investment advisory fee		\$ _____
Job hunting expense		\$ _____
Safety deposit box		\$ _____



## Automobile Deductions\*

Make and year of auto? \_\_\_\_\_

When purchased or placed into business use \_\_\_\_\_

DMV Fees \$ \_\_\_\_\_

Did you use your automobile for business, or do you have unreimbursed employee travel?  Yes  No

If yes, continue...

Do you have written evidence to support your deduction?  Yes  No

Is this a leased car?  Yes  No Memo:

For mileage incurred between January thru December, the rate is 58 cents per mile:

Total Miles: January - December \_\_\_\_\_ (100%)

### DETAIL

Mileage / Percentage Used: Business \_\_\_\_\_ : \_\_\_\_\_%

Mileage / Percentage Used: Personal \_\_\_\_\_ : \_\_\_\_\_%

Mileage / Percentage Used: Commuting \_\_\_\_\_ : \_\_\_\_\_%

Auto Club	\$ _____
Car Washes	\$ _____
Gasoline, lube, oil	\$ _____
Repairs	\$ _____
Tires	\$ _____
Insurance	\$ _____
Interest	\$ _____
Parking Fee	\$ _____
Miscellaneous	\$ _____

\*Please make a copy and fill out for each auto used for business.

## Credits

Credit for foreign taxes paid \$ \_\_\_\_\_

Low income housing credit \$ \_\_\_\_\_

Credits – other \$ \_\_\_\_\_

### Credits for child and dependent care expenses

Person or Organization providing care:

**Name** \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

SS / Tax ID \_\_\_\_\_

Telephone # \_\_\_\_\_

Amount Paid \_\_\_\_\_

**Name** \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

SS / Tax ID \_\_\_\_\_

Telephone # \_\_\_\_\_

Amount Paid \_\_\_\_\_

**Name** \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

SS / Tax ID \_\_\_\_\_

Telephone # \_\_\_\_\_

Amount Paid \_\_\_\_\_

# Tax Payments & Estimates

## Quarterly Estimates

Due Date	Description	Date Paid	Federal Amount	State Amount
	1st Estimate			
	2 <sup>nd</sup> Estimate			
	3 <sup>rd</sup> Estimate			
	4 <sup>th</sup> Estimate			

Amount paid with Form 4868 Federal Extension 4/15/2022 \_\_\_\_\_

Amount paid with Form 3519 California Extension 4/15/2022 \_\_\_\_\_

# Business or Rental Property Information

(please use if applicable)

## GENERAL INFORMATION:

Principal business/profession: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business city, state, zip: \_\_\_\_\_

Taxpayer     Spouse

Sales (1099 Misc)	\$ _____
Cost of goods sold (if applicable)	\$ _____
Inventory at end of year	\$ _____
Gross profit	\$ _____

## EXPENSES

Advertising	\$ _____
Bad debts	\$ _____
Car and truck expenses	\$ _____
Commissions	\$ _____
Continuing education	\$ _____
Dues and subscriptions	\$ _____
Insurance (other than health)	\$ _____
Other interest	\$ _____
Legal and professional	\$ _____
Office expense	\$ _____
Internet	\$ _____
Rent - Vehicles, Machinery & Equipment	\$ _____
Rent - other business property	\$ _____
Repairs	\$ _____
Supplies	\$ _____
Taxes - Real Estate	\$ _____
Taxes - other	\$ _____
Telephone	\$ _____
Travel	\$ _____
Total Entertainment	\$ _____
Total Meals	\$ _____
Reduction if other than 50% of above	\$ _____
Utilities	\$ _____
Wages	\$ _____
Other expenses:	\$ _____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total expenses \$ \_\_\_\_\_

Do you use your office at home, as your "office" for tax deduction purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

## Home Office

To be further discussed

Total square feet	_____	%
Business square feet	_____	%
Other	_____	%

### Home office expenses

Rent	\$ _____
Repairs	\$ _____
Utilities	\$ _____
Other	\$ _____

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Rental & Royalty Income

## General Information

Kind of Property \_\_\_\_\_

Location of Property \_\_\_\_\_

## Income

Rents received \$ \_\_\_\_\_

Royalties received \$ \_\_\_\_\_

## Expenses

Advertising \$ \_\_\_\_\_

Association dues \$ \_\_\_\_\_

Auto and travel \$ \_\_\_\_\_

Cleaning and maintenance \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Dues and subscriptions \$ \_\_\_\_\_

Gardening \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Legal and Professional fees \$ \_\_\_\_\_

Licenses and permits \$ \_\_\_\_\_

Management fees \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Mortgage Interest (paid to banks, etc.) \$ \_\_\_\_\_

Other interest \$ \_\_\_\_\_

Painting and decorating \$ \_\_\_\_\_

Pest control \$ \_\_\_\_\_

Plumbing and electrical \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Taxes – Real estate \$ \_\_\_\_\_

Taxes – other \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Wages and salaries \$ \_\_\_\_\_

Other expenses: \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

Net Income \$ \_\_\_\_\_



