

2021 Tax Organizer Personal Information

Personal Information

	SSN	Has IP PIN	Date of birth
Name			
Taxpayer			
Spouse			
Name of person to whom all information should be addressed, if not the taxpayer			
Street address, city, state, and ZIP			
Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

Filing status at the end of 2021

- Single
 Married
 Widowed - If widowed and your spouse died in 2021, enter the date of death _____
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? _____

Yes No

- Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
 Was your earned income in 2021 less than your earned income in 2019?
 If "Yes," enter the amount of your 2019 earned income. _____
 Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
 If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.
 Taxpayer _____ Spouse _____

Identification Information

Taxpayer's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2021 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: _____

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Yes No

Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer _____

Spouse _____

If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2020	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

2021 Information Pertaining to the American Rescue Plan Act (ARPA)

On March 11, 2021, the President of the United States signed into law the American Rescue Plan Act (ARPA) that authorized a third round of stimulus payments and advanced payment of the Child Tax Credit. The IRS issued notices that provided the amounts you received for these payments. This information is necessary to accurately complete your 2021 individual tax return. Information provided below explains what notice you received and how to obtain the information if you no longer have the notice or have yet to receive a letter.

Stimulus Payment (Economic Impact Payment (EIP))

The third round of EIP or stimulus payments began mid-March 2021. Individuals could have received up to \$1,400 (\$2,800 for married couples filing a joint return). Qualifying dependents may have also received \$1,400. Unlike the first two payments, EIP3 was not limited to children under 17. Families may have received the payment based on all of the qualifying dependents claimed on the tax return. Most families received \$1,400 per person, meaning, a single person with no dependents may have received \$1,400 while a family of four may have received \$5,600. Notice 1444-C was sent following the payments and Letter 6475 will be issued in January 2022 with a combined total.

If you no longer have Notice 1444-C, or have not received Letter 6475, log in to your IRS Online Account to get the accurate amount of EIP3 received.

1. Go to [irs.gov](https://www.irs.gov).
2. Select "View Your Account Information."
3. Select "Log in to your Online Account" and follow the prompts provided.

Advance Child Tax Credit Payments

Under ARPA, the maximum amount for the Child Tax Credit (CTC) was increased from \$2,000 to \$3,600 for each child 5 years old and under. For children ages 6 - 17, the maximum increased to \$3,000. In July 2021, eligible families that did not opt out began receiving advanced CTC payments up to \$300 per month for each child age 5 and under and up to \$250 for each child between the age of 6 and 17. IRS will issue Letter 6419 to provide the amount received per taxpayer and how many children were taken into account to determine the amount received.

If you no longer have Letter 6419, or have not yet received it, follow the directions above to log in to your online account to access the Child Tax Credit Update Portal or log directly in to the portal using the instructions below. For married couples filing a joint return, the taxpayer and spouse will both need to log in to get the amount apportioned to each taxpayer.

1. Go to [irs.gov](https://www.irs.gov).
2. Select "Child Tax Credit Update Portal."
3. Select "Manage Advance Payments" and follow the prompts provided.

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2021?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		
<input type="checkbox"/> Check here if the care provider is your household employee (Schedule H)		

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		
<input type="checkbox"/> Check here if the care provider is your household employee (Schedule H)		

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		
<input type="checkbox"/> Check here if the care provider is your household employee (Schedule H)		

	2021	2020
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
U.S. only State, ZIP _____		
Foreign only Province/State, Country, Postal code _____		
<input type="checkbox"/> Check here if the care provider is your household employee (Schedule H)		

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Employer's name and address: _____ Federal EIN _____

	2021	2020		2021	2020
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS _____ Employer's name and address: _____ Federal EIN _____

	2021	2020		2021	2020
Wages, tips, other compensation	_____	_____	State _____ State ID _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State ID _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

Interest Income

SSN: _____

Provide all Form(s) 1099-INT relating to interest income

TSJ	Name of payer Account number ID and address of payer (if seller-financed mortgage)	Interest income	Federal income tax withheld	Foreign tax paid	Tax exempt interest	Amount of resident state municipal interest	Nominee interest

Dividend Income

SSN:

Name:

Provide all Form(s) 1099-DIV relating to dividend income

TSJ	Name of payer Account number	Ordinary	Qualified	Capital gains	Federal income tax withheld	Foreign tax paid	Section 199A Dividends

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Professional product or service _____ Business code _____

Employer ID number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Accounting method, if not cash Accrual Other _____

You started or acquired this business during 2021.

Some investment is NOT at risk.

You disposed of this property during 2021.

Select if this business is for:

- Professional gambler Paper route excluded from SE
- Exempt Notary income Clergy Schedule C

Did you receive a Paycheck Protection Program (PPP) loan for this business? Yes No
 If "Yes," was any portion of the loan forgiven? Yes No

Did you make any payments in 2021 that would require you to file Forms 1099? Yes No
 If "Yes," did you or will you file all required Forms 1099 for the individuals? Yes No

Income

	2021	2020
Gross receipts or sales		
Returns and allowances		
Other income		

Cost of Goods Sold

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

	2021	2020
Inventory at beginning of year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS _____

Business name _____

Profession or product _____

2021

2020

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Employee benefit programs _____

Insurance (other than health) _____

Interest - mortgage (paid to banks, etc.) _____

Interest - other _____

Legal and professional services _____

Office expenses _____

Pension and profit sharing plans _____

Rent or lease (vehicles, machinery, and equipment) _____

Rent (other business property) _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses (including real estate taxes) _____

Travel _____

Total meals _____

Utilities _____

Wages _____

Family health coverage payments for taxpayer, spouse or dependents _____

Other expenses (list):

Casualties and Thefts

Name: _____

SSN: _____

FEMA code _____

Property description _____

Property location _____

Property was Personal Business Income-producing Employee income-producing

Date property was acquired _____ Fair market value before incident _____

Cost of property damaged or stolen _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date property was damaged or stolen _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

FEMA code _____

Property description _____

Property location _____

Property was Personal Business Income-producing Employee income-producing

Date property was acquired _____ Fair market value before incident _____

Cost of property damaged or stolen _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date property was damaged or stolen _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____

	2021	Prior years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____
Property was sold to a related party <input type="checkbox"/>		

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____

	2021	Prior years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____
Property was sold to a related party <input type="checkbox"/>		

TSJ _____ Description of property: _____

Date acquired _____ Date sold _____

	2021	Prior years
Selling price	_____	_____
Mortgages assumed	_____	_____
Cost of property sold	_____	_____
Depreciation allowed	_____	_____
Commissions and expense of sale	_____	_____
Gross profit percentage	_____	_____
Interest received	_____	_____
Principal payments received	_____	_____
Property was sold to a related party <input type="checkbox"/>		

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

TS _____

Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | | |
|--|--|--|
| <input type="checkbox"/> This property was placed in service during 2021. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property is your main home or second home. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> This property was disposed of during 2021. | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals. |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | | |

Income

	2021	2020		2021	2020
Rent Income			Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising				If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel				
Cleaning & maintenance				
Commissions				
Insurance				
Legal & professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Taxes				
Utilities				
Depletion				
Other expenses (list)				

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

TS _____ Employer ID number _____

Description _____

This farm was disposed of during 2021

Income

	2021	2020		2021	2020
Income from production of livestock, grains, and other crops	_____	_____	Crop insurance proceeds:		
Total cooperative distributions	_____	_____	Amount received in 2021	_____	_____
Total agricultural payments	_____	_____	<input type="checkbox"/> You elect to defer to 2022		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2020	_____	_____
CCC loans reported	_____	_____	Other income	_____	_____
CCC loans forfeited	_____	_____			

Expenses

	2021	2020		2021	2020
Car & truck expenses	_____	_____	Seeds & plants purchased	_____	_____
Chemicals	_____	_____	Storage & warehousing	_____	_____
Conservation expenses	_____	_____	Supplies purchased	_____	_____
Custom hire (machine work)	_____	_____	Taxes	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Feed purchased	_____	_____	Veterinary, breeding, & medicine	_____	_____
Fertilizers & lime	_____	_____	Other expenses (list)		
Freight & trucking	_____	_____	_____	_____	_____
Gasoline, fuel, & oil	_____	_____	_____	_____	_____
Insurance (other than health)	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.) _____	_____	_____	_____	_____	_____
Interest - other	_____	_____	_____	_____	_____
Labor hired (less jobs credit)	_____	_____	_____	_____	_____
Pension & profit-sharing plans	_____	_____	_____	_____	_____
Rent - vehicles, machinery & equip	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.)	_____	_____	_____	_____	_____
Repairs & maintenance	_____	_____	_____	_____	_____

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

TS _____ Employer ID number _____

Principal product _____

- This farm was disposed of during 2021.
- Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm.
- Yes No You filed Forms 1099 for the individuals.
- Yes No You received a Paycheck Protection Program (PPP) loan for this business.
- Yes No If "Yes," was any portion of the loan forgiven?

Income

	2021	2020		2021	2020
Sale of livestock / other items	_____	_____	Crop insurance proceeds:	_____	_____
Cost of items bought for resale	_____	_____	Amount received in 2021	_____	_____
Sale of products you raised	_____	_____	<input type="checkbox"/> You elect to defer to 2022		
Total cooperative distributions	_____	_____	Amount deferred from 2020	_____	_____
(Provide 1099-PATR)			Custom hire income	_____	_____
Total agricultural payments	_____	_____	Beginning inventory for accrual	_____	_____
Commodity Credit Corporation (CCC) loans:			Ending inventory for accrual	_____	_____
CCC loans reported	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
CCC loans forfeited	_____	_____	Other income	_____	_____

Expenses

	2021	2020		2021	2020
Car & truck expenses	_____	_____	Repairs & maintenance	_____	_____
Chemicals	_____	_____	Seeds & plants purchased	_____	_____
Conservation expenses	_____	_____	Storage & warehousing	_____	_____
Custom hire (machine work)	_____	_____	Supplies purchased	_____	_____
Employee benefit programs	_____	_____	Taxes	_____	_____
Feed purchased	_____	_____	Utilities	_____	_____
Fertilizers & lime	_____	_____	Veterinary, breeding, & medicine	_____	_____
Freight & trucking	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Gasoline, fuel, & oil	_____	_____	Other expenses (list)	_____	_____
Insurance (other than health)	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other	_____	_____		_____	_____
Non-W-2 labor hired	_____	_____		_____	_____
W-2 wages paid	_____	_____		_____	_____
Pension & profit-sharing plans	_____	_____		_____	_____
Rent - vehicles, machinery, & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.)	_____	_____		_____	_____

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ _____ Payer's Federal ID Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2021	2020		2021	2020
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State ID _____		
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad.		
Taxable grants	_____	_____			
Agriculture	_____	_____			

TSJ _____ Payer's Federal ID Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

	2021	2020		2021	2020
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year	_____	_____	Market gain	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State ID _____		
Tax year	_____	_____	State unemployment	_____	_____
Federal tax withheld	_____	_____	State withholding	_____	_____
RTAA payments	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad.		
Taxable grants	_____	_____			
Agriculture	_____	_____			

Form 1099-MISC - Miscellaneous Income

Name: _____

SSN: _____

Provide all copies of Form 1099-MISC

TS ____ For ____ Payer's federal ID number: _____

Payer's name: _____

Payer's address: _____

	2021	2020		2021	2020
Rents	_____	_____	Excess golden parachute payment	_____	_____
Royalties	_____	_____	Nonqualified deferred compensation _____	_____	_____
Other income	_____	_____	State _____ State ID _____	_____	_____
Description _____			State tax withheld	_____	_____
Federal tax withheld	_____	_____	State income	_____	_____
Fishing boat proceeds	_____	_____	Name of locality _____	_____	_____
Medical and health care payments	_____	_____	Local tax withheld	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products.			Local income	_____	_____
Substitute payments	_____	_____	State _____ State ID _____	_____	_____
Crop insurance proceeds	_____	_____	State tax withheld	_____	_____
Gross attorney proceeds	_____	_____	State income	_____	_____
Taxable Proceeds	_____	_____	Name of locality _____	_____	_____
Fish purchased for resale	_____	_____	Local tax withheld	_____	_____
Section 409A deferrals	_____	_____	Local income	_____	_____

TS ____ For ____ Payer's federal ID number: _____

Payer's name: _____

Payer's Address: _____

	2021	2020		2021	2020
Rents	_____	_____	Excess golden parachute payment	_____	_____
Royalties	_____	_____	Nonqualified deferred compensation _____	_____	_____
Other income	_____	_____	State _____ State ID _____	_____	_____
Description _____			State tax withheld	_____	_____
Federal tax withheld	_____	_____	State income	_____	_____
Fishing boat proceeds	_____	_____	Name of locality _____	_____	_____
Medical and health care payments	_____	_____	Local tax withheld	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products.			Local income	_____	_____
Substitute payments	_____	_____	State _____ State ID _____	_____	_____
Crop insurance proceeds	_____	_____	State tax withheld	_____	_____
Gross attorney proceeds	_____	_____	State income	_____	_____
Taxable Proceeds	_____	_____	Name of locality _____	_____	_____
Fish purchased for resale	_____	_____	Local tax withheld	_____	_____
Section 409A deferrals	_____	_____	Local income	_____	_____

Form 1099-NEC - Nonemployee Compensation

Name:

SSN:

Provide all copies of Form 1099-NEC

TS ____ For ____ Payer's federal ID number: _____

Payer's name: _____

Payer's Address: _____

	2021	2020		2021	2020
Non-employee compensation	_____	_____	<input type="checkbox"/> Payer made direct sales of \$5000 or more of consumer products.	_____	_____
Federal tax withheld	_____	_____		_____	_____
State _____ State ID _____	_____	_____	State _____ State ID _____	_____	_____
State tax withheld	_____	_____	State tax withheld	_____	_____
State income	_____	_____	State income	_____	_____
Name of locality _____	_____	_____	Name of locality _____	_____	_____
Local tax withheld	_____	_____	Local tax withheld	_____	_____
Local income	_____	_____	Local income	_____	_____

TS ____ For ____ Payer's federal ID number: _____

Payer's name: _____

Payer's Address: _____

	2021	2020		2021	2020
Non-employee compensation	_____	_____	<input type="checkbox"/> Payer made direct sales of \$5000 or more of consumer products.	_____	_____
Federal tax withheld	_____	_____		_____	_____
State _____ State ID _____	_____	_____	State _____ State ID _____	_____	_____
State tax withheld	_____	_____	State tax withheld	_____	_____
State income	_____	_____	State income	_____	_____
Name of locality _____	_____	_____	Name of locality _____	_____	_____
Local tax withheld	_____	_____	Local tax withheld	_____	_____
Local income	_____	_____	Local income	_____	_____

TS ____ For ____ Payer's federal ID number: _____

Payer's name: _____

Payer's Address: _____

	2021	2020		2021	2020
Non-employee compensation	_____	_____	<input type="checkbox"/> Payer made direct sales of \$5000 or more of consumer products.	_____	_____
Federal tax withheld	_____	_____		_____	_____
State _____ State ID _____	_____	_____	State _____ State ID _____	_____	_____
State tax withheld	_____	_____	State tax withheld	_____	_____
State income	_____	_____	State income	_____	_____
Name of locality _____	_____	_____	Name of locality _____	_____	_____
Local tax withheld	_____	_____	Local tax withheld	_____	_____
Local income	_____	_____	Local income	_____	_____

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Social Security Benefit Statement or Railroad Retirement Board Payments

TS _____	2021	2020	TS _____	2021	2020
Net benefits	_____	_____	Net benefits	_____	_____
Medicare premiums	_____	_____	Medicare premiums	_____	_____
Federal Income tax withheld	_____	_____	Federal Income tax withheld	_____	_____

Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.

TS _____ Payer's name: _____ Payer's federal ID number: _____

Address: _____

	2021	2020		2021	2020
Disability indicator <input type="checkbox"/>		<input type="checkbox"/>	State _____ State ID _____		
Report disability income as wages on 1040. <input type="checkbox"/>		<input type="checkbox"/>	State income tax withheld	_____	_____
Gross distribution	_____	_____	State distribution	_____	_____
Taxable amount	_____	_____	Name of locality _____		
Total distribution <input type="checkbox"/>			Local income tax withheld	_____	_____
Capital gain included in taxable amount above	_____	_____	Local distribution	_____	_____
Federal income tax withheld	_____	_____	State _____ State ID _____		
Employee contributions or insurance premiums	_____	_____	State income tax withheld	_____	_____
Distribution code(s)	_____	_____	State distribution	_____	_____
IRA/SEP/SIMPLE <input type="checkbox"/>		<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution	_____	_____	Local income tax withheld	_____	_____
			Local distribution	_____	_____

Yes No

- Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
- Were any of these distributions for disaster or coronavirus relief?

100% of the taxable amount enter above is a Qualified Charitable Distribution (QCD)	<input type="checkbox"/>	<input type="checkbox"/>
Enter an amount in this field if only part of the taxable amount entered above is a QCD	_____	_____
100% of the taxable amount entered above is for Health Savings Account (HSA) funding	<input type="checkbox"/>	<input type="checkbox"/>
Enter an amount in this field if only part of the taxable amount entered above is for HSA funding	_____	_____
Enter the amount of distribution used for insurance premiumns for public safety officers	_____	_____

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2021

2020

Enter the number of miles from your OLD home to your NEW workplace _____

Enter the number of miles from your OLD home to your OLD workplace _____

Enter the amount you paid for transportation and storage of household goods and personal effects _____

Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals) _____

Enter the amount of moving expenses reimbursed to you by your employer _____

Self-Employed Health Insurance

TSJ _____

2021

2020

Enter the qualified long term care amount _____

Enter your Medicare wages from an S corporation _____

Self-Employed Pensions

TSJ _____

2021

2020

Enter your plan contribution rate as a decimal _____

Enter your allowable elective deferrals made during 2021 _____

Enter your catch-up contributions _____

Enter the amount of designated ROTH contributions included above _____

Nondeductible IRAs

TS _____

This person is covered by a retirement plan at work or through self-employment

2021

2020

Total traditional IRA contributions made for 2021 _____

Amount included above that was contributed between 1/1/2022 and 4/18/2022 _____

Total basis in traditional IRAs as of 12/31/2021 _____

Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) _____

Distributions received were used for disaster or coronavirus relief

Amount of traditional IRAs converted to ROTH IRAs _____

IRA basis before conversion _____

Total ROTH IRA contributions made for 2021 _____

Health Savings Account

TS _____

2021

2020

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only Family

HSA contributions made for 2021 _____

Total distributions from all HSAs during 2021 _____

Distributions included above that were rolled over into another account _____

Qualified medical expenses paid using HSA distributions _____

Noncash Charitable Contributions

Name: _____

SSN: _____

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Date contributed _____ Bargain sale was capital gain property

Property type (If over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|---|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual property |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Securities | <input type="checkbox"/> Clothing and household items |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Collectibles | <input type="checkbox"/> Other |
| <input type="checkbox"/> Equipment | | |

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Date contributed _____ Bargain sale was capital gain property

Property type (If over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|---|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual property |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Securities | <input type="checkbox"/> Clothing and household items |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Collectibles | <input type="checkbox"/> Other |
| <input type="checkbox"/> Equipment | | |

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2021 Taxpayer	2020 Taxpayer	2021 Spouse	2020 Spouse
Scholarships or grants not reported on Form W-2	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____	_____	_____
Alimony received				
Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____	_____	_____
Unemployment compensation repaid in 2021	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____	_____	_____
Alaska Permanent Fund	_____	_____	_____	_____
Jury duty pay	_____	_____	_____	_____
ABLE distributions	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adjustments

	2021 Taxpayer	2020 Taxpayer	2021 Spouse	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____	_____	_____
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____	_____	_____
Contributions made to a Roth IRA	_____	_____	_____	_____
Interest paid on a student loan	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

Yes **No**

Did you pay any one household employee cash wages of \$2,300 or more in 2021?

Did you withhold federal income tax during 2021 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2021 by April 18, 2022?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2021	2020
Total cash wages subject to Social Security tax	_____	_____
Total cash wages subject to Medicare tax	_____	_____
Total cash wages subject to Additional Medicare tax withholding	_____	_____
Federal income tax withheld	_____	_____
Qualified sick leave wages	_____	_____
Qualified family leave wages	_____	_____
Qualified health plan expenses	_____	_____

TSJ _____ Employer Identification Number _____

Yes **No**

Did you pay any one household employee cash wages of \$2,300 or more in 2021?

Did you withhold federal income tax during 2021 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2021 by April 18, 2022?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2021	2020
Total cash wages subject to Social Security tax	_____	_____
Total cash wages subject to Medicare tax	_____	_____
Total cash wages subject to Additional Medicare tax withholding	_____	_____
Federal income tax withheld	_____	_____
Qualified sick leave wages	_____	_____
Qualified family leave wages	_____	_____
Qualified health plan expenses	_____	_____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses		Charitable Contributions		
	2021	2020		
Health insurance premiums (paid by you, not through work)	_____	_____	Donations to charity (cash)	
Long-term care premiums (you) . . .	_____	_____	Disaster relief contributions . . .	
Long-term care premiums (your spouse)	_____	_____	Miles driven for charitable purposes _____	
Long-term care premiums (dependents)	_____	_____	Donations to charity (noncash) . .	
Mileage driven for medical purposes . .	_____	_____	If noncash donations are greater than \$500, list below.	
Out of pocket medical and dental expenses (list)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Taxes Paid		Other Miscellaneous Deductions	
State and local income taxes	_____	Amortizable bond premiums . . .	_____
General sales tax (vehicle, boat, home, etc.)	_____	Federal estate tax	_____
Real estate taxes	_____	Gambling losses	_____
Personal property taxes	_____	Impairment-related work expenses	_____
Other taxes (list)	_____	Claim repayments	_____
_____	_____	Unrecovered pension investments	_____
_____	_____	Schedule K-1	_____
_____	_____	Ordinary loss debt instrument . .	_____
_____	_____	Excess deduction on termination	_____

Interest Paid		For state purposes ONLY Job Expenses & Certain Miscellaneous Deductions	
Home mortgage interest paid (attach Form 1098)	_____	Necessary job expenses you paid that were not reimbursed by your employer (list)	_____
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.		_____	_____
Home mortgage interest paid to an individual	_____	_____	_____
Paid to:		_____	_____
Name _____		Union dues	_____
Address _____		Tax preparation fees	_____
City, State, ZIP _____		Other nonpersonal expenses related to taxable income (list)	_____
SSN or EIN _____		_____	_____
Home mortgage insurance premiums	_____	Investment expenses not entered elsewhere	_____
Investment interest	_____	Home equity interest	_____

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ _____ For _____ Business name _____

Product _____

Recipient/Lender information: Federal ID # _____

Name _____

Address _____

City _____ State _____ ZIP _____

Foreign only Province/State _____ Country _____ Postal code _____

	2021	2020		2021	2020
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real estate taxes paid	_____	_____
Date mortgage began	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence		
Mortgage insurance premiums	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____

Product _____

Recipient/Lender information: Federal ID # _____

Name _____

Address _____

City _____ State _____ ZIP _____

Foreign only Province/State _____ Country _____ Postal code _____

	2021	2020		2021	2020
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real estate taxes paid	_____	_____
Date mortgage began	_____	_____	<input type="checkbox"/> Mortgage interest is for primary residence		
Mortgage insurance premiums	_____	_____	Account number _____		

TSJ _____ For _____ Business name _____

Product _____

Recipient/Lender information: Federal ID # _____

Name _____

Address _____

City _____ State _____ ZIP _____

Foreign only Province/State _____ Country _____ Postal code _____

	2021	2020		2021	2020
Mortgage interest received	_____	_____	Points paid	_____	_____
Outstanding mortgage principal	_____	_____	Real estate taxes paid	_____	_____
Date mortgage began	_____	_____	<input type="checkbox"/> Mortgage interest if for primary residence		
Mortgage insurance premiums	_____	_____	Account number _____		

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

Select if you are:

- A qualifying performing artist
- A fee-based state or local government official
- A disabled employee with impairment-related work expenses
- An Armed forces reservist (travel related expenses only)
- A member of the clergy

Part I - Employee Business Expense and Reimbursements

	2021	2020
Parking fees, tolls, and local transportation, including train, bus, etc.	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	_____	_____
Other business expenses	_____	_____
Meals	_____	_____
DOT meals	_____	_____
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses	_____	_____
Meals	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee	_____	_____
Portion of total expenses that is for an Armed Forces reservist	_____	_____

Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2021	2020	2021	2020
Enter the date vehicle was placed in service	_____	_____	_____	_____
Total miles vehicle was driven during 2021	_____	_____	_____	_____
Business miles	_____	_____	_____	_____
Average daily roundtrip commuting distance	_____	_____	_____	_____
Commuting miles included in total miles above	_____	_____	_____	_____
Taxes	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)	_____	_____	_____	_____
Enter cost or other basis	_____	_____	_____	_____
Enter section 179 deduction	_____	_____	_____	_____
Enter depreciation percentage	_____	_____	_____	_____
If your employer provided a vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession/product _____

Description _____

Date placed in service _____

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

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

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:	2021	2020		Prior year total
Business			Business	
Commuting			Total	
Other				

Expenses

	2021	2020
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Rental fees		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Lease addbacks		
Other expenses (list):	Apply business %	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

TSJ _____ For _____

2021

2020

Square footage of home used exclusively for business _____

Total square footage of home _____

Use of Home for Daycare

2021

2020

Area used part time for business _____

Total hours used for daycare _____

Total hours available _____

Did you live in the home all year? Yes No

Expenses

Office expenses

Home expenses

2021

2020

2021

2020

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Excess real estate taxes _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Cost of Home

2021

2020

Enter the **smaller** of your home's adjusted basis or its fair market value _____

Does this include the value of the land? Yes No Value of land _____

Date placed in service _____

Date taken out of service _____

Asset Listing for 2021

SSN: _____

Name: _____

Assets for:

For	Multi	Description of property	Date acquired	Cost/Basis	Method	Life	Prior depreciation	Sec 179 exp	Date sold	Sales price	Expense of sale

Foreign Earned Income

Name: _____

SSN: _____

Part I - General Information

Taxpayer's foreign address

Street 1 _____

Street 2 _____

Foreign city _____

Province/State _____ Country _____ Postal code _____

Occupation _____

Employer's name _____

Employer's U.S. address

Street _____

City _____ ST _____ Zip _____

Employer's foreign address

Street 1 _____

Street 2 _____

City _____

Province/State _____ Country _____ Postal code _____

Employer is: (check any that apply)

- A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify): _____

If you have previously filed Form 2555, enter the last year you filed Form 2555. _____

If you claimed an exclusion in an earlier year, have you ever revoked your choice? Yes No

If "Yes," give the type of exclusion _____ and tax year _____

Of which country are you a citizen? _____

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of days
_____	_____
_____	_____
_____	_____

List your tax homes during your tax year and dates established

Home	Date established
_____	_____
_____	_____
_____	_____

Foreign Earned Income

Name: _____

SSN: _____

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Type of living quarters in foreign country Purchased house Rented house or apartment
 Rented room Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No
 If yes, who and for what period Relationship For what period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No
 If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business		Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country: _____ Yes No

Did your visa limit the length of your stay or employment in a foreign country? Yes No
 If yes, explain _____

Did you maintain a home in the United States while living abroad? Yes No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address _____
 City _____ State _____ ZIP _____ Was the home rented?

Name of occupant: _____ Relationship of occupant: _____

Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year: _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. The 12-month period does not have to begin with the first full day or end date on arrival/departure in a foreign country. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Foreign Earned Income

Name: _____

SSN: _____

Part IV - Foreign Earned Income

2021

2020

Total wages, salaries, bonuses, commissions, etc.		
Allowable share of income for personal services performed:		
In a business (including farming) or profession		
In a partnership (list name, address, and type of income)		

Noncash income:

Home (lodging)		
Meals		
Car		
Other property or facility (specify) _____		

Allowances, reimbursements, or expenses paid on your behalf for services performed:

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other (specify) _____		
Other foreign earned income (specify): _____		
Meals and lodging entered above, that were provided by your employer, that are excludable		

For Taxpayers Claiming the Housing Exclusion or Deduction

2021

2020

Qualified housing expenses for the tax year		
Location where housing expenses incurred _____		
Limit on housing expenses		
Enter the number of days in qualifying period that fall within your 2021 tax year		
Enter employer-provided amounts		

For Taxpayers Claiming the Foreign Earned Income Exclusion

2021

2020

Enter the number of days in qualifying period that fall within your 2021 tax year		
---	--	--

Residential Energy Credits

Name:

SSN:

TSJ _____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs _____

Qualified solar water heating property costs _____

Qualified small wind energy property costs _____

Qualified geothermal heat pump property costs _____

Qualified biomass fuel property costs _____

Was qualified fuel cell property installed on or in your main home in U.S.? Yes No

Address of main home _____

City, State, ZIP _____

Qualified fuel cell property costs _____

Kilowatt capacity of qualified fuel cell property entered above _____

Amount of unused credit from 2020 Form 5695, line 16 _____

Part II - Nonbusiness Energy Property Credit

Were improvements or costs made to your main home located in the US? Yes No

Address of main home _____

City, State, ZIP _____

Were improvements or costs related to the construction of this main home? Yes No

Enter the nonbusiness energy property credit that you took in:

2006 _____ 2010 _____ 2013 _____ 2016 _____ 2019 _____

2007 _____ 2011 _____ 2014 _____ 2017 _____ 2020 _____

2009 _____ 2012 _____ 2015 _____ 2018 _____

Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain _____

Exterior doors that meet or exceed Energy Star 6.0 requirements _____

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain _____

Exterior windows and skylights that meet or exceed Energy Star 6.0 requirements _____

Enter the amount of window expense you claimed in:

2006 _____ 2010 _____ 2013 _____ 2016 _____ 2019 _____

2007 _____ 2011 _____ 2014 _____ 2017 _____ 2020 _____

2009 _____ 2012 _____ 2015 _____ 2018 _____

Residential Energy Property Costs

Energy efficient building property costs _____

Qualified natural gas, propane, or oil furnace or hot water boiler _____

Advanced main air circulating fan used in a natural gas, propane, or oil furnace _____

Education Credits

Name: _____

SSN: _____

Provide all Form(s) 1098-T

Student's first and last name: _____ SSN: _____

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes
- Was the student enrolled at least half-time for at least one academic period that began in 2021 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2021?
- Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

	2021	2020
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free education assistance received in 2021 allocable to the academic period	_____	_____
Tax-free education assistance received in 2022 (and before 2021 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2021 if the refund is received before the 2021 return is filed	_____	_____

- Did the student receive Form 1098-T from this institution for 2021? Yes No
- Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? Yes No

EIN _____

Educational Institution Name _____

Street _____

City _____ State _____ ZIP _____

Student's first and last name: _____ SSN: _____

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes
- Was the student enrolled at least half-time for at least one academic period that began in 2021 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2021?
- Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

	2021	2020
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free education assistance received in 2021 allocable to the academic period	_____	_____
Tax-free education assistance received in 2022 (and before 2021 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2021 if the refund is received before the 2021 return is filed	_____	_____

- Did the student receive Form 1098-T from this institution for 2021? Yes No
- Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? Yes No

EIN _____

Educational Institution Name _____

Street _____

City _____ State _____ ZIP _____

Energy Credits

Name: _____

SSN: _____

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
How many wheels does the vehicle have?	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Business/investment use percentage	_____	_____

Form 8910 - Alternative Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle	_____	_____
Make of vehicle	_____	_____
Model of vehicle	_____	_____
Vehicle Identification Number	_____	_____
Date vehicle was placed in service	_____	_____
Business/investment use percentage	_____	_____

