2021 ORGANIZER

METZGER MANCINI & LACKNER LLP

CERTIFIED PUBLIC ACCOUNTANTS

115 S. Eddy Street, South Bend, IN 46617 T 574 232 9973 · F 574 232 8863

Form ID: 1040		Perso	onal Information	on		1
Filing (Marita	l) status code (1 = Single, 2 = Married	filing joint, 3 = Married filin	g separate, 4 = Head of I	household, 5 = Qualifying widow(er))		[1]
	ere married but living apart all					[2]
Mark if your i	nonresident alien spouse does r	not have an Individua	l Taxpayer Identifi	cation Number (ITIN)		[3]
			Taxpayer		Spouse	e
Social securit	y number			[4]		[5]
First name				[6]		[7]
Last name				[8]		[9]
Occupation			 	[10]		[11]
	00 to the presidential election of	campaign fund? (1 = Ye	es, 2 = No, 3 = Blank)	2 [12]		[14]
-	ident of another taxpayer i income less than 1/2 support :	aga 10 ag 10 12 full		[15]		[16]
Mark if legally		age 18 01 19 - 23 Iuli-	time studentr (Y, <u>N</u>			
Date of birth	billiu		_	[20]		[21]
Date of death		-		[22] [26]		[24]
	e telephone number/ext numbe	er	[28]	[29]	[30]	[27] [31]
	g telephone number		[20]	[32]	[30]	[33]
	rize us to discuss your return w	ith the IRS? (y. Ŋ)		Y [34]		[55]
						-
A 1.1		Presen	t Mailing Add	1622		
Address						[40]
Apartment nu					-	[41]
	tal code, zip code			[42]	[43]	[44]
Foreign count Foreign phone	-					[46]
In care of add			_			[49]
III care or add						[50]
		Depen	dent Informati	ion		
	(*)	Please refer to Depe	ndent Codes loca	ted at the bottom)	Months***Dep	Care expenses
Cinch None	-trai				in Codes	paid for
First Nam	e[51] Last Name	Date of Birth	Social Security	No. Relationship	home * **	dependent
		<u> </u>				
					_	
	-					
						
		<u> </u>				
	who lived with you but is not yo	our dependent				[52]
Social security	number of qualifying person					[53]
		Dep	endent Codes			
*Basic	1 = Child who lived with you			= Student (Age 19 - 23)		
	2 = Child who did not live wit	th you due to divorc	e/separation 2	= Disabled dependent		
	3 = Other dependent		3	= Dependent who is both a	student and disal	oled
	4 = Other dependents, but do	•		endents (ODC)		
	5 = Qualifying child for Earne					
	6 = Children who lived with y					1
	7 = Children who lived with y					
<u> </u>	8 = Children who lived with y		fy for Child Tax C	redit/Credit for Other Depe	endents/Earned In	come Credit
***Month	77 = Reported on odd year re					
	88 = Reported on even year r	eturn				
	99 = Not reported on return					
				General	Form	n ID: 1040
					[101]	1040

Form ID: Info

Client Contact Information

2

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (B Taxpayer email address	slank = Both, T = Taxpayer, S = Spouse)	[8]
Spouse email address		[9]
	Taxpayer	Spouse
Fax telephone number	[11]	[20]
Mobile telephone number	[12]	[21]
Mobile telephone #2 number	[13]	[22]
Pager number	[14]	[23]
Other:	[15]	[24]
Telephone number	[16]	[25]
Extension	[17]	[26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[27]

Form	m.	14/2

Wages and Salaries #1

- 4	-
- 1	

Please provide all co	opies of Form W-2.	
	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fish	ning, 4 = National Guard) [5]	
Mark if this is your current employer	[6]	
Federal wages and salaries (Box 1)	+ [10]	
Federal tax withheld (Box 2)	+ [12]	
Social security wages (Box 3) (If different than federal wages)	+ [14]	
Social security tax withheld (Box 4)	+ [16]	
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+ [21]	
SS tips (Box 7)	+ [23]	
Allocated tips (Box 8)	+ [25]	
Dependent care benefits (Box 10)	+ [27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+ [34]	
State tax withheld (Box 17)	+ [36]	
Local wages (Box 18)	+ [38]	
Local tax withheld (Box 19)	+ [40]	
Name of locality (Box 20)	[43]	

Control Totals +	7	·
1 control locals		

[43]

Wages and Salaries #2

Please provide all copies of Form W	<i>l-</i> 2.
	Information
Taxpayer/Spouse (T, s)	[1]
Employer name	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Gua	
Mark if this your current employer	_[6]
Federal wages and salaries (Box 1) +	[10]
Federal tax withheld (Box 2)	[12]
Social security wages (Box 3) (If different than federal wages) +	[14]
Social security tax withheld (Box 4)	+ [16]
Medicare wages (Box 5) (If different than federal wages) +	[18]
Medicare tax withheld (Box 6)	[21]
SS tips (Box 7)	[23]
Allocated tips (Box 8)	+ [25]
Dependent care benefits (Box 10)	+ [27]
Box 13 -	
Statutory employee	[29]
Retirement plan	[30]
Third-party sick pay	[30] [31]
State postal code (Box 15)	[32]
State wages (Box 16) (If different than federal wages)	[34]
State tax withheld (Box 17)	[36]
Local wages (Box 18)	[38]
Local tax withheld (Box 19)	[40]
Name of locality (Box 20)	[40]

15	Prior \			
				-
				-
		<u>-</u>		-
				-

Control Totals +	
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[43]

Income

Form ID: B-1

Interest Income

13

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50. Please provide copies of all Form 1099-INT or other statements reporting interest income.

T/S/J Code (**See codes below)	P		2		W		4		5		6		7		œ		9		10	
codes below)	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +
Income																	-			
lax Exempt Income																				
Penalty on Early Withdrawal																				
U.S. Obligations* Tax Exempt* \$ or % \$ or %																	c			
Tax Exempt* \$ or %																				
Foreign Taxes Paid																				
Prior Year Information																				

Co	
ntrol Totals +	
Income	
Form ID: B-1	

Blank = Regular Interest 3 = Nominee Distribution

4 = Accrued Interest 5 = OID Adjustment

7 = Series EE & I Bond 6 = ABP Adjustment **Interest Codes

Form ID: B-2 **Dividend Income**

14

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

																				S Type J Code
	10 Payer	+-	9 Payer	+	Payer	-	7 Payer	+	6 Payer	+-	Payer	-	Payer	+-	Payer	+	2 Payer		Payer	Type Code (**See codes below)
Amounts +	/er	Amounts +	/er	Amounts +	/er	Amounts +	/er	Amounts +	/er	Amounts +	/er	Amounts +	/er	Amounts +	/er	Amounts +	/er	Amounts +	/er	des below
																'				Ord Divid
																				Ordinary [2] Dividends
																				Qualified Dividends
																				Cap Distr
																				Total Cap Gain Distributions
																				Section
																				Section 1250
																ä				Sec. 199A
																				28 Capita
																				28% Capital Gain
						٠														Tax Exempt Dividends
																				(empt ends
																				چ االئ
																				U.S. Obligations* \$ or %
																				Tax Exempt* \$ or %
																		_		
																				Foreign Taxes Paid
																				Prior Year Information
																				Year

Blank = Other

**Dividend Codes

3 = Nominee

Control Totals +

Income

Form ID: B-2

Form ID: I	ncome		V.	Other Income				18
State ar	nd local income	e tax refunds			+_	2021 Information	_[5]	Prior Year Information
Alimony	/ received		T/S	Agreement Date	+ <u>-</u> + _	2021 Information	_[3]	Prior Year Information
**Unen	nployment ben mount of tax w	efits are taxable income and s ithheld. You may need to go to	hould be your st	e reported on your re ate's Department of	turn Labo	. Your 1099-G shoul or website to get you	d show ir 1099	both the amount received and Grown your account.
Unempl	oyment compe	ensation**	+	Taxpayer 	_	Spouse	(10)	Prior Year Information
	-	ensation federal withholding	+	[9]	<u> </u>		_[10] [10]	
		ensation state withholding		[9]			_(10)	
Unempl	oyment compe	ensation repaid		[12]				
Alaska P	ermanent Fun	d dividends		[18]				
T/S/J	Self- Employment Income ? (Y, N)	Other in some such as Cons		han and Division for	-	2021 Information		Prior Year Information
		Other income, such as: Com				•	[4.5]	
	_							
_								
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NOTES	/OUESTION	C.				· · ·		

Control Totals + Income Form ID: Income

Form ID: 1099R Pension, Ani	nuity, and IRA Distribu	utions #1	24
Please	provide all Forms 1099-R.		
	2	021 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_[1]	
Name of payer	<u> </u>	[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)	+	[9]	
Federal withholding (Box 4)		[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan	[16]	
State withholding (Box 14)	+	[17]	
Local withholding (Box 17)		[19]	
Amount of rollover		[21]	
Mark if distribution was due to a pre-retirement age disability		_[23]	
	Control Totals +		
			·
Pension, Ann	uity, and IRA Distribu	itions #2	
Please	provide all Forms 1099-R. 20	021 Information	Prior Year Information
Taxpayer/Spouse (T, s)		_[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)		[9]	
Federal withholding (Box 4)		[11]	
Distribution code (Box 7)		_[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan	 [16]	
State withholding (Box 14)	+	[17]	
Local withholding (Box 17)		[19]	
Amount of rollover		[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	
	Control Totals +		
*** · · · · ·			
Pension, Ann	uity, and IRA Distribu	tions #3	
****	provide all Forms 1099-R.		
	20	21 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)	+	[9]	
Federal withholding (Box 4)	+	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan	_[16]	
State withholding (Box 14)	+	[17]	
Local withholding (Box 17)	+	[19]	
Amount of rollover	+	[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	
	Control Totals +		
NOTES/QUESTIONS:			

Retirement

Form ID: 1099R

orm ID: SSA-1099 Social Security, Tier 1 Ra	ilroad Benefits	25
Please provide a copy of Form(s) S		
¬axpayer/Spouse (т, s)	[1]	
itate postal code	[2]	
Social Security Be	enefits	·
	2021 Information	Prior Year Information
f you received a Form SSA - 1099, please complete the following information:		
let Benefits for 2021 (Box 3 minus Box 4) (Box 5)	+[8]	
Voluntary Federal Income Tax Withheld (Box 6)	+[10]	
rom the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+[12]	
Prescription drug (Part D) premiums	+[14]	
Tier 1 Railroad Be	nefits	
	2021 Information	Prior Year Information
you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2021 (Box 5)	+[22]	
Federal Income Tax Withheld (Box 10)	+[25]	
Medicare Premium Total (Box 11)	+[27]	
Additional Information About	t Benefits Received	
dditional information about the benefits received not reported above. For exa	mple did you repay any benefits	in 2021 or receive any prior v
enefits in 2021. This information will be reported in the SSA-1099 DESCRIPTION		
MOTES (OLIESTICALS.		
IOTES/QUESTIONS:		
DIES/QUESTIONS:		

Form ID: IRA Traditional IF	RA				26
	Taxpayer			Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement				-	
plan? (Y, N)		_[1]			[2]
Do you want to contribute the maximum allowable traditional IRA contribution	amount? If				
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		[3]			[4]
Enter the total traditional IRA contributions made for use in 2021	+	[5]	+		[6]
	Taxpayer			Spouse	
Enter the nondeductible contribution amount made for use in 2021	+	J5ì	+		[6]
Enter the nondeductible contribution amount made in 2022 for use in 2021	+	[7]			
Traditional IRA basis	+	[17]			[18
Value of all your traditional IRA's on December 31, 2021:					
·	+	[19]	+	<u>.</u>	[20
	+				
	+				
	+		+		
	+		+		
Roth IRA				····	
Please provide copies of any 1998 through 2020 F	Form 8606 not prepared	by this	office	· ·	
	Taxpayer			Spouse	
Mark if you want to contribute the maximum Roth IRA contribution		[29]			[30]
Enter the total Roth IRA contributions made for use in 2021	+	[31]	+		[32]
Enter the amount a 2021 Roth IRA conversion should be adjusted by	+		+		[40]
Enter the total contribution Roth IRA basis on December 31, 2020	+		+		[44]
Enter the total Roth IRA contribution recharacterizations for 2021	+	[45]	+		 [46]
Enter the Roth conversion IRA basis on December 31, 2020	+	[47]	+		[48]
Value of all your Roth IRA's on December 31, 2021:					
	+	[49]	+		[50]
	+		+		
	+				
	+		+		
	+		+		

 Control Totals +	Retirement	Form ID: IRA
	· · · · · · · · · · · · · · · · · · ·	

Form ID: C-1	Schedule C - General Information	28
Preparer use only		
	2021 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	

Taxpayer/Spouse/Joint (T, S, J)			FIIOI Teal Information
		[2]	
Employer identification number		[3]	
Business name			
Principal business/profession			
Business code		[6]	
		[12]	
Business address, if different from home	address on Organizer Form ID: 1040		
Address		[15]	
City/State/Zip	[16]		
Accounting method (1 = Cash, 2 = Accrual, 3 = Ot			
If other:	ier)	[19]	
		[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)		[22]	
If other enter explanation:		 -	
		In al.	
		(24)	
Fatana A. M. 164		·	
Enter an explanation if there was a change	in determining your inventory:		
		[25]	
Did you "materially participate" in this bus	iness?(v.n)		
If not, number of hours you did signific		_[26]	
		[28]	
Mark if you began or acquired this busines		[30]	
Did you make any payments in 2021 that r	equire you to file Form(s) 1099? (Y, N)	(31]	
If "Yes", did you or will you file all requ		[33]	
Mark if this business is considered related			
Did you receive wages as a statute and and	to quantied services as a fillilister of Teligic	_	
Did you receive wages as a statutory empl		= Minister)[37]	
Medical insurance premiums paid by this a	· ·	[40]	
Long-term care premiums paid by this acti	•.	[44]	CONTRACTOR OF THE PARTY OF THE
Amount of wages received as a statutory e	mplovee +	[47]	Access to the second
		[+/]	
	Business Income		
		2021 Information	Prior Year Information
Gross receipts and sales		2021 IIIOIIIIation	riidi real illidifilation
Gross receipts and saids			
	+_	[52]	
	+		
Returns and allowances			
Returns and allowances			
Returns and allowances		[55] 	
Returns and allowances	+ + + + + +	[55] 	
Returns and allowances	+ + + + + +	[55] 	
Returns and allowances	+ + + + + + + +	[55] 	
Returns and allowances	+ + + + + +	[55] 	
Returns and allowances	+ + + + + + + +	[55] [57]	
Returns and allowances Other income:	t + + + + + + + + - Cost of Goods Sold	[55] [57] 2021 Information	
Returns and allowances Other income: Beginning inventory	t + + + + + + + + - Cost of Goods Sold	[55] 	
Returns and allowances Other income: Beginning inventory Purchases	t + + + + + + + + - Cost of Goods Sold	[55] [57] 2021 Information	
Returns and allowances Other income: Beginning inventory	t + + + + + + + + - Cost of Goods Sold	[55] 	
Returns and allowances Other income: Beginning inventory Purchases	+ + + + + + + + + + + + + + + + + + +	[55] 	
Returns and allowances Other income: Beginning inventory Purchases	+ + + + + + + + + + + + + + + + + + +	[55] [57] 2021 Information [59] [61]	
Returns and allowances Other income: Beginning inventory Purchases	+ + + + + + + + + + + + + + + + + + +	[55] [57] 2021 Information [59] [61]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	+ + + + + + + + + + + + + + + + + + +	[55] [57] 2021 Information [59] [61]	
Returns and allowances Other income: Beginning inventory Purchases Labor:	+ + + + + + + + + + + + + + + + + + +	[55] [57] 2021 Information [59] [61] [63]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	+ + + + + + + + + + + + + + + + + + +	[55] [57] 2021 Information [59] [61] [63] [65]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	+ + + + + + + + + + + + + + + + + + +	[55] [57] 2021 Information [59] [61] [63]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	+ + + + + + + + + + + + + + + + + + +	[55] [57] 2021 Information [59] [61] [63] [65]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:	+ + + + + + + + + + + + + + + + + + +	[55] [57] 2021 Information [59] [61] [63] [65]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:	+ + + + + + + + + + + + + + + + + + +	[55] [57] 2021 Information [59] [61] [63] [65]	

Form ID: C-2	Schedule C - Expenses	29

Principal business on perfection		
Principal business or profession		
Advertising	2021 Information	Prior Year Information
Car and truck expenses	+[6]	
Commissions and fees	+[8]	
Contract labor	+[10]	
Depletion	+[12]	
Depreciation	+[14] +[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):	(10]	
The production of careful and the production of careful and the careful and th	+[18]	
	+(15)	
Insurance (Other than health):		
	+[20]	
	+	
Interest:		
Mortgage (Paid to banks, etc.)		
	+[22]	
	+	
	+	
Other:		
	+[24]	
	+	
Legal and professional services	+[26]	
Office expense	+[29]	
Pension and profit sharing:		
	+[31]	
	+	
Rent or lease:		
Vehicles, machinery, and equipment	+[33]	
Other business property	+[35]	
Repairs and maintenance	+[37]	
Supplies	+[39]	
Taxes and licenses:		
	+[41]	
	+	
•	<u> </u>	
Travel and meals:	+	
	- F431	
	+[43]	
	+[45] +[47]	
	+[49]	
Liette	+[51]	
Wages (Less employment credit):		
· · ·	+[53]	
	+	
Other expenses:		
	+[55]	
	+	
	+	
	+	
	+	
	+	
	-	
	+	
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	F	
Control Totals +		Form ID: C-2

Form ID: Rent	Rent and Royalty Prope	rty - General Information	1	31
Preparer use only		2021 Informat	ion	Prior Year Information
Description		2021 1110111141	[2]	Filor fear information
Taxpayer/Spouse/Joint (T, S, J) [3]		State postal code	[2] [5]	
Physical address: Street			[6]	
City, state, zip code		[7][8]	[9]	
Foreign country			[11]	
Foreign province/cou	inty		[12]	
Foreign postal code			[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation Description of other type (Type code #8)	short-term, 4=Commercial, 5=Land, 6=Royali	ty, 7=Self-rental, 8=Other, 9=Personal ppt		
Did you make any payments in 2021 th	est require you to file Form(s) 1000	12 07 113	[15]	
If "Yes", did you or will you file all re		'r (Y,N)	_[16]	-7
Fair rental days (If not full year) (For types 1, 2			[18] [20]	
Percentage of ownership if not 100%	, i, s, i and a strip (ase them 2 for type s)	-	[20] [22]	
Business use percentage, if not 100% (Not vacation home percentage)		[24]	
Rents and royalties	Rent and Roy	021 Information		Prior Year Information
•	+	[33]		Filor fear information
	D110		\ -	
	Rent and Roya	D21 Information Percent if	not 100%	Prior Year Information
Advertising		[35]	01	Prior rear information
Auto		[38]		
Travel		[41]		
Cleaning and maintenance		[44]	[45]	All the majorithms of the con-
Commissions:				
	+	[47]	[49]	
	+			
Insurance:				
	+	[50]	[52]	
Legal and professional fees	+	[54]	[55]	
Management fees:				
	⁺	[57]	[59]	
Mortgage interest paid to banks, etc (Fo	orm 1098)	· · · · · · · · · · · · · · · · · · ·	_	
, , , , , , , , , , , , , , , , , , , ,		[60]	[62]	
Other mortgage interest		[63]	[65]	
Qualified mortgage insurance premium	s +	[66]	[67]	
Other interest:				
	+	[69]	[71]	
	+			
Repairs	+		[73]	
Supplies	+	[75]	[76]	
Taxes:				
		[78]	[80]	
Utilities		[81]	1021	
Depreciation	[84]	[82] [85]		
Depletion	+	[87]	[88]	
Other expenses:		r1		
	+	[90]		
	+			
	+			
	Control Totals +	Rent & Roy	aıty	Form ID: Rent

Form ID: F-1	Farm Income - General I	nformati	on	33
	Please provide all Forms	1099-K		
Preparer use only		2	021 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		2		riioi ieai mioimation
Employer identification number			[2] [3]	
Description		-	[3] [4]	
Principal Product			[5]	
State postal code			[6]	
Accounting method (1 = Cash, 2 = Accrual)			(7]	
Agricultural activity code			[9]	
Did you "materially participate" in this			[12]	
	hat require you to file Form(s) 1099? (Y, N)		[14]	_
If "Yes", did you or will you file all re			_[16]	Person
	should be excluded from self-employment i	income	_[18]	
Medical insurance premiums paid by t	·	+	[21]	The state of the s
Long-term care premiums paid by this	activity		[25]	
	Schedule F Incor	me		
Sales Code**		20	021 Information	Prior Year Information
fn	come description			
			[35]	
		+		
	** Sales Codes		_	<u> </u>
	les of items bought for resale		n hire (machine wor	k)
	les of items raised	5 = Other	income	
3 = Accrual	sales			
		20	21 Information	Prior Year Information
Cost or other basis of livestock and oth	ner items you bought for resale (Cash method)	4.	[22]	
Beginning inventory of livestock and or			[37] [39]	
Accrual cost of livestock, produce, grain		+		
Ending Inventory of livestock and othe	•	+	[43]	
Total cooperative distributions you rec			[45]	
Taxable cooperative distributions you	received	+	[47]	
	2021 Total	20	21 Taxable	Prior Year Information
Agricultural program payments				
, ignocited at program payments	+	4	[50]	
			[50]	
	+	_ +		
			21 Information	Prior Year Information
CPP nayments received while appelled	to receive social security or disability benef			THO TEAT INTOMINATION
Commodity credit loans reported under		11.5 +	[52]	
commodity areal found reported unde	i dection.		[54]	
			[54]	
Total commodity credit loans forfeited		+	[56]	
Taxable commodity credit loans forfeit		+	[58]	
	2021 Total	20	21 Taxable	Prior Year Information
Total crop insurance proceeds you reco	eived in 2021			
		+	[61]	
	+			
	+	+		
Mark if electing to defer crop insurance	·		[63]	
Crop insurance proceeds deferred fron		+	[65]	
	Control Totals +	Farn	î.	Form ID: F-1

Form ID: F-2	Farm Expenses		34
Preparer use only			
Description			
		2021 Information	Daios Voca Information
Car and truck expenses	+	[5]	Prior Year Information
Chemicals	+	[7]	
Conservation expenses		[9]	
Carryover from prior years		[11]	
Custom hire (machine work)		[13]	Department realization
Depreciation		[15]	
Employee benefit programs (Include Small Employer Health		[17]	
Feed purchased		[19]	
Fertilizers and lime		[21]	
Freight and trucking		[23]	
Gasoline, fuel, and oil		[25]	
nsurance (Other than health)	-		
21	+	[28]	
Mortgage interest (Paid to banks, etc.)			
	+	[30]	
		-	
Other interest		[32]	
abor hired (Less employment credit)		[34]	
Pension and profit sharing		[36]	
Rent - vehicles, machinery, and equipment		[38]	
Rent - other		[40]	
Repairs and maintenance		[42]	
eed and plants purchased		[44]	
torage and warehousing	+	[46]	
upplies purchased	+	[48]	
axes:			
	+	[50]	
	+		
	<u>+</u>		
Interior	+		
Itilities	+	[52]	
eterinary, breeding, and medicine	+	[54]	
ther expenses:			
		[56]	
	+		
			
			
		=	
			
eproductive period expenses			
- I I	*	[58]	

Form ID: 4835	Rental - General Info	rmation	36
Preparer use only		2024 6	
Tayray and Comment of the Later		2021 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) Employer identification number		_[2	
Description		[3	
State postal code		[4	
Did you "actively participate" in the operation of this busin	ess this year? (y, n)	<u>[</u>]	
	Income Items	7.4 · · · · · · · · · · · · · · · · · · ·	
Income from production of livestock, produce, grains, and	other graps:	2021 Information	Prior Year Information
meante from production of livestock, produce, grains, and t	other crops.	+ [1	E1
	•	+[1	
	•	+	
		+	
	•	+	
Total cooperative distributions you received		+[1	
Taxable cooperative distributions you received		+[1	
Agricultural program payments:	2021 Total	2021 Taxable	Prior Year Information
	+	21 [2	2]
	+	+	
	+	+	
		2024 1-6	5.4 W 1.4 W
Commodity credit loans reported under election:		2021 Information	Prior Year Information
The state of the s		+[24	41
		+	
Total commodity credit loans forfeited		+[26	AS a series and a series of the series of th
Taxable commodity credit loans forfeited		+	100
Cron income and an analysis of the 2024	2021 Total	2021 Taxable	Prior Year Information
Crop insurance proceeds you received in 2021		01	
	+{3		
	<u> </u>	+	
		2021 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2022 Crop insurance proceeds deferred from 2020		[33	
Other income:		+[35	
Other medine.		± (20	
	_	+[38	
	_	+	
	-	+	
	_	+	
	_	+	
	_	+	
	_	+	
	_	+	
	-	+	
	_	+	
	_	+	
	_	†	
	_	+	
Control Totals +		Farm Rental	Form ID: 4835

Ordinary business gain/loss +

+

Section 179

Form ID: 4835-2	Farr	m R	ental Expenses		37
Preparer use only					
Description					
			2021 Infor	mation	Prior Year Information
Car and truck expenses			+	[6]	
Chemicals			+		
Conservation expenses			+		
Carryover from prior years			+		
Custom hire (machine work)			+		
Depreciation			+		
Employee benefit programs			+	[18]	
Feed purchased			+	[20]	
Fertilizers and lime			+	[22]	
Freight and trucking			+	[24]	
Gasoline, fuel, and oil			+	[26]	
Insurance (Other than health):					
			_ +	[28]	
			+		
			+		
Mortgage interest (Paid to banks, e	etc.):				
			+	[30]	
			+		
			+		
Other interest			+	[33]	
Labor hired (Less employment cred	dit)		+	[35]	
Pension and profit sharing			+	[37]	
Rent - vehicles, machinery, and eq	uipment		+	[39]	
Rent - other			+	[41]	
Repairs and maintenance			+	[43]	
Seed and plants purchased			+	[45]	
Storage and warehousing			+		
Supplies purchased			+	[49]	
Taxes:					
	···		. +		
			+		
			. +		
			+		
I latitation			+		
Utilities			+		
Veterinary, breeding, and medicine Other expenses:	2		+	[55]	**
Other expenses.			_		
			+		
			+		
			+		
			+		
			+		
			+		
	· · · · · · · · · · · · · · · · · · ·		+		
Preproductive period expenses			+		
			F	[59]	
Preparer use only — Carryovers	Non-QBI & Tax	П	For QBI & Tax		AMT
Operating		[68]	+ [69]	1.	AMT
Short-term capital		[00]	+ [69]		[70]
Long-term capital			+ [72]		[73]
28% rate capital			+ [74]		[75] [77]
Section 1231 loss	+	[78]	+ [79]		[80]
		. ~1	[73]	1	[00]

[82]

[87]

Control Totals +	Form ID: 4835-2

[83]

[88]

[84]

[89]

Form ID: K1-1		Partnerships a	nd S Corporations		38
	Please provide o	opies of Schedules K-1 show	ring income from partnerships a	nd S-corporations.	
Taxpayer/	Spouse/Joint (T, S, J)			•	[2]
Employer	identification number				(-) [6]
Name of e	entity				[1:
State post		·			 [14
Type of en	tity (1 = Partnership, 2 = S Corporation, 3	= Foreign partnership, 4 = Publicly trad	ded partnership)		
	Preparer use only				_
<u></u>	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter on K1-7	Operating	[16]	[17]	[18]	
Oli KI-7	Short-term capital		[19]	[20]	
	Long-term capital		[21]	[22]	
	28% rate capital		[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Ordinary business gain/loss	[28]	[29]	[30]	
	Other losses - 1040 Sch 1	[31]	[32]	[33]	
	Section 179	[34]	[35]	[36]	
Employer i	Spouse/Joint (T, S, J) dentification number ntity				[6]
Employer i Name of er State posta	dentification number ntity Il code tity (1 = Partnership, 2 = S Corporation, 3	- = Foreign partnership, 4 = Publicly trad	ed partnership)		[6] [13 [14
Employer i Name of er State posta	dentification number ntity il code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only			AMT	[13 [14
Employer i Name of er State posta Type of ent Enter	dentification number ntity Il code tity (1 = Partnership, 2 = S Corporation, 3	Non-QBI & Tax	For QBI & Tax	AMT	[6] [13 [14
Employer i Name of er State posta Type of ent	dentification number ntity al code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers		For QBI & Tax	[18]	[6] [13 [14
Employer i Name of er State posta Type of ent Enter	dentification number ntity al code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating	Non-QBI & Tax	For QBI & Tax [17] [19]	[18]	[6] [13] [14]
Employer i Name of er State posta Type of ent Enter	dentification number Intity Il code Lity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital	Non-QBI & Tax	For QBI & Tax	[18] [20] [22]	[6] [13] [14]
Employer i Name of er State posta Type of ent Enter	dentification number intity al code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital	Non-QBI & Tax	For QBI & Tax [17] [19] [21]	[18] [20] [22] [24]	
Employer i Name of er State posta Type of ent Enter	dentification number ntity al code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	Non-QBI & Tax	For QBI & Tax [17] [19] [21] [23]	[18] [20] [22] [24] [27]	[6] [13 [14
Employer i Name of er State posta Type of ent Enter	dentification number ntity al code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	[16] [25] [28]	For QBI & Tax [17] [19] [21] [23] [26] [29]	[18] [20] [22] [24] [27] [30]	[6] [13 [14
Employer i Name of er State posta Type of ent Enter	dentification number Inity Il code Ity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss	Non-QBI & Tax [16] [25]	For QBI & Tax [17] [19] [21] [23] [26]	[18] [20] [22] [24] [27] [30] [33]	[6] [13 [14
Employer i Name of er State posta Type of ent Enter	dentification number Intity Il code Ity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Other losses - 1040 Sch 1	[16] [25] [28] [31]	For QBI & Tax [17] [19] [21] [23] [26] [29] [32]	[18] [20] [22] [24] [27] [30]	[6] [13 [14
Employer i Name of er State posta Type of ent Enter on K1-7	dentification number Inity Il code Ity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Other losses - 1040 Sch 1 Section 179	[16] [25] [28] [31]	For QBI & Tax [17] [19] [21] [23] [26] [29] [32]	[18] [20] [22] [24] [27] [30] [33]	[6] [13 [14
Employer i Name of er State posta Type of ent Enter on K1-7	dentification number ntity al code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Other losses - 1040 Sch 1 Section 179 pouse/Joint (T, S, J)	[16] [25] [28] [31]	For QBI & Tax [17] [19] [21] [23] [26] [29] [32]	[18] [20] [22] [24] [27] [30] [33]	[6] [13 [14
Employer in Name of en State posta Type of ent Enter on K1-7	dentification number ntity al code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Other losses - 1040 Sch 1 Section 179 pouse/Joint (T, S, J) dentification number	[16] [25] [28] [31]	For QBI & Tax [17] [19] [21] [23] [26] [29] [32]	[18] [20] [22] [24] [27] [30] [33]	[6] [13] [14 [17]
Employer i Name of er State posta Type of ent Enter on K1-7 Expansive of ent Expansive of	dentification number ntity al code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Other losses - 1040 Sch 1 Section 179 pouse/Joint (T, S, J) dentification number stity	[16] [25] [28] [31]	For QBI & Tax [17] [19] [21] [23] [26] [29] [32]	[18] [20] [22] [24] [27] [30] [33]	[6][13][14][17]
Employer i Name of en State posta Type of ent Enter on K1-7 Expayer/S Employer iculate posta	dentification number ntity al code tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Other losses - 1040 Sch 1 Section 179 pouse/Joint (T, S, J) dentification number stity	[16] [25] [28] [31] [34]	For QBI & Tax [17] [19] [21] [23] [26] [29] [32] [35]	[18] [20] [22] [24] [27] [30] [33]	

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	- managed		
on K1-7		[16]	[17]	[18]
OII KI 7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

		Estates a	and Trusts		39
Taynayar/S	Please prov	ide all copies of Schedules I	K-1 showing income from estat	es and trusts.	
	Spouse/Joint (T, S, J) dentification number				_[2
Name of ac					[3
State posta	•	-			[4]
orato posto	Preparer use only				[5
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[15]	[16]	[17]	
on K1T-3	Short-term capital		[18]	[19]	
	Long-term capital		[20]	[21]	
	28% rate capital		[22]	[23]	
	Section 1231 loss	[24]	[25]	[26]	
	Ordinary business gain/loss	[27]	[28]	[29]	
T(C	S		TAKE .		
	pouse/Joint (T, S, J)				[2]
Name of ac	dentification number				[3]
State posta		-			[4]
State posta					[5]
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[15]	[16]	[17]	
on K1T-3	Short-term capital	(13)	[18]	[19]	
	100		[20]	[21]	
	Long-term capital			[21]	
	Long-term capital 28% rate capital			[23]	
	Long-term capital 28% rate capital Section 1231 loss	[24]	[22]	[23]	
	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J)	[24]		[23] [26] [29]	
Taxpayer/S	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity		[22] [25]	[26]	[3] [4]
Taxpayer/Sp Employer id Name of ac	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity	[27]	[22] [25]	[26]	[3]
Taxpayer/S Employer io Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers		[22] [25]	[26]	[3] [4]
Taxpayer/S Employer ic Name of ac State postal	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating	[27]	[22] [25] [28]	[26]	[3] [4]
Taxpayer/S Employer ic Name of ac State posta	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital	[27]	[22] [25] [28] For QBI & Tax [16] [18]	[26] [29] AMT [17] [19]	[3] [4]
Taxpayer/S Employer ic Name of ac State postal	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital	[27]	[22] [25] [28] For QBI & Tax [16] [18] [20]	[26] [29] AMT [17] [19] [21]	[3] [4]
Taxpayer/S Employer ic Name of ac State postal	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	Non-QBI & Tax [15]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22]	[26] [29] AMT [17] [19] [21] [23]	[3] [4]
Taxpayer/S Employer ic Name of ac State postal	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	Non-QBI & Tax [15]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25]	[26] [29] AMT [17] [19] [21] [23] [26]	[3] [4]
Taxpayer/S Employer ic Name of ac State postal	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	Non-QBI & Tax [15]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22]	[26] [29] AMT [17] [19] [21] [23]	[4]
Taxpayer/S Employer io Name of ac State posta Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss	Non-QBI & Tax [15]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25]	[26] [29] AMT [17] [19] [21] [23] [26]	[3] [4]
Taxpayer/Si Employer in Name of ac State postal Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss	Non-QBI & Tax [15]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25]	[26] [29] AMT [17] [19] [21] [23] [26]	[3][4][5]
Taxpayer/Sp Employer ic Name of ac State postal Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) lentification number	Non-QBI & Tax [15]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25]	[26] [29] AMT [17] [19] [21] [23] [26]	[3][5][5]
Taxpayer/Sp Employer ic Name of ac State postal Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) lentification number tivity	Non-QBI & Tax [15]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25]	[26] [29] AMT [17] [19] [21] [23] [26]	[3][5][5][2][3][4]
Taxpayer/Sp Employer ic Name of ac State postal Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) lentification number tivity code	Non-QBI & Tax [15]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25]	[26] [29] AMT [17] [19] [21] [23] [26]	[3][5][5]
Taxpayer/Sp Employer ic Name of ac State postal Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) lentification number tivity code Preparer use only	[27] Non-QBI & Tax [15] [24] [27]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25] [28]	[26] [29] AMT [17] [19] [21] [23] [26] [29]	[3][5][5][2][3][4]
Taxpayer/Sp Employer in Name of act State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) lentification number tivity code Preparer use only Carryovers	[27] Non-QBI & Tax [15] [24] [27] Non-QBI & Tax	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25] [28]	[26] [29] AMT [17] [19] [21] [23] [26] [29]	[3][5][5][2][3][4]
Taxpayer/Sp Employer ic Name of ac State postal Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) lentification number tivity code Preparer use only Carryovers Operating	[27] Non-QBI & Tax [15] [24] [27]	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25] [28] For QBI & Tax [16]	[26] [29] AMT [17] [19] [21] [23] [26] [29] AMT [17]	[3][5][5][2][3][4]
Taxpayer/Sp Employer io Name of act State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal Enter	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, s, J) dentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, s, J) lentification number tivity code Preparer use only Carryovers Operating Short-term capital Short-term capital	[27] Non-QBI & Tax [15] [24] [27] Non-QBI & Tax	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25] [28] For QBI & Tax [16] [18]	[26] [29] AMT [17] [19] [21] [23] [26] [29] AMT [17] [19]	[3][5][5][2][3][4]
Taxpayer/Sp Employer io Name of act State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal Enter	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) lentification number tivity code Preparer use only Carryovers Operating	[27] Non-QBI & Tax [15] [24] [27] Non-QBI & Tax	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25] [28] For QBI & Tax [16]	[26] [29] AMT [17] [19] [21] [23] [26] [29] AMT [17]	[3][5][5][2][3][4]
Taxpayer/Sp Employer io Name of act State postal Enter on K1T-3 Taxpayer/Sp Employer id Name of act State postal Enter	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) lentification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital	[27] Non-QBI & Tax [15] [24] [27] Non-QBI & Tax	[22] [25] [28] For QBI & Tax [16] [18] [20] [22] [25] [28] For QBI & Tax [16] [18] [20] [21] [22] [22] [23] [24] [25] [28]	[26] [29] AMT [17] [19] [21] [23] [26] [29] AMT [17] [19] [19] [21]	[3][5][5][2][3][4]

Form ID: InstPY Prior Year Installment Sale			41
Preparer us	e only	2021 Information	
Description		2021 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)			3]
State postal code			
Date acquired			
Date sold			19]
Gross sales price of property sold			20]
Mortgage and other debts the buyer as	sumed		21]
Cost or other basis	Sumed		23] 25]
Commissions and other expenses of the	e sale		27]
Gross profit percentage			29]
Total current year principal payments r	eceived		35]
Prior year principal payments received			37]
Total ordinary income to recapture			39]
Total ordinary income previously recap	tured		11]
, , , , , , , , , , , , , , , , , , , ,			*1
	Control Totals +		
	***************************************	•	-
			
	Prior Yea	ar Installment Sale	
Province		_	-
Preparer use	e only	2021 Information	Prior Year Information
Description			
Description Taxpayer/Spouse/Joint (T, S, J)		[3	
State postal code		_[7	
Date acquired		[8	
Date sold		[1	
Gross sales price of property sold		[2	
Mortgage and other debts the buyer ass	rumad	+[2	\$ 1 mm
Cost or other basis	sumea	+[2	-
Commissions and other expenses of the	calo	+[2	
Gross profit percentage	Saic	+[2	A SPECIAL MESSAGO DE LA CONTRACTOR DE LA
Total current year principal payments re	acaived	[2	A CONTRACTOR OF THE PROPERTY O
Prior year principal payments received	CCIVCU	+[3	
Total ordinary income to recapture		+[3	A SECTION OF THE PROPERTY OF T
Total ordinary income previously recapt	ured	+[3:	A Company of the Comp
	міси	+[4	LJ
	Control Totals +		T **-

-			
Form	IU:	Łđu	cate2

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2021 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2021. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2021 Interest Paid	Prior Year Information
_		_ +	[1]	
_		+		
_		_ +		
_		_ +		

F	ID.	C-4	
Form	ID:	Educ3	

Education Credits and Tuition and Fees Deduction

54

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An university, or vocational school eligible to participate in a student aid program admin	eligible educational istered by the U.S.	institution is any college, Department of Education.
Preparer - Enter on Screen Educate2	,	
Taxpayer/Spouse (τ, s)		[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)		— _{fol}
Student's social security number		_
Student's first name		
Student's last name		
Institution Information		
Enter information from each institution on a separate page, including the complete address	and federal identific	cation number of the institution
Institution's federal identification number		[8]
Institution's name		
Institution's street address		
Institution's city, state, zip code		
Tuition Paid and Related Information	1	
Amounts reported in Box 1 may not reflect the actual amount paid for the Enter the amount actually paid during 2021.	e student during 20	21.
	2021 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	[8]	
Educational institution changed its reporting method for 2021 (Box 3)	_	
Adjustments made for a prior year (Box 4)	M	
Scholarships or grants (Box 5)		
Adjustments to scholarships or grants for a prior year (Box 6)		
Box 1 or 2 includes amounts for an academic period beginning January - March 2022 (Box 7)	_	
At least half-time student (Box 8)	_	
Graduate student (Box 9) (1=Yes, 2=No)	_	
Insurance contract reimbursement/refund (Box 10)		
Non-Institution expenses (Books and fees not paid directly to the educational institution)		
American Opportunity Tax Credit (AOTC) disqualifier 1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education	before 2021	
NOTES/QUESTIONS:		

Farm (D. Edus)
Form ID: Educ3

Form ID: 1099Q		
Qualified Education Please provide all copies o		55
riease provide all copies o	r Form 1099Q	
Taxpayer/Spouse (т, s)	[1]	
Payer name	[3]	
State postal code	[4]	
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)	[6]	
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)	[7]	
Final distribution	[8]	
Contributions and	l Basis	
Beneficiary's Information (if not taxpayer or spouse)		
Social security number	Fact	
First name	[11]	
Last name	[12]	
	[13]	
	2021 Information	Prior Year Information
Amount contributed in current year	+[14]	
Basis of this account at 12/31/20	+[17]	Printer and the design and the state of the
Value of this account at 12/31/21	+[19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+[24]	
Payments from Qualified Ed	ucation Programs	
	2021 Information	Prior Year Information
Gross distribution (Box 1)	+[30]	
Earnings (Box 2)	+[32]	
Basis (Box 3)	+[34]	
Frustee-to-trustee rollover (Box 4)	[36]	
Trustee-to-trustee rollover amount if different than Box 1	+[37]	
Box 5 -		
Private QTP	[39]	
State QTP	[40]	
Coverdell ESA	[41]	
Check if the recipient is not the designated beneficiary (Box 6)	[42]	
Qualified education expenses	+[43]	
Elementary and secondary education expenses	+[45]	

Form ID: 5498SA

Medical and Health Savings Account Contributions

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Please provide all Forms 5498-SA.

	2021 Information	Prior Year Information
Taxpayer/Spouse (T, s)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Indicate type of health or medical savings account:		
HSA	[6]	
Archer MSA		
MA (Medicare Advantage) MSA	[9]	
Total HSA/MSA contributions made	<u>_</u>	
for 2021 (Enter all amounts contributed, including through employer cafeteria plans)	+ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only,		
Number of months in qualified high deductible health plan in 2021	[13]	
Mark if you want to contribute the maximum allowable health or		
medical savings account contribution amount	[14]	
Total HSA/MSA contribution to be made for 2021	+ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ [16]	
Excess contributions for 2020 taken as constructive contributions for 2021	+ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ [21]	
Complete this section if your account is an	Archer MSA or MA MSA	
Amount of annual deductible	+ [24]	
Enter compensation from employer maintaining high deductible health plan	+ [27]	
If self-employed, enter earned income from business		
under which plan was established	+ [31]	
Complete this section if your acc	ount is an HSA	
Was the high deductible health plan in effect for December 2021? (Y, N)	_[33]	
NOTES/OLIESTIONS:		

Form ID: 1099SA	Health, Medical Savings Account Distributions	7
	Please provide all Forms 1099-SA.	

Please provide all Forms	1099-SA.	
	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Gross distributions received (Box 1)	+ [7]	
Earnings on excess contributions (Box 2)	+ [9]	
Distribution code (Box 3)		
Fair Market Value on date of death (Box 4)	+ [12]	
Box 5 -		
HSA	[13]	
Archer MSA	[14]	
MA MSA	[15]	
All distributions were used to pay unreimbursed qualified medical expenses	[17]	
If some distributions were used to pay for other than qualified medical expenses,		
enter the unreimbursed qualified medical expenses for 2021	+ [19]	
Withdrawal of excess contributions by the due date of the return	+ [21]	
Amount of distribution rolled over for 2021	+ [23]	
If the distribution is due to the death of the account holder,		
enter the qualified decedent medical expenses paid by the taxpayer	+ [26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/20	+ [27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2020 and		
in effect for the month of December 2020? (Y, N)	[29]	
Was the high deductible health plan coverage ended before 12/31/21? (Y, N)	[30]	
	-	

Long Term Care (LTC) Service and Contracts

Please pr	ovide ali Forms 1099-LTC.		
	2021 Infe	ormation	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)	···		
Per diem		[46]	
Reimbursed amount		_[47]	
Qualified contract (Box 4)		[48]	
Check, if applicable (Box 5)			
Chronically ill		[49]	
Terminally ill		[50]	
Are there other individuals who received LTC payments during 20	021? (Y, N)	[52]	
f the insured is terminally ill, were payments received on accour	nt of terminal illness? (ץ, א)	[53]	
Number of days during the long-term care period		[54]	
Cost incurred for qualified long-term care services during the			
long-term care period	+	[55]	

Form ID: 1095A ACA - Health Insurance Marketplace Statement #1 70					
		Please	e provide all Forms 1095-A		
Taxpayer/Spouse (T,					[1]
Marketplace identifi	' '				[6]
· ·	ed policy number (Box 2)			[7]
Policy issuer's name					[2]
Part III Household I	nformation -				
	A. 2021 Monthly Premium Amount	Prior Year Information	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+[12]		+[25]	+[38]	mormation
February	+[13]		+[26]	+[39]	
March	+[14]	Manager Street	+[27]	+[40]	
April	+[15]		+[28]	+[41]	
May	+[16]		+[29]	+[42]	
June	+[17]		+[30]	+[43]	
July	+(18]		+[31]		
August	+[19]		+[32]	+[44] + [45]	
September	+[20]		+[33]	+[46]	
October	+[21]				
November	+				
December	+[23]		+[35] + [36]	+[48] + [49]	
Annual total	+ [24]		+ [37]	+ [50]	
				(50)	
			Control Totals +		
	AC	A - Health Insւ	ırance Marketplace Statem	ent #2	
Taxpayer/Spouse (T,S	S)	Please	provide all Forms 1095-A		[1]
Taxpayer/Spouse (T,S	-	Please	provide all Forms 1095-A		[1]
Marketplace identifie	-		provide all Forms 1095-A		[6]
Marketplace identifie	er (Box 1) d policy number (Box 2)		provide all Forms 1095-A		[6]
Marketplace identifie Marketplace-assigne	er (Box 1) d policy number (Box 2) (Box 3)		provide all Forms 1095-A		[6] [7]
Marketplace identifie Marketplace-assigne Policy issuer's name (Part III Household In	er (Box 1) d policy number (Box 2) (Box 3)		B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	[6] [7]
Marketplace identifie Marketplace-assigne Policy issuer's name (er (Box 1) d policy number (Box 2) (Box 3) iformation - A. 2021 Monthly Premium	Prior Year	B. 2021 Monthly Premium Amount of Second	C. 2021 Monthly Advance Payment	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigner Policy issuer's name (Part III Household In January February	er (Box 1) d policy number (Box 2) (Box 3) iformation - A. 2021 Monthly Premium Amount	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigner Policy issuer's name (Part III Household In January February March	er (Box 1) d policy number (Box 2) (Box 3) iformation - A. 2021 Monthly	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigner Policy issuer's name (Part III Household In January February	er (Box 1) d policy number (Box 2) (Box 3) iformation - A. 2021 Monthly	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigner Policy issuer's name (Part III Household In January February March April May	er (Box 1) d policy number (Box 2) (Box 3) iformation - A. 2021 Monthly	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27]	C. 2021 Monthly Advance Payment of Premium Tax Credit +	
Marketplace identified Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June	er (Box 1) d policy number (Box 2) (Box 3) eformation - A. 2021 Monthly Premium Amount +[12] +[14] +[15]	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +[40] +[41]	Prior Year Information
Marketplace identified Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July	er (Box 1) d policy number (Box 2) (Box 3) sformation - A. 2021 Monthly Premium Amount +	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +[40] +[41] +[42]	Prior Year Information
Marketplace identifice Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August	er (Box 1) d policy number (Box 2) (Box 3) eformation - A. 2021 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19]	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39] +[40] +[41] +[42] +[43]	Prior Year Information
Marketplace identifice Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August September	er (Box 1) d policy number (Box 2) (Box 3) eformation - A. 2021 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20]	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39] +[40] +[41] +[42] +[43] +[44]	Prior Year Information
Marketplace identifice Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August September October	er (Box 1) d policy number (Box 2) (Box 3) eformation - A. 2021 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20] +[21]	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +[39] +[40] +[41] +[42] +[43] +[44] +[45]	Prior Year Information
Marketplace identifice Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August September October November	er (Box 1) d policy number (Box 2) (Box 3) eformation - A. 2021 Monthly Premium Amount +	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39] +(40] +(41] +(42] +(43] +(44] +(45] +(46]	Prior Year Information
Marketplace identified Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August September October November December	er (Box 1) d policy number (Box 2) (Box 3) eformation - A. 2021 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20] +[21]	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[32] +[33] +[33]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47]	Prior Year Information
Marketplace identifice Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August September October November	er (Box 1) d policy number (Box 2) (Box 3) eformation - A. 2021 Monthly Premium Amount +	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48]	Prior Year Information
Marketplace identified Marketplace-assigner Policy issuer's name (Part III Household Interpretation January February March April May June July August September October November December	er (Box 1) d policy number (Box 2) (Box 3) Iformation - A. 2021 Monthly	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35] +[36]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	Prior Year Information
Marketplace identifice Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August September October November December Annual total	er (Box 1) d policy number (Box 2) (Box 3) iformation - A. 2021 Monthly	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[30] +[30] +[31] +[32] +[33] +[34] +[35] +[36] +[37]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	Prior Year Information
Marketplace identified Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August September October November December	er (Box 1) d policy number (Box 2) (Box 3) iformation - A. 2021 Monthly	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[30] +[30] +[31] +[32] +[33] +[34] +[35] +[36] +[37]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	Prior Year Information
Marketplace identifice Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August September October November December Annual total	er (Box 1) d policy number (Box 2) (Box 3) iformation - A. 2021 Monthly	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[30] +[30] +[31] +[32] +[33] +[34] +[35] +[36] +[37]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39] +[40] +[41] +[42] +[43] +[45] +[46] +[46] +[48] +[49]	Prior Year Information
Marketplace identifice Marketplace-assigner Policy issuer's name (Part III Household In January February March April May June July August September October November December Annual total	er (Box 1) d policy number (Box 2) (Box 3) iformation - A. 2021 Monthly	Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[30] +[30] +[31] +[32] +[33] +[34] +[35] +[36] +[37]	C. 2021 Monthly Advance Payment of Premium Tax Credit +(38] +(39] +[40] +[41] +[42] +[43] +[45] +[46] +[46] +[48] +[49]	Prior Year Information

Health Care

Form ID: 1095A

Form ID: A-1

Schedule A - Medical and Dental Expenses

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		-
	-	- 4

T/S/J	Adv. Prof. 1 1		2021 Information	Prior Year Information
		such as: Doctors, Dentists, Hospita Eyeglasses/contact lenses, and Ins	I/nursing home fees, Lab/x-ray fees,	
_[1]				
_				
_		·		
_				
_				
	Medical insurance premiums ye	ou paid:	ntered elsewhere, such as amounts paid for your	
	self-employed business (Sch C, Sch F, S	ich K-1, etc.) or Medicare premiums entered	on Form SSA-1099.	
_[4]				
_				
_				
	Long-term care premiums you	paid:		
	Do not include pre-tax amounts paid b self-employed business (Sch C, Sch F, S	γ an employer-sponsored plan or amounts e ch K-1, etc.)	ntered elsewhere, such as amounts paid for your	
_[7]			+[8]	
_			+	
	Prescription medicines and dru			
[10]				
_			r	
[13]	Miles driven for medical items		[14]	
		Schedule A - 1	Tax Expenses	
T/S/J			2021 Information	Prior Year Information
	State/local income taxes paid:			
_[18]				
				
_				
_			+	
	2020 state and local income tax	es paid in 2021:		
— [21]			[22]	
_			+ +	
_	Real estate taxes paid:			
_[24]			+[25]	
_				
-	Personal property taxes:			
[27]			+[28]	
			+	
	Other taxes, such as: foreign tax	es and State disability taxes		
[30]				
_			+	
	Sales tax paid on major purchas	es:		
_[36]				
-	Sales tax paid on actual expense	is:	+	
[39]			+[40]	
_			1	
			+	
		Control Totals +	Itemized Deduct	ions Form ID: A-1

<u> </u>	Interest Expense	5		58
u .	2021 Interest Paid _{2]}	2021 Points Paid	202 Type* Mortga	21 Ige ins. prior variation
Home mortgage interest: From Form 1098	interest raiq2	Points Paid	Premiur	ige Ins. Prior Year Inform
1]	+ +			
	+ +		+	
			+	
			+	
			+	
			+	
			+	
	*Mortgage Type	s		
Blank = Used to buy, build or improve main/qualif			, build, improve	home or investment
/J Payee's Name	SSN or EIN	2021	I Information	Prior Year Informati
Other, such as: Home mortgage interest paid	to individuals	Т.		
Address		+	[5]	
ity state and zin code		T T		
state and zip code		+		-
ddress		T		
ity state and zin code				
Name and address of other person who receive	d Form 1098 for jointly liab	le mortgage in	terest vou naid	
Stroot Addross				
Street Address		·		
Street Address City/State/Zip code		·		
Street Address City/State/Zip code Refinancing Points paid in 2021 -		·		
Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J)		·		
Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name		·		
Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance				
Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use				
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Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021 Taxpayer/Spouse/Joint (T, S, J)				
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Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use of Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021	only) only)	+		Prior Year Informatio
Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use of Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021	only) only)	+		Prior Year Informatio
Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use of Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021	only) only)	+		Prior Year Informatio
Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use of Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021 J Investment interest expense, other than on Schemens	only) only)	+ 2021 + +		Prior Year Informatio
Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use of Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021	only) only)	+ 2021 + +		Prior Year Informatio
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Street Address City/State/Zip code Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Preparer use of Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021 J Investment interest expense, other than on Schemens	only) only)	+		Prior Year Informatio

Form ID:	A-3 Charitable Contributio	ns		59
T/S/J	Contributions made by cash or check (including out-of-pocket expenses) Any contribution of cash, a check or other monetary gift requires a written record of the contribution of \$250 or more must be accompanied by a written acknowledgment from	2021 Information	bution	Prior Year Information
_[2]	The state of the s	+		on your return,
		+		
		+		
_		+		
_		+		
_		+		
_		+		
_		+	_	
_		+		
_		+		
_		+	_	
_		+	-	1
	Volunteer miles driven		 _[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]		+		
_		+	_	
_		+	_	
_		+		
_		+		
_		+	_	
_	*	+	-	
_			_ !	
	Miscellaneous Deduct	ions		
r/s/ı	Other expenses	2021 Information		Prior Year Information
_[12]		F1	[12]	
_		+		
-		·	_	
_		+		
_				
-				
_[15]	Sambling losses: (Enter only if you have gambling income)		[16]	
_				
_		·	_	
_			. [
TFS/	DUESTIONS:			

NO

Form ID: 2441

81

Child and Dependent Care Expenses

Please enter all amounts paid in 2021 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2020 employer-provided dependent care benefits used during 2021 grace period	+[3] +	(4
Employer-provided dependent care benefits that were forfeited in 2021	+[5] +	_[6
Total qualified expenses incurred in 2021		[9
Were you or your spouse a full time student or disabled? (Yes or No)	[10]	[1
Did you provide care expenses for any person(s) who is not listed as a dependent?	(, N)	[1
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code	-	
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pr	ovider moved and unable to get TIN, 4 = Provid	ler refuses to give TIN)
Amount paid to care provider in 2021		[7]
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		-
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pro	-	Industrial Control
Amount paid to care provider in 2021		
Foreign province or state of provider	т	
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pro	ovider moved and unable to get TIN, 4 = Provid	er refuses to give TIN)
Amount paid to care provider in 2021		
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider	<u></u>	
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pro	- vider moved and unable to get TIN, 4 = Provid-	er refuses to give TIN)
Amount paid to care provider in 2021	+	_
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		<u> </u>
City, State and Zip code		· · · · · · · · · · · · · · · · · · ·
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Pro	wider moved and unable to get TIM 4 - Provide	or refuses to give TIMI
Amount paid to care provider in 2021		er resuses to give TIN)
Foreign province or state of provider	r	
Foreign country and Foreign postal code of provider		
Control Totals +	Credits	Form ID: 2441

Form ID: Rebate

Recovery Rebate Credit (Economic Impact Payment)

80

Please provide copies of all Notice(s) 1444-C and Letter(s) 6475

A third round of stimulus payments was issued in 2021 for qualifying individuals. The third economic impact payment, referred to as EIP3, was issued in 2021 to qualifying individuals. Refer to the IRS notice or letter indicating the payment amount received. You can look up your EIP3 amount by either creating or viewing your IRS online account at https://www.irs.gov/payments/view-your-tax-account.

The EIP3 was an advance on a 2021 tax credit. The payments will be used to determine if you qualify for an additional recovery rebate credit on your 2021 return. The EIP3 will not increase the total amount of tax you pay but may reduce the amount owed or increase a tax refund.

	Taxpayer/Joint	Spor	use
Economic impact payment (EIP). Enter a zero (0) if none was received:		-	
EIP no. 3 reported on Notice 1444-C	+ [1]	+	[2]
Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed			
Forces in 2020			[3]
EIP3 amount projected from your prior year return		+	[4]
EIP3 projection tax year		•	[5]
Mark if the EIP3 you received matches the EIP3 amount projected from your prio	r year return		[6]

Form ID: AdvCTC

Advanced Child Tax Credit Payments

81a

Please provide copies of all IRS Letter 6419

The Child tax credit payments were an advance on the 2021 Child tax credit. These advance payments will be used to reduce your 2021 Child tax credit for qualifying individuals. Refer to the IRS letter indicating the amount of Advanced Child Tax Credit payments received. You can look up your Advanced Child Tax Credit amounts by either creating or viewing your IRS online account at https://www.irs.gov/credits-deductions/child-tax-credit-update-portal.

Advanced Child Tax Credit payments. Enter a zero (0), if none was received		xpayer/Joint	Spe	ouse
	u:			
July	+	[1]	+	[2]
August	+	[3]	+	[4]
September	+	[5]	+	[6]
October	+	[7]	+	[8]
November	+	[9]	+	[10]
December	+	[11]	+	[12]
Number of qualifying children used to determine Adv CTC Payments rec'd	(Letter 6419)	[13]		[14]

Form ID: 7202

Credit For Sick Leave and Family Leave due to COVID-19

82

Complete this form if you are self-employed and received paid sick or family leave in 2021 due to COVID-19 Please provide all copies of Form W-2 or other statement reporting paid sick or family leave pay from your employer

Taxpayer/Spouse (T, S)	
Part 1: Sick Leave for Self-Employed Individuals 1/1-3/31	
Number of days unable to perform self-employment activities due to COVID-19 2021 Dates sick leave taken (Enter MM/DD):	
Number of days unable to perform self-employment activities due to COVID-19 care provided to another 2021 Dates sick leave taken - care provided to another (Enter MM/DD):	
Sick leave pay when unable to work due to COVID-19 at your regular rate of pay Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay	+[:
2020 Form 7202 Line 4: Number of sick leave days claimed in 2020 2020 Form 7202 Line 6: Number of sick leave days - care provided to another claimed in 2020 2020 Form 7202 Line 15: Sick leave pay subject to \$511 per day limit 2020 Form 7202 Line 16: Sick leave pay subject to \$200 per day limit 2020 Form 7202 Line 7 or Line 26: Net self-employment income	+[: +[:
Part 2: Family Leave for Self-Employed Individuals 1/1-3/31	
Number of days unable to perform self-employment activities due to COVID-19 care for son/daughter Family leave wages received	+[1
2020 Form 7202 Line 25: Number of family leave days claimed in 2020 2020 Form 7202 Line 31: Family leave wages received in 2020	+[1
Part 3: Sick Leave for Self-Employed Individuals 4/1-9/30	
Number of days unable to perform self-employment activities due to COVID-19 2021 Dates sick leave taken (Enter MM/DD):	[1 [1
Number of days unable to perform self-employment activities due to COVID-19 care provided to another 2021 Dates sick leave taken - care provided to another (Enter MM/DD):	[1
Sick leave pay when unable to work due to COVID-19 at your regular rate of pay Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay	+[2
Part 4: Family Leave for Self-Employed Individuals 4/1-9/30	
Number of days unable to perform self-employment activities due to COVID-19 care you required or for another Family leave wages received	+[2
NOTES/QUESTIONS:	