

# 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: Info

**Client Contact Information****2****Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

[8]

Taxpayer email address

[9]

Spouse email address

[10]

**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]

**NOTES/QUESTIONS:**

Form ID: W2

**Wages and Salaries #1**

12

Please provide all copies 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 / Fishing, 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 +****Wages and Salaries #2**

Please provide all copies 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 / Fishing, 4 = National Guard) \_\_\_\_\_ [5]  
 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 \_\_\_\_\_ [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 +****Income**

Form ID: W2

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest 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.

Type T/S/J Code		Interest Income		Tax Exempt Income		Penalty on Early Withdrawal		U.S. Obligations* \$ or %		Tax Exempt** \$ or %		Foreign Taxes Paid		Prior Year Information	
	1	Payer	+												
		Amounts													
	2	Payer	+												
		Amounts													
	3	Payer	+												
		Amounts													
	4	Payer	+												
		Amounts													
	5	Payer	+												
		Amounts													
	6	Payer	+												
		Amounts													
	7	Payer	+												
		Amounts													
	8	Payer	+												
		Amounts													
	9	Payer	+												
		Amounts													
	10	Payer	+												
		Amounts													

**Interest Codes			
Blank = Regular Interest		4 = Accrued Interest	
3 = Nominee Distribution		5 = OID Adjustment	
		6 = ABP Adjustment	
		7 = Series EE & I Bond	

Control Totals		+	Income		Form ID: B-1	
----------------	--	---	--------	--	--------------	--

Dividend Income

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.

T S J Code	Type (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer										
		Amounts	+									
		Payer										
	2	Amounts	+									
		Payer										
	3	Amounts	+									
		Payer										
	4	Amounts	+									
		Payer										
	5	Amounts	+									
		Payer										
	6	Amounts	+									
		Payer										
	7	Amounts	+									
		Payer										
	8	Amounts	+									
		Payer										
	9	Amounts	+									
		Payer										
	10	Amounts	+									
		Payer										

\*\*Dividend Codes

Blank = Other      3 = Nominee



Form ID: 1099R

**Pension, Annuity, and IRA Distributions #1**

24

Please provide all Forms 1099-R.

**2021 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, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

**2021 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, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

**2021 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:**



Form ID: SSA-1099

**Social Security, Tier 1 Railroad Benefits**

25

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

[1]

State postal code

[2]

**Social Security Benefits****2021 Information****Prior Year Information**

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2021 (Box 3 minus Box 4) **(Box 5)**

+ [8]

Voluntary Federal Income Tax Withheld **(Box 6)**

+ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ [12]

Prescription drug (Part D) premiums

+ [14]

**Tier 1 Railroad Benefits****2021 Information****Prior Year Information**

If 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 Benefits Received**

Additional information about the benefits received not reported above. For example did you repay any benefits in 2021 or receive any prior year benefits in 2021. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

[40]

[41]

[42]

[43]

[44]

**NOTES/QUESTIONS:**

Control Totals +

**Retirement**

Form ID: SSA-1099

Form ID: IRA

**Traditional IRA****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

+ \_\_\_\_\_[5]

+ \_\_\_\_\_[6]

Enter the nondeductible contribution amount made in 2022 for use in 2021

+ \_\_\_\_\_[7]

+ \_\_\_\_\_[8]

Traditional IRA basis

+ \_\_\_\_\_[17]

+ \_\_\_\_\_[18]

Value of all your traditional IRA's on December 31, 2021:

+ \_\_\_\_\_[19]

+ \_\_\_\_\_[20]

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

**Roth IRA**

Please provide copies of any 1998 through 2020 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

+ \_\_\_\_\_[39]

+ \_\_\_\_\_[40]

Enter the total contribution Roth IRA basis on December 31, 2020

+ \_\_\_\_\_[43]

+ \_\_\_\_\_[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]

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

+ \_\_\_\_\_

**NOTES/QUESTIONS:****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]  
 Business name \_\_\_\_\_ [5]  
 Principal business/profession \_\_\_\_\_ [6]  
 Business code \_\_\_\_\_ [12]  
 Business address, if different from home address on Organizer Form ID: 1040  
 Address \_\_\_\_\_ [15]  
 City/State/Zip \_\_\_\_\_ [16] \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_ [19]  
 If other: \_\_\_\_\_ [21]  
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) \_\_\_\_\_ [22]  
 If other enter explanation: \_\_\_\_\_ [24]  
 \_\_\_\_\_  
 Enter an explanation if there was a change in determining your inventory: \_\_\_\_\_ [25]  
 \_\_\_\_\_  
 Did you "materially participate" in this business? (Y, N) \_\_\_\_\_ [26]  
 If not, number of hours you did significantly participate \_\_\_\_\_ [28]  
 Mark if you began or acquired this business in 2021 \_\_\_\_\_ [30]  
 Did you make any payments in 2021 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [31]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [33]  
 Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_ [35]  
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_ [37]  
 Medical insurance premiums paid by this activity + \_\_\_\_\_ [40]  
 Long-term care premiums paid by this activity + \_\_\_\_\_ [44]  
 Amount of wages received as a statutory employee + \_\_\_\_\_ [47]

**Business Income****2021 Information****Prior Year Information**

Gross receipts and sales

\_\_\_\_\_ + \_\_\_\_\_ [52]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Returns and allowances

Other income: \_\_\_\_\_ + \_\_\_\_\_ [55]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

**Cost of Goods Sold****2021 Information****Prior Year Information**

Beginning inventory + \_\_\_\_\_ [59]  
 Purchases + \_\_\_\_\_ [61]  
 Labor: \_\_\_\_\_ + \_\_\_\_\_ [63]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Materials + \_\_\_\_\_ [65]  
 Other costs: \_\_\_\_\_ + \_\_\_\_\_ [67]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Ending inventory + \_\_\_\_\_ [69]

**Control Totals +****Business**

Form ID: C-1

## 29

Principal business or profession

### **Prior Year Information**

$$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx = \frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx + \frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) e^{-x^2} dx$$

Form ID: C-2

Form ID: Rent

**Rent and Royalty Property - General Information**

31

**Preparer use only****2021 Information****Prior Year Information**

Description \_\_\_\_\_ [2]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_ [3] State postal code \_\_\_\_\_ [5]  
 Physical address: Street \_\_\_\_\_ [6]  
 City, state, zip code \_\_\_\_\_ [7] \_\_\_\_\_ [8] \_\_\_\_\_ [9]  
 Foreign country \_\_\_\_\_ [11]  
 Foreign province/county \_\_\_\_\_ [12]  
 Foreign postal code \_\_\_\_\_ [13]  
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) \_\_\_\_ [14]  
 Description of other type (Type code #8) \_\_\_\_\_ [15]  
 Did you make any payments in 2021 that require you to file Form(s) 1099? (Y,N) \_\_\_\_ [16]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_ [18]  
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) \_\_\_\_\_ [20]  
 Percentage of ownership if not 100% \_\_\_\_\_ [22]  
 Business use percentage, if not 100% (Not vacation home percentage) \_\_\_\_\_ [24]

**Rent and Royalty Income****Rents and royalties****2021 Information****Prior Year Information**

\_\_\_\_\_ + \_\_\_\_\_ [33]  
 \_\_\_\_\_

**Rent and Royalty Expenses****2021 Information****Percent if not 100%****Prior Year Information**

Advertising + \_\_\_\_\_ [35] \_\_\_\_\_ [36]  
 Auto + \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Travel + \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Cleaning and maintenance + \_\_\_\_\_ [44] \_\_\_\_\_ [45]  
 Commissions:  
 \_\_\_\_\_ + \_\_\_\_\_ [47] \_\_\_\_\_ [49]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Insurance:  
 \_\_\_\_\_ + \_\_\_\_\_ [50] \_\_\_\_\_ [52]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Legal and professional fees + \_\_\_\_\_ [54] \_\_\_\_\_ [55]  
 Management fees:  
 \_\_\_\_\_ + \_\_\_\_\_ [57] \_\_\_\_\_ [59]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Mortgage interest paid to banks, etc (Form 1098)  
 \_\_\_\_\_ + \_\_\_\_\_ [60] \_\_\_\_\_ [62]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Other mortgage interest + \_\_\_\_\_ [63] \_\_\_\_\_ [65]  
 Qualified mortgage insurance premiums + \_\_\_\_\_ [66] \_\_\_\_\_ [67]  
 Other interest:  
 \_\_\_\_\_ + \_\_\_\_\_ [69] \_\_\_\_\_ [71]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Repairs + \_\_\_\_\_ [72] \_\_\_\_\_ [73]  
 Supplies + \_\_\_\_\_ [75] \_\_\_\_\_ [76]  
 Taxes:  
 \_\_\_\_\_ + \_\_\_\_\_ [78] \_\_\_\_\_ [80]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Utilities + \_\_\_\_\_ [81] \_\_\_\_\_ [82]  
 Depreciation + \_\_\_\_\_ [84] \_\_\_\_\_ [85]  
 Depletion + \_\_\_\_\_ [87] \_\_\_\_\_ [88]  
 Other expenses:  
 \_\_\_\_\_ + \_\_\_\_\_ [90]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

**Control Totals +****Rent & Royalty**

Form ID: Rent

Form ID: F-1

**Farm Income - General Information**

33

Please provide all Forms 1099-K

☐ **Preparer use only****2021 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]

Employer identification number \_\_\_\_\_ [3]

Description \_\_\_\_\_ [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 business? (Y, N) \_\_\_\_\_ [12]

Did you make any payments in 2021 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [14]

If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [16]

Mark if Schedule F net income or loss should be excluded from self-employment income \_\_\_\_\_ [18]

Medical insurance premiums paid by this activity + \_\_\_\_\_ [21]

Long-term care premiums paid by this activity + \_\_\_\_\_ [25]

**Schedule F Income****Sales Code\*\*****2021 Information****Prior Year Information**

Income description

—	_____	+	_____	[35]
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

**\*\* Sales Codes****1 = Cash sales of items bought for resale****4 = Custom hire (machine work)****2 = Cash sales of items raised****5 = Other income****3 = Accrual sales****2021 Information****Prior Year Information**

Cost or other basis of livestock and other items you bought for resale (Cash method) + \_\_\_\_\_ [37]

Beginning inventory of livestock and other items (Accrual method) + \_\_\_\_\_ [39]

Accrual cost of livestock, produce, grains, and other products purchased + \_\_\_\_\_ [41]

Ending inventory of livestock and other items (Accrual method) + \_\_\_\_\_ [43]

Total cooperative distributions you received + \_\_\_\_\_ [45]

Taxable cooperative distributions you received + \_\_\_\_\_ [47]

**2021 Total****2021 Taxable****Prior Year Information**

Agricultural program payments

_____	+	_____	+	_____	[50]
_____	+	_____	+	_____	
_____	+	_____	+	_____	

**2021 Information****Prior Year Information**

CRP payments received while enrolled to receive social security or disability benefits + \_\_\_\_\_ [52]

Commodity credit loans reported under election: \_\_\_\_\_ [54]

Total commodity credit loans forfeited + \_\_\_\_\_ [56]

Taxable commodity credit loans forfeited + \_\_\_\_\_ [58]

**2021 Total****2021 Taxable****Prior Year Information**

Total crop insurance proceeds you received in 2021

_____	+	_____	+	_____	[61]
_____	+	_____	+	_____	
_____	+	_____	+	_____	

Mark if electing to defer crop insurance proceeds to 2022 \_\_\_\_\_ [63]

Crop insurance proceeds deferred from 2020 + \_\_\_\_\_ [65]

**Control Totals +****Farm**

Form ID: F-1

☐ Preparer use only

Description

## 2021 Information

## Prior Year Information

Car and truck expenses	+ _____ [5]	
Chemicals	+ _____ [7]	
Conservation expenses	+ _____ [9]	
Carryover from prior years	+ _____ [11]	
Custom hire (machine work)	+ _____ [13]	
Depreciation	+ _____ [15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	
Feed purchased	+ _____ [19]	
Fertilizers and lime	+ _____ [21]	
Freight and trucking	+ _____ [23]	
Gasoline, fuel, and oil	+ _____ [25]	
Insurance (Other than health)		
_____	+ _____ [28]	
_____	+ _____	
_____	+ _____	
Mortgage interest (Paid to banks, etc.)		
_____	+ _____ [30]	
_____	+ _____	
_____	+ _____	
Other interest	+ _____ [32]	
Labor hired (Less employment credit)	+ _____ [34]	
Pension and profit sharing	+ _____ [36]	
Rent - vehicles, machinery, and equipment	+ _____ [38]	
Rent - other	+ _____ [40]	
Repairs and maintenance	+ _____ [42]	
Seed and plants purchased	+ _____ [44]	
Storage and warehousing	+ _____ [46]	
Supplies purchased	+ _____ [48]	
Taxes:		
_____	+ _____ [50]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____ [52]	
Veterinary, breeding, and medicine	+ _____ [54]	
Other expenses:		
_____	+ _____ [56]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____ [58]	

Control Totals +

Form ID: F-2

Form ID: 4835

**Farm Rental - General Information**

36

☐ **Preparer use only****2021 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Description

[4]

State postal code

[5]

Did you "actively participate" in the operation of this business this year? (Y, N)

[6]

**Income Items****2021 Information****Prior Year Information**

Income from production of livestock, produce, grains, and other crops:

+ [15]

+

+

+

+

+ [17]

Total cooperative distributions you received

Taxable cooperative distributions you received

+ [19]

**2021 Total****2021 Taxable****Prior Year Information**

Agricultural program payments:

+ [21] [22]

+

+

Commodity credit loans reported under election:

**2021 Information****Prior Year Information**

+ [24]

+

Total commodity credit loans forfeited

+ [26]

Taxable commodity credit loans forfeited

+ [28]

**2021 Total****2021 Taxable****Prior Year Information**

Crop insurance proceeds you received in 2021

+ [30] [31]

+

+

Mark if electing to defer crop insurance proceeds to 2022

**2021 Information****Prior Year Information**

Crop insurance proceeds deferred from 2020

+ [33] [35]

Other income:

+ [38]

+

+

+

+

+

+

+

+

+

+

+

+

+

+

**Control Totals +****Farm Rental**

Form ID: 4835



**Preparer use only**

Description

**2021 Information****Prior Year Information**

Car and truck expenses	+	[6]
Chemicals	+	[8]
Conservation expenses	+	[10]
Carryover from prior years	+	[12]
Custom hire (machine work)	+	[14]
Depreciation	+	[16]
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, etc.):		
_____	+	[30]
_____	+	
_____	+	
Other interest	+	[33]
Labor hired (Less employment credit)	+	[35]
Pension and profit sharing	+	[37]
Rent - vehicles, machinery, and equipment	+	[39]
Rent - other	+	[41]
Repairs and maintenance	+	[43]
Seed and plants purchased	+	[45]
Storage and warehousing	+	[47]
Supplies purchased	+	[49]
Taxes:		
_____	+	[51]
_____	+	
_____	+	
_____	+	
_____	+	
Utilities	+	[53]
Veterinary, breeding, and medicine	+	[55]
Other expenses:		
_____	+	[57]
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
Preproductive period expenses	+	[59]

Preparer use only				
Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Operating	+ [68]	+ [69]	+	[70]
Short-term capital		+ [72]	+	[73]
Long-term capital		+ [74]	+	[75]
28% rate capital		+ [76]	+	[77]
Section 1231 loss	+ [78]	+ [79]	+	[80]
Ordinary business gain/loss	+ [82]	+ [83]	+	[84]
Section 179	+ [87]	+ [88]	+	[89]

**Control Totals +**

**Partnerships and S Corporations****38****Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.**

Taxpayer/Spouse/Joint (T, S, J)

\_\_ [2]

Employer identification number

\_\_ [6]

Name of entity

\_\_ [13]

State postal code

\_\_ [14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)

\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	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]

Taxpayer/Spouse/Joint (T, S, J)

\_\_ [2]

Employer identification number

\_\_ [6]

Name of entity

\_\_ [13]

State postal code

\_\_ [14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)

\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	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]

Taxpayer/Spouse/Joint (T, S, J)

\_\_ [2]

Employer identification number

\_\_ [6]

Name of entity

\_\_ [13]

State postal code

\_\_ [14]

Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)

\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	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]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[15]	[16]	[17]
	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]

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[15]	[16]	[17]
	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]

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[15]	[16]	[17]
	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]

Taxpayer/Spouse/Joint (T, S, J)

[2]

Employer identification number

[3]

Name of activity

[4]

State postal code

[5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[15]	[16]	[17]
	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]

Form ID: InstPY

## Prior Year Installment Sale

41

Preparer use only

## 2021 Information

## Prior Year Information

Description		[3]
Taxpayer/Spouse/Joint (T, S, J)		[7]
State postal code		[8]
Date acquired		[19]
Date sold		[20]
Gross sales price of property sold	+	[21]
Mortgage and other debts the buyer assumed	+	[23]
Cost or other basis	+	[25]
Commissions and other expenses of the sale	+	[27]
Gross profit percentage		[29]
Total current year principal payments received	+	[35]
Prior year principal payments received	+	[37]
Total ordinary income to recapture	+	[39]
Total ordinary income previously recaptured	+	[41]

Control Totals +

## Prior Year Installment Sale

Preparer use only

## 2021 Information

## Prior Year Information

Description		[3]
Taxpayer/Spouse/Joint (T, S, J)		[7]
State postal code		[8]
Date acquired		[19]
Date sold		[20]
Gross sales price of property sold	+	[21]
Mortgage and other debts the buyer assumed	+	[23]
Cost or other basis	+	[25]
Commissions and other expenses of the sale	+	[27]
Gross profit percentage		[29]
Total current year principal payments received	+	[35]
Prior year principal payments received	+	[37]
Total ordinary income to recapture	+	[39]
Total ordinary income previously recaptured	+	[41]

Control Totals +

NOTES/QUESTIONS:

**Student Loan Interest Paid**

53

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]	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**NOTES/QUESTIONS:**

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 eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S)

[8]

Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)

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 identification 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**

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2021.

Enter the amount actually paid during 2021.

Tuition paid (Enter only the amount actually paid) (Box 1)

2021 Information

+ [8]

Educational institution changed its reporting method for 2021 (Box 3)

Adjustments made for a prior year (Box 4)

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

Prior Year Information

**NOTES/QUESTIONS:**

Control Totals +

Form ID: Educ3

Form ID: 1099Q

# **Qualified Education Programs** Please provide all copies of Form 1099Q

55

Taxpayer/Spouse (T, 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 Basis**

### **Beneficiary's Information** (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

### **2021 Information**

Amount contributed in current year + \_\_\_\_\_ [14]  
 Basis of this account at 12/31/20 + \_\_\_\_\_ [17]  
 Value of this account at 12/31/21 + \_\_\_\_\_ [19]  
 Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse) + \_\_\_\_\_ [24]

### **Prior Year Information**

## **Payments from Qualified Education Programs**

### **2021 Information**

Gross distribution (**Box 1**) + \_\_\_\_\_ [30]  
 Earnings (**Box 2**) + \_\_\_\_\_ [32]  
 Basis (**Box 3**) + \_\_\_\_\_ [34]  
 Trustee-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]

### **Prior Year Information**

### **NOTES/QUESTIONS:**

Control Totals +

Educate

Form ID: 1099Q

**Medical and Health Savings Account Contributions**

71

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 \_\_\_\_\_ [7]  
     MA (Medicare Advantage) MSA \_\_\_\_\_ [9]  
 Total HSA/MSA contributions made  
     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, 2 = Family) \_\_\_\_\_ [12]  
 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 account is an HSA**

Was the high deductible health plan in effect for December 2021? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**



Form ID: 1099SA

**Health, Medical Savings Account Distributions**

72

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)** \_\_\_\_\_ [11]  
 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 provide all Forms 1099-LTC.

**2021 Information****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 2021? (Y, N) \_\_\_\_\_ [52]  
 If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) \_\_\_\_\_ [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]

**NOTES/QUESTIONS:**

Control Totals +

Health Care

Form ID: 1099SA

## ACA - Health Insurance Marketplace Statement #1

70

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

Marketplace identifier (Box 1)

Marketplace-assigned policy number (Box 2)

Policy issuer's name (Box 3)

[1]

[6]

[7]

[2]

## Part III Household Information -

	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]	
February	+ [13]		+ [26]	+ [39]	
March	+ [14]		+ [27]	+ [40]	
April	+ [15]		+ [28]	+ [41]	
May	+ [16]		+ [29]	+ [42]	
June	+ [17]		+ [30]	+ [43]	
July	+ [18]		+ [31]	+ [44]	
August	+ [19]		+ [32]	+ [45]	
September	+ [20]		+ [33]	+ [46]	
October	+ [21]		+ [34]	+ [47]	
November	+ [22]		+ [35]	+ [48]	
December	+ [23]		+ [36]	+ [49]	
Annual total	+ [24]		+ [37]	+ [50]	

Control Totals +

## ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

Marketplace identifier (Box 1)

Marketplace-assigned policy number (Box 2)

Policy issuer's name (Box 3)

[1]

[6]

[7]

[2]

## Part III Household Information -

	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]	
February	+ [13]		+ [26]	+ [39]	
March	+ [14]		+ [27]	+ [40]	
April	+ [15]		+ [28]	+ [41]	
May	+ [16]		+ [29]	+ [42]	
June	+ [17]		+ [30]	+ [43]	
July	+ [18]		+ [31]	+ [44]	
August	+ [19]		+ [32]	+ [45]	
September	+ [20]		+ [33]	+ [46]	
October	+ [21]		+ [34]	+ [47]	
November	+ [22]		+ [35]	+ [48]	
December	+ [23]		+ [36]	+ [49]	
Annual total	+ [24]		+ [37]	+ [50]	

Control Totals +

NOTES/QUESTIONS:

**Schedule A - Medical and Dental Expenses**

57

**T/S/J****2021 Information****Prior Year Information**

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] \_\_\_\_\_ + \_\_\_\_\_ [2]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] \_\_\_\_\_ + \_\_\_\_\_ [5]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] \_\_\_\_\_ + \_\_\_\_\_ [8]  
 \_\_\_\_\_ + \_\_\_\_\_

Prescription medicines and drugs:

[10] \_\_\_\_\_ + \_\_\_\_\_ [11]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

[13] Miles driven for medical items \_\_\_\_\_ [14]

**Schedule A - Tax Expenses****T/S/J****2021 Information****Prior Year Information**

State/local income taxes paid:

[18] \_\_\_\_\_ + \_\_\_\_\_ [19]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

2020 state and local income taxes paid in 2021:

[21] \_\_\_\_\_ + \_\_\_\_\_ [22]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Real estate taxes paid:

[24] \_\_\_\_\_ + \_\_\_\_\_ [25]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Personal property taxes:

[27] \_\_\_\_\_ + \_\_\_\_\_ [28]  
 \_\_\_\_\_ + \_\_\_\_\_

Other taxes, such as: foreign taxes and State disability taxes

[30] \_\_\_\_\_ + \_\_\_\_\_ [31]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Sales tax paid on major purchases:

[36] \_\_\_\_\_ + \_\_\_\_\_ [37]  
 \_\_\_\_\_ + \_\_\_\_\_

Sales tax paid on actual expenses:

[39] \_\_\_\_\_ + \_\_\_\_\_ [40]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

**Control Totals +****Itemized Deductions****Form ID: A-1**

Form ID: A-2

**Interest Expenses**

58

T/S/J	2021 Interest Paid <sup>2</sup>	2021 Points Paid	Type*	2021 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2021 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
	Address			
	City, state and zip code			
			+	
	Address			
	City, state and zip code			

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name	[7]
Street Address	
City/State/Zip code	

**Refinancing Points paid in 2021 -**

Taxpayer/Spouse/Joint (T, S, J) [11]

Recipient/Lender name

Total points paid at time of refinance

Points deemed as paid in 2021 (Preparer use only)

+ [12]

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 only)

+

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2021

T/S/J	2021 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +

Itemized Deductions

Form ID: A-2

## Charitable Contributions

T/S/J

## 2021 Information

### Prior Year Information

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 in order to claim the contribution on your return.

**Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.**

[illegible]

### Miscellaneous Deductions

T/S/J

## 2021 Information

### Prior Year Information

Other expenses

<div>[12]</div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<div>+ [13]</div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Gambling losses: (Enter only if you have gambling income)	
<div>[15]</div> <hr/> <hr/> <hr/> <hr/>	<div>+ [16]</div> <hr/> <hr/> <hr/> <hr/>

**NOTES/QUESTIONS:**

**Child and Dependent Care Expenses****81**

**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**

	<b>Taxpayer</b>	<b>Spouse</b>
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]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

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 = Provider moved and unable to get TIN, 4 = Provider 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 = Provider moved and unable to get TIN, 4 = Provider 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 \_\_\_\_\_  
 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 = Provider moved and unable to get TIN, 4 = Provider 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 \_\_\_\_\_  
 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 = Provider moved and unable to get TIN, 4 = Provider 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 \_\_\_\_\_  
 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 = Provider moved and unable to get TIN, 4 = Provider 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 \_\_\_\_\_

**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.

	<b>Taxpayer/Joint</b>	<b>Spouse</b>
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 <b>EIP3 amount projected from your prior year return</b>		_____ [6]

**NOTES/QUESTIONS:****Control Totals +****Credits**

Form ID: Rebate

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>.

	<b>Taxpayer/Joint</b>	<b>Spouse</b>
Advanced Child Tax Credit payments. Enter a zero (0), if none was received:		
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]

**NOTES/QUESTIONS:**



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)

\_\_\_\_ [1]

**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 \_\_\_\_\_ [2]

2021 Dates sick leave taken (Enter MM/DD): \_\_\_\_\_ [3]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another \_\_\_\_\_ [4]

2021 Dates sick leave taken - care provided to another (Enter MM/DD): \_\_\_\_\_ [5]

Sick leave pay when unable to work due to COVID-19 at your regular rate of pay + \_\_\_\_\_ [6]

Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay + \_\_\_\_\_ [7]

2020 Form 7202 Line 4: Number of sick leave days claimed in 2020 \_\_\_\_\_ [8]

2020 Form 7202 Line 6: Number of sick leave days - care provided to another claimed in 2020 \_\_\_\_\_ [9]

2020 Form 7202 Line 15: Sick leave pay subject to \$511 per day limit + \_\_\_\_\_ [10]

2020 Form 7202 Line 16: Sick leave pay subject to \$200 per day limit + \_\_\_\_\_ [11]

2020 Form 7202 Line 7 or Line 26: Net self-employment income + \_\_\_\_\_ [12]

**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 \_\_\_\_\_ [13]

Family leave wages received + \_\_\_\_\_ [14]

2020 Form 7202 Line 25: Number of family leave days claimed in 2020 \_\_\_\_\_ [15]

2020 Form 7202 Line 31: Family leave wages received in 2020 + \_\_\_\_\_ [16]

**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 \_\_\_\_\_ [17]

2021 Dates sick leave taken (Enter MM/DD): \_\_\_\_\_ [18]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another \_\_\_\_\_ [19]

2021 Dates sick leave taken - care provided to another (Enter MM/DD): \_\_\_\_\_ [20]

Sick leave pay when unable to work due to COVID-19 at your regular rate of pay + \_\_\_\_\_ [21]

Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay + \_\_\_\_\_ [22]

**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 \_\_\_\_\_ [23]

Family leave wages received + \_\_\_\_\_ [24]

**NOTES/QUESTIONS:****Control Totals +****Credits****Form ID: 7202**