

Arlyce Cleveland LTD

9298 Central Ave NE Suite 412

Blaine, MN 55434

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January 05, 2022

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Income tax time is just around the corner! The enclosed tax organizer has been prepared to assist you in gathering information for your 2021 tax return. Review the entire packet and answer any questions that apply. Please add any notes or questions that will help us prepare a complete and accurate return for you.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Include this packet and all supporting documents when sending us your tax information, including;

- Dates and amounts of any Estimated tax payments you made
- W-2s
- Schedule(s) K-1s from partnerships, S-Corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Health Savings Account forms 1099-SA and 5498-SA
- Broker statements providing details of capital gains transactions
- Form(s) 1098 (Mortgage Interest Statements) and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property
- Charitable Contributions - cash and non-cash
- Documentation showing dependent residency
- An updated copy of the front only of taxpayer(s) driver's license(s) necessary for e-filing

Please let us know if you received stimulus payments and if so how much you received and the date of payment.

****Please send us a list of any LLC or Schedule E registrations that you would like us to renew with Minnesota Secretary of State. This is a service we provide with your tax return preparation.**

We appreciate your trust in our business. Contact our office at (763)786-4626 if you have any questions or need additional information.

Sincerely,

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Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (763)786-4626.

Sincerely,

Arlyce Cleveland
Arlyce Cleveland LTD

2021 Tax Organizer Personal Information

Personal Information

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

Filing status at the end of 2021

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

Yes No

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

Identification Information

Taxpayer's type of photo ID

- ☐ Driver's license
 ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

- ☐ Driver's license
 ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

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

Appointment Information

Your 2021 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

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

List dependents required to file a return _____

Yes No

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

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

Taxpayer _____

Spouse _____

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

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

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

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

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

Stimulus Payment (Economic Impact Payment (EIP))

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

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

1. Go to irs.gov.
2. Select "View Your Account Information."
3. Select "Log in to your Online Account" and follow the prompts provided.

Advance Child Tax Credit Payments

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

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

1. Go to irs.gov.
2. Select "Child Tax Credit Update Portal."
3. Select "Manage Advance Payments" and follow the prompts provided.

Checklist

Name:

SSN:

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2021 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2020 tax year.

Stimulus payment (Economic Impact Payment - IRS Notice 1444-C or Letter 6475)

☐ Amount of stimulus payment _____

Advanced payment of Child Tax Credit (IRS Letter 6419)

☐ Taxpayer _____

☐ Spouse _____

State and city refunds and other government payments (Form 1099-G)

☐ Unemployment compensation

Other Income (provide supporting documentation for income received for the following items)

☐ Sale of assets or property

☐ Cancellation of debt

☐ Other income _____

Payments (provide supporting documentation for payments made for the following items)

☐ Educator classroom expenses

☐ Employee business expenses

☐ Contributions to a Health Savings Account

☐ Expenses related to work relocation

☐ Alimony

☐ Student loan interest

☐ Tuition and fees for higher education

☐ Expenses related to child or dependent care

☐ Contributions to a Retirement Savings Account

☐ Medical and dental expenses

☐ Real estate taxes

☐ Other state and local taxes

☐ Mortgage interest

☐ Investment interest

☐ Cash contributions

☐ Noncash contributions

☐ Unreimbursed employee expenses

☐ Investment expenses

☐ Gambling losses

☐ Other payments _____

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

- ☐ ☐ ☐ Did your marital status change during the year?
If "Yes," explain _____
- ☐ ☐ ☐ If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2021?
- ☐ ☐ ☐ Can you or your spouse be claimed as a dependent by someone else?
- ☐ ☐ ☐ If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
- ☐ ☐ ☐ If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
- ☐ ☐ ☐ Did your address change during the year?
- ☐ ☐ ☐ Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain _____
- ☐ ☐ ☐ Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- ☐ ☐ ☐ Did you have any changes in dependents during the year?
If "Yes," explain _____
- ☐ ☐ ☐ Can another person qualify to claim any of your dependents?
- ☐ ☐ ☐ Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?
If "Yes," provide Letter 6419 from the IRS. Or, enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. If you were married last year and filed a joint tax return with your spouse, are you filing a joint return with the same spouse this year?
Taxpayer _____
Spouse _____
- ☐ ☐ ☐ Did you have any childcare expenses during the year?
- ☐ ☐ ☐ Did you have any adoption expenses during the year?
- ☐ ☐ ☐ Did you have any children under age 19 or a full-time student under age 24 with more than \$2,200 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- ☐ ☐ ☐ Did any member of your household have healthcare coverage through the Marketplace (Obama Care)?
If "Yes," provide copies of Form 1095-A.
- ☐ ☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- ☐ ☐ ☐ Did you receive any tips not reported to your employer?
- ☐ ☐ ☐ Did you receive any disability income during the year?
- ☐ ☐ ☐ Did you cash in any U.S. savings bonds during the year?
- ☐ ☐ ☐ Did you start a new business or purchase any rental property during the year?
- ☐ ☐ ☐ Did you sell an existing business, rental property, or other property during the year?
- ☐ ☐ ☐ Did you purchase any business assets or convert any assets to business use?

Questionnaire

Name:

SSN:

Questionnaire

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

☐ ☐ ☐ Did you purchase any gasoline, diesel, or special fuels for off-road business use?

☐ ☐ ☐ Did you buy or sell any stocks, bonds, or other investments during the year?

☐ ☐ ☐ Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home.

☐ ☐ ☐ Did you have a principal residence or a piece of real property foreclosed on during the year?

☐ ☐ ☐ Did you abandon a principal residence or a piece of real property during the year?

☐ ☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

☐ ☐ ☐ Did you receive any principal or interest during this year from property sold in prior years?

☐ ☐ ☐ Did you rent out your home or use it for business?

☐ ☐ ☐ Did you sell, exchange, or purchase any real estate during the year?

☐ ☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?

☐ ☐ ☐ Did you have any debts canceled or forgiven this year?

☐ ☐ ☐ Does anyone owe you money that has become uncollectible?

☐ ☐ ☐ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

☐ ☐ ☐ Did you receive income or incur expenses associated with a fantasy sport league?

If "Yes," provide documentation.

☐ ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?

If "Yes," attach Form 1099-MISC, Form 1099-NEC, and Form 1099-K.

☐ ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?

If "Yes," attach Form 1099-K or Form W-2.

☐ ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?

If "Yes," provide documentation.

☐ ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?

If "Yes," attach Form 1099-K.

☐ ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?

If "Yes," provide documentation.

☐ ☐ ☐ Did you receive any other income you have not provided information for with this organizer?

If "Yes," explain _____

Itemized Deduction Information

Yes No

☐ ☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?

☐ ☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?

☐ ☐ ☐ Did you receive any state or local income tax refunds from prior years?

☐ ☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?

☐ ☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?

☐ ☐ ☐ Did you pay mortgage interest during the year?

☐ ☐ ☐ Did you make cash donations to charity during the year?

☐ ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?

☐ ☐ ☐ Did you donate a boat or vehicle during the year?

If "Yes," attach Form 1098-C.

☐ ☐ ☐ Did you have gambling winnings or losses during the year?

☐ ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?

☐ ☐ ☐ Did you use your vehicle on the job other than for commuting to work?

☐ ☐ ☐ Did you work out of town at any time during the year?

Retirement Information

Questionnaire

Name:

SSN:

Questionnaire

Yes No

- ☐ ☐ Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- ☐ ☐ Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ Did you receive any Social Security benefits during the year?

Education Information

Yes No

- ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- ☐ ☐ Did anyone in your household attend a post-secondary school during the year?
- ☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- ☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependents during the year?

Miscellaneous Information

Yes No

- ☐ ☐ Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
If "Yes," enter the amount received for each taxpayer and provide Notice-1444-C or Letter 6475 from the IRS.

Taxpayer _____

Spouse _____

- ☐ ☐ Was your earned income in 2021 less than your earned income in 2019?
If "Yes," enter the amount of your 2019 earned income.

- ☐ ☐ Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currencies?
- ☐ ☐ Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- ☐ ☐ Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- ☐ ☐ Did you make gifts to any one person in excess of \$15,000 during the year?

Yes No

- ☐ ☐ If "Yes," are you splitting the gift with your spouse?
- ☐ ☐ Did you incur moving expenses during the year?
- ☐ ☐ Did you make any energy-efficient improvements to your main home during the year?
- ☐ ☐ Are you a business owner who paid health insurance premiums for your employees during the year?
- ☐ ☐ Did you own interest or shares in a Qualified Opportunity Fund?
- ☐ ☐ Did you apply an overpayment of your 2020 taxes to your 2021 estimated taxes?
- ☐ ☐ If you have an overpayment of 2021 taxes, do you want the refund applied to your 2022 estimated taxes?
- ☐ ☐ Did you make any estimated payments toward your 2021 taxes?
- ☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- ☐ ☐ Do you anticipate your income or withholdings to be different for 2022?
- ☐ ☐ Did you make any purchases subject to Use Tax?
If "Yes," provide details.
- ☐ ☐ Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Foreign Tax Information

Yes No

Questionnaire

Name:

SSN:

Questionnaire

- ☐ ☐ ☐ Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- ☐ ☐ ☐ Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- ☐ ☐ ☐ Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- ☐ ☐ ☐ Did you have any income from, or pay taxes to, a foreign country?
- ☐ ☐ ☐ Did you own property in a foreign country?

Preparer Notes

Sale of Capital Assets

Name: _____

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

Description of property: _____

Date acquired _____ Date sold _____

2021

Prior years

Selling price

Mortgages assumed

Cost of property sold

Depreciation allowed

Commissions and expense of sale

Gross profit percentage

Interest received

Principal payments received

Property was sold to a related party ☐

Income

Name:SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2021 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2021 distribution

☐ Yes ☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes ☐ No

Did you use any of the distributions for disaster or coronavirus relief?

Other Income and Adjustments

Name:

SSN:

Other Income

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

Adjustments

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

Schedule C - Profit or Loss from Business

Name: _____ SSN: _____

General Business Information

TS _____ Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) _____

☐ This business started or was acquired during 2021. ☐ This business was disposed of during 2021.

Select if this business is for:

☐ Professional gambler ☐ Exempt Notary income
☐ Newspaper delivery and you are under 18 years of age ☐ A clergy

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

Income

	2021		2021
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		_____

Expenses

	2021		2021
Advertising	_____	Repairs & maintenance	_____
Car & truck expenses	_____	Supplies	_____
Commissions & fees	_____	Taxes & licenses	_____
Contract labor	_____	Travel	_____
Depletion	_____	Total meals	_____
Employee benefit programs	_____	Utilities	_____
Insurance (other than health)	_____	Wages	_____
Interest - mortgage	_____	Family health coverage payments for taxpayer, spouse or dependents	_____
Interest - other	_____	Other expenses (list)	_____
Legal & professional services	_____		_____
Office expenses	_____		_____
Pension & profit sharing plans	_____		_____
Rent or lease (vehicles, machinery, & equipment)	_____		_____
Rent (other business property)	_____		_____

Cost of Goods Sold

	2021		2021
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method.	

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

Name: SSN:

General Property Information

Property description
Address, city, state, ZIP

Select the property type
☐ Single family residence ☐ Vacation / short-term rental ☐ Land ☐ Self-rental
☐ Multi-family residence ☐ Commercial ☐ Royalties ☐ Other

Number of days property was rented Number of days property was used for personal use
If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

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

Income

2021 2021
Rent income Royalties from oil, gas, mineral, copyright or patent

Expenses

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

Name:

SSN:

Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Schedule F - Profit or Loss from Farming

Name: _____ SSN: _____

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method: ☐ Cash ☐ Accrual ☐ Other: _____

☐ This farm was disposed of during 2021.

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm.

☐ ☐ If "Yes," you filed Forms 1099 for the individuals.

☐ ☐ You received a Paycheck Protection Program (PPP) loan for this business.

☐ ☐ If "Yes", was any portion of the loan forgiven?

Income

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

Expenses

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

Form 4835 - Farm Rental Income and Expenses

Name: _____ SSN: _____

General Information

Description _____ Employer ID Number _____

☐ This farm was disposed of during 2021

Income

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

Expenses

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

Expenses Related to Business

Name: _____ SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Was this vehicle available for use during off-duty hours?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have evidence to support your deduction?
<input type="checkbox"/>	<input type="checkbox"/>	Was another vehicle is available for personal use?	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2021

Business	_____
Commuting	_____
Other	_____

Expenses

Garage rent	_____	Repairs	_____
Gas	_____	Tires	_____
Insurance	_____	Tolls	_____
Licenses	_____	Lease addback	_____
Oil	_____	Other expenses	_____
Parking fees	_____		_____
Rental fees	_____		_____
Interest	_____		_____
Property tax	_____		_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

☐ The daycare facility was in operation for the entire year

Expenses

	Office expenses	Home expenses	
Mortgage interest	_____	_____	In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes	_____	_____	
Excess mortgage interest	_____	_____	
Excess real estate taxes	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses	_____	_____	

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any one household employee cash wages of \$2,300 or more in 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you withhold federal income tax during 2021 for any household employee? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay unemployment contributions to only one state? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay all state unemployment contributions for 2021 by April 18, 2022? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? |

2021

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax. _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any one household employee cash wages of \$2,300 or more in 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you withhold federal income tax during 2021 for any household employee? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay unemployment contributions to only one state? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay all state unemployment contributions for 2021 by April 18, 2022? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? |

2021

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax. _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)

Long-term care premiums (you)

Long-term care premiums (your spouse)

Long-term care premiums (dependents)

Mileage driven for medical purposes

Medical & dental expenses

 Doctor, dental, etc

 Prescription medicines

 Insulin

 Glasses & contacts

 Hearing aids

 Braces

 Medical equipment & supplies

 Hospital services

 Laboratory services

 Nursing services

 Other _____

Taxes Paid

State and local income taxes

General sales tax (vehicle, boat, home, etc.)

Real estate taxes

Personal property taxes

Other taxes (list) _____

Interest Paid

Home mortgage interest paid (attach Form 1098)

☐ Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Home mortgage insurance premiums

Investment interest

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums

Federal estate tax

Gambling losses

Impairment-related work expenses

Claim repayments

Unrecovered pension investments

Loss from other activities from Schedule K-1

Ordinary loss debt instrument

Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

 Safety equipment, tools, & supplies

 Uniforms

 Protective clothing (shoes, hardhats, glasses, etc.)

 Dues to professional organizations

 Books & subscriptions

 Other _____

Union dues

Tax preparation fees

Other nonpersonal expenses related to taxable income

 Safe deposit box fees

 Investment expenses not entered elsewhere

 Other _____

Home equity interest

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid

Employee Business Expenses

- ☐ You are a qualified performing artist
- ☐ You are a fee-based state or local government official
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a reservist
- ☐ You are a member of the clergy
- ☐ You used your personal vehicle for your job during 2021

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name:SSN:

Education Expenses

Provide all copies of Form 1098-T

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Student name

Type of expense

Amount

Job-related Moving Expenses

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

2021

Number of miles from old home to old workplace

Number of miles from old home to new workplace

Expenses to transport and store household goods and personal effects

Travel and lodging expenses while traveling to your new home

Name:

SSN:

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

[illegible]

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

[illegible]