

General Information

Taxpayer

Spouse

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

Check ("X") which phone number to list on return.

Home Phone
Work Phone
Cell Phone
Fax Number
Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)
Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31
Sales tax rate of locality in 2021
If Part Year, Period of Residency

Home Phone
Work Phone
Cell Phone
Fax Number
Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)
Occupation
E-mail address
State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31
Sales tax rate of locality in 2021
If Part Year, Period of Residency

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type
ID number
ID issuing state
ID issue date
ID expiration date

Filing Status

Status on 2020 return
Status as of 12/31/2021
Enter ("X") in the box
1 Single
2 Married filing joint
3 Married filing separately
4 Head of Household
5 Qualifying widow(er) with minor child

Taxpayer's Address

Street
City
Foreign province/county
If a bona fide resident of a U.S. territory, enter territory

Preparer's Information

Preparer's name
Firm's name
Street
City
State
Zip Code

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.
Sign
here
Date

Name _____

SSN _____

Questions

Yes No

Personal Information

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you purchase or sell your principal residence or did your address change? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Were either you or your spouse in the military or National Guard? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS? |

Yes No

Dependents

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Are there any changes in your dependents from last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you pay education expenses for your dependent children? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did anyone in your family receive a scholarship of any kind during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay any dependent care expenses for a child or a parent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Are all of your dependents either US residents or citizens? |

Yes No

Health Care Coverage

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you or a member of your family have minimum essential coverage in 2021? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) REQUIRED FOR CALIFORNIA RESIDENTS. |
|--------------------------|--------------------------|---|--|

Yes No

Income (In 2021, did you or your spouse have any of the following?)

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Wages? (include form(s) W-2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Non-employee compensation? (include form(s) 1099-NEC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Miscellaneous Income? (include form(s) 1099-MISC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Interest income? (include form(s) 1099-INT) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Dividend income? (include form(s) 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Disability income? (include form(s) W-2 or 1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Unemployment compensation? (include form(s) 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you receive tip income NOT reported to your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you receive payments from a Long-Term Care insurance contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you barter your services for goods or services from someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you receive employer-provided adoption benefits for a previous year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you cash in any U.S. savings bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you make a loan to someone at an interest rate below market rate? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | Did you receive a housing allowance for ministerial services you provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 | Did you receive any income not reported in this Organizer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 22 | Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 23 | Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency (i.e. Bitcoin)? |

Yes No

Foreign Reporting

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Were you the grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive income from a foreign source or pay taxes to a foreign government? |

Yes No

Retirement & Other Plans

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you receive any distributions from a retirement plan? (Include form(s) 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you rollover a retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you convert a traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to an HSA (Health Savings Account) in 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive an early distribution for a qualified birth or adoption distribution? |

10 Did you elect to pay tax on a Coronavirus qualified distribution over a three-year period?

Yes No **Purchases, Sales, Gains and Losses**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Yes No **Business and Rental Property Income & Deductions**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you or will you make any contributions to a Keogh or a self-employed SEP plan for 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive income from raising animals or crops? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you receive or expect to receive forgiveness on any Paycheck Protection Program (PPP) loan? |

Yes No **Other Deductions**

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you refinance a mortgage or take out a home equity loan during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make charitable contributions by cash, check or credit card during 2021? |

Yes No **Miscellaneous**

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you receive a Federal Stimulus payment? (Please provide IRS Letter 6475 showing amount received.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you receive Advance Payments of the Child Tax Credit? (Please provide IRS Letter 6419 showing amount received.) |

Yes **No** **Return preparation and filing**

- | | | | | |
|--------------------------|--------------------------|---|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Do you want to e-file your return? | |
| | | 2 | If you are due a refund, how do you want to receive it? | |
| | | | <input type="checkbox"/> Check sent to you in the mail | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Apply to next year's estimates | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Direct deposit | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | | | If you owe taxes, how do you want to pay them? | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Paper check sent with my return <input type="checkbox"/> Credit card | <input type="checkbox"/> Installment Agreement |
| | | | <input type="checkbox"/> Direct debit | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

Name _____

SSN _____

Federal, State and Local Estimated Taxes Paid

Federal Estimates

Enter Payment Information	Filer and/or Joint Payments			Spouse Only Payments	
	Date Paid	Amount		Date Paid	Amount
1 Overpayment from last year			1		
2 First quarter payment			2		
3 Second quarter payment			3		
4 Third quarter payment			4		
5 Fourth quarter payment			5		
6 _____			6		
7 _____			7		

State Estimates

Enter two-letter state abbreviation	State	State	State	State				
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1							
2 First quarter payment	2							
3 Second quarter payment	3							
4 Third quarter payment	4							
5 Fourth quarter payment	5							
6 _____	6							
7 _____	7							
8 _____	8							

Local Estimates

Enter locality name	Locality	Locality	Locality	Locality				
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1							
2 First quarter payment	2							
3 Second quarter payment	3							
4 Third quarter payment	4							
5 Fourth quarter payment	5							
6 _____	6							
7 _____	7							
8 _____	8							

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				
	19				
	20				
	21				
	22				
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	26				
	27				
	28				
	29				
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	31				
	32				
	33				
	34				
	35				
	36				
	37				
	38				
	39				
	40				
	41				
	42				
	43				

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
<input type="checkbox"/>	18					
<input type="checkbox"/>	19					
<input type="checkbox"/>	20					
<input type="checkbox"/>	21					
<input type="checkbox"/>	22					
<input type="checkbox"/>	23					
<input type="checkbox"/>	24					
<input type="checkbox"/>	25					
<input type="checkbox"/>	26					
<input type="checkbox"/>	27					
<input type="checkbox"/>	28					
<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	1	
<input type="checkbox"/>	2 _____	_____	2	
<input type="checkbox"/>	3 _____	_____	3	
<input type="checkbox"/>	4 _____	_____	4	
<input type="checkbox"/>	5 _____	_____	5	
<input type="checkbox"/>	6 _____	_____	6	
<input type="checkbox"/>	7 _____	_____	7	
<input type="checkbox"/>	8 _____	_____	8	
<input type="checkbox"/>	9 _____	_____	9	

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	_____	1	
<input type="checkbox"/>	2 _____	_____	_____	2	
<input type="checkbox"/>	3 _____	_____	_____	3	
<input type="checkbox"/>	4 _____	_____	_____	4	
<input type="checkbox"/>	5 _____	_____	_____	5	
<input type="checkbox"/>	6 _____	_____	_____	6	
<input type="checkbox"/>	7 _____	_____	_____	7	
<input type="checkbox"/>	8 _____	_____	_____	8	
<input type="checkbox"/>	9 _____	_____	_____	9	

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2021.
- 4 Did you make any payments in 2021 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 _____ 5
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12
- 13 _____ 13
- 14 _____ 14
- 15 Income reported on 1099 MISC 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K 16
- 17 Professional gambler winnings from Form W2-G 17
- 18 Gross installment sales less cost of goods sold 18
- 19 Returns and allowances 19
- 20 Other income 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 23 Inventory at the beginning of year 23
- 24 Purchases less cost of items withdrawn for personal use 24
- 25 Cost of labor 25
- 26 Materials and supplies 26
- 27 Other Costs 27
- 28 Inventory at end of year 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29	Advertising	29	
30	Contract labor	30	
31	Commissions and fees	31	
32	Depletion	32	
33	Employee benefit programs (other than on line 39)	33	
34	Insurance (other than health)	34	
Interest:			
35	Mortgage (paid to banks, etc.)	35	
36	Other	36	
37	Legal and professional services	37	
38	Office expense	38	
39	Pension and profit-sharing plans	39	
Rent or Lease:			
40	Machinery rental or lease	40	
41	Equipment rental or lease	41	
42	_____	42	
43	_____	43	
44	_____	44	
	Other business property rental or lease		
45	_____	45	
46	_____	46	
47	_____	47	
48	Repairs and maintenance	48	
49	Supplies (not included in inventory cost of goods sold)	49	
50	Taxes and licenses	50	
Travel and Meals:			
Travel			
51	_____	51	
52	_____	52	
53	_____	53	
54	_____	54	
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/> <input type="checkbox"/>
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	Utilities	60	
61	Wages	61	
Other Expenses:			
62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	
66	_____	66	
67	_____	67	
68	_____	68	
69	_____	69	
70	_____	70	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Excess real estate taxes 7
- 8 Insurance 8
- 9 Rent 9
- 10 Repairs and maintenance 10
- 11 Utilities 11
- 12 Other Expenses:

- a _____ 12a
- b _____ 12b
- c _____ 12c
- d _____ 12d
- e _____ 12e

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Business: _____

Additional expenses related to business portion only (Direct)

- 13 Casualty losses 13
- 14 Excess mortgage interest 14
- 15 Excess real estate taxes 15
- 16 Insurance 16
- 17 Rent 17
- 18 Repairs and maintenance 18
- 19 Utilities 19
- 20 Other Expenses:

- a _____ 20a
- b _____ 20b
- c _____ 20c
- d _____ 20d
- e _____ 20e

Current Year Amount	Prior Year Amount

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____

Address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8)	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
a If rental real estate, enter the percent of ownership if less than 100%		
b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13 a Qualified mortgage interest paid to banks, etc.		
b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17 a Real estate taxes		
b Other Taxes		
18 Utilities		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 4
- 5 Enter the total amount of Medicare B Premiums withheld. 5
- 6 Enter the total amount of Medicare D Premiums withheld. 6

Current Year Amount	Prior Year Amount

Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 10
- 11 Enter the total amount of Medicare B Premiums withheld. 11
- 12 Enter the total amount of Medicare D Premiums withheld. 12

Name _____

SSN _____

Miscellaneous Income

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Refund from state			1	
2	Unemployment compensation			2	
3	Prizes and awards			3	
4	Scholarships and fellowships			4	
5	Income from rental of personal property, if not in the business of renting such property			5	
6	Net operating loss carryover (negative no.)			6	
7	Canceled debts (1065 K-1)			7	
8	_____			8	
9	_____			9	
10	_____			10	
11	Other income not provided for in this Organizer			11	

Adjustments to Income

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Educator expenses			1	
2	Certain business expenses of reservists, performing artists, and fee-basis government officials			2	
3	Health Savings account deduction			3	
4	Moving expenses (members of armed forces)			4	
5	Self-employed SEP, SIMPLE, or other qualified plans			5	
6	Self-employed health insurance deduction			6	
7	Penalty on early withdrawal of savings			7	
8	Alimony paid			8	
9	IRA contribution			9	
10	Student loan interest deduction			10	
11	Tuition and fees (Total education expenses)			11	

Other Adjustments to Income

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Foreign housing deduction			1	
2	Jury duty pay given to your employer			2	
3	Reforestation amortization			3	
4	Repayment of sub-pay under the Trade Act of 1974			4	
5	Contributions to Section 501(c)(18)(D) pension plans			5	
6	Attorney fees and court costs paid for actions involving certain unlawful discrimination claims, but only to the extent of gross income from such actions			6	
7	Expenses from the rental of personal property but were not in the business of renting such property			7	
8	Contributions by chaplains to section 403(b) plans			8	
9	Archer MSA deduction			9	
10	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations, up to the amount of the award includible in your gross income			10	
11	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money			11	
12	Excess deductions on termination of an estate/trust - Section 67(e) expenses			12	
13	_____			13	
14	_____			14	

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2021 1
- 2 Enter contributions, on line 1, made after 12/31/2021 and before 04/15/2022 2
- 3 Enter value of all traditional IRAs on 12/31/2021 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2022 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2021 5
- 6 Enter contributions, on line 5, made after 12/31/2021 and before 04/15/2022 6
- 7 Enter value of all traditional IRAs on 12/31/2021 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2022 8

Roth IRA Contributions

Filer

- 1 Enter 2021 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2021 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2021 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2021 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2021 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2021 2

--	--

Education (Coverdell ESA)

Filer

- 1 Enter 2021 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2021 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2021 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2021 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

Name _____

SSN _____

Medical and Dental - Itemized Deductions

	Current Year Amount	Prior Year Amount
1 Prescription medications		
2 Fees for doctors, dentists, etc.		
3 Fees for hospitals, clinics, etc.		
4 Lab and X-ray fees		
5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.		
6 Medical equipment and supplies		
7 Medical mileage (number of miles driven)		
8 Medical parking, tolls and local transportation		
9 Lodging for medical purposes (up to \$50 per night per person)		
10 Health/Dental/Other ins. premiums (do not include self-employed plans)		
11 Long Term Care insurance premiums (taxpayer)		
12 Long Term Care insurance premiums (spouse)		
13 Expenses to stop smoking		
14 Health insurance premiums - coverage established under your business (1)		
15 Health insurance premiums - coverage established under your business (2)		
16 Long Term Care insurance premiums - coverage est. under your business (1)		
17 Long Term Care insurance premiums - coverage est. under your business (2)		
18 _____		
19 _____		
20 _____		
21 _____		
22 Insurance reimbursement for any medical and dental expense listed above		

1 Prescription medications **1**
2 Fees for doctors, dentists, etc. **2**
3 Fees for hospitals, clinics, etc. **3**
4 Lab and X-ray fees **4**
5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. **5**
6 Medical equipment and supplies **6**
7 Medical mileage (number of miles driven) **7**
8 Medical parking, tolls and local transportation **8**
9 Lodging for medical purposes (up to \$50 per night per person) **9**
10 Health/Dental/Other ins. premiums (do not include self-employed plans) **10**
11 Long Term Care insurance premiums (taxpayer) **11**
12 Long Term Care insurance premiums (spouse) **12**
13 Expenses to stop smoking **13**
14 Health insurance premiums - coverage established under your business (1) **14**
15 Health insurance premiums - coverage established under your business (2) **15**
16 Long Term Care insurance premiums - coverage est. under your business (1) **16**
17 Long Term Care insurance premiums - coverage est. under your business (2) **17**
18 _____ **18**
19 _____ **19**
20 _____ **20**
21 _____ **21**
22 Insurance reimbursement for any medical and dental expense listed above **22**

Name _____

SSN _____

Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
Real Estate Taxes			
23	Principal residence	23	
24	Real estate taxes from Schedule E properties	24	
Real Estate Not Held For Investment			
25	_____	25	
26	_____	26	
27	_____	27	
28	_____	28	
29	_____	29	
Real Estate Held For Investment			
30	_____	30	
31	_____	31	
32	_____	32	
33	_____	33	
34	_____	34	
Personal property taxes DMV / Auto Registration Fees			
35	Non-business portion of vehicle personal property taxes	35	
36	_____	36	
37	_____	37	
38	_____	38	
39	_____	39	
40	_____	40	
Non-Personal Property Taxes			
41	K1 (1065) - Other deductions/taxes	41	
42	K1 (1120S) - Other deductions/taxes	42	
43	K1 (1041) - Other deductions/taxes	43	
44	Foreign Taxes	44	
45	From Schedule E properties	45	
46	_____	46	
47	_____	47	
48	_____	48	

Name _____

SSN _____

Interest - Itemized Deductions

Home Mortgage Interest and Points Reported on Form 1098

Current Year Amount	Prior Year Amount

49 Lender _____ 49

50 Lender _____ 50

51 Lender _____ 51

52 Lender _____ 52

Home Mortgage Interest Not Reported on Form 1098

53 Name: _____ 53

Address: _____

SSN: _____

--	--

54 Mortgage insurance premiums paid on 2021 acquisition indebtedness for principal residence 54

--	--

Refinancing Points

55 Description 55

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2021

56 Description 56

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2021

57 Description 57

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2021

58 Description 58

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2021

59 Investment interest paid 59

--	--

Name _____

SSN _____

California residents with Unreimbursed Employee Expenses should complete this schedule.

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

(State use only)

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
60	Union and professional dues	60			
61	Professional subscriptions	61			
62	Uniform and protective clothing	62			
63	Job search costs	63			
64	_____	64			
65	_____	65			
66	_____	66			
67	_____	67			
68	_____	68			
69	_____	69			

Certain Miscellaneous Deductions - Itemized Deductions

(State use only)

		If investment related enter "X"	Current Year Amount	Prior Year Amount
70	Tax preparation fees			70
71	Certain attorney and accounting fees			71
72	Safe deposit box rental			72
73	IRA Custodial fees			73
74	Investment counsel and advisory fees			74
75	Losses on deposits in insolvent or bankrupt financial institutions			75
76	Convenience fees paid with credit or debit card for federal taxes in 2021			76
77	_____			77
78	_____			78
79	_____			79
80	_____			80
81	_____			81
82	_____			82
83	_____			83
84	_____			84
85	_____			85
86	_____			86

Other Miscellaneous Deductions

87	Federal estate tax on income in respect of a decedent	87		
88	Amortizable bond premiums on bonds acquired before 10/23/86	88		
89	Gambling losses (if gambling income)	89		
90	Repayment of income	90		
91	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	91		
92	Certain unrecovered investment in a pension	92		
93	_____	93		
94	_____	94		
95	_____	95		
96	_____	96		
97	_____	97		
98	_____	98		

Name _____

SSN _____

Charity - Itemized Deductions

* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

- 1 Gifts To Charity Other Than By Cash or Check* 1
- 2 Total Miles driven for charitable activities 2
- 3 Parking fees, tolls and local transportation for charitable activities 3

Gifts To Charity By Cash or Check

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
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26	_____
27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____

	Current Year Amount	Prior Year Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
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36		
37		
38		
39		
40		
41		

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Employee Business Expenses

California is one of a select few states that still allow deduction of Unreimbursed Employee Expenses so please continue to provide complete information as in prior years.

Enter "X" in one box: Filer Spouse

Occupation in which you incurred the expenses _____

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official

IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).

		Current Year Amount	Prior Year Amount
Meals			
1	Meals		
2	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>

Travel Expenses

3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals	4		

Other Employment Related Expenses

5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8	_____	8		
9	_____	9		
10	_____	10		
11	_____	11		
12	_____	12		

Employer Reimbursements

13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2	13		
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2	14		
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements	15		

Name _____

SSN _____

Occupation in which you incurred these expenses _____

Vehicle Information - Unreimbursed Employee Business Expenses

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year 4				
5	Commuting miles included on line 3 5				
6	Average daily roundtrip commuting miles 6				
7	Parking fees and tolls 7				
8	Vehicle Interest 8				
9	Vehicle Personal Property tax 9				

Actual Expenses

10	Gasoline, oil and repairs 10				
11	Vehicle Insurance 11				
12	Vehicle registration fees 12				
13	Vehicle lease or rental 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) 15				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year 4				
5	Commuting miles included on line 3 5				
6	Average daily roundtrip commuting miles 6				
7	Parking fees and tolls 7				
8	Vehicle Interest 8				
9	Vehicle Personal Property tax 9				

Actual Expenses

10	Gasoline, oil and repairs 10				
11	Vehicle Insurance 11				
12	Vehicle registration fees 12				
13	Vehicle lease or rental 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) 15				

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2020 and paid in 2021 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2021
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2021	
1	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
2	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
3	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
4	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____
5	First: _____	_____	SSN: _____		
	Last: _____				City: _____
	Business: _____				State: _____ Zip: _____

Name _____

SSN _____

Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number _____

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

1 Did you pay ANY ONE household employee cash wages of \$2,300 or more in 2021? 1 Yes No
If yes, skip to line 4.

2 Did you withhold Federal income tax during 2021 for any household employees? 2 Yes No
If yes, skip to line 5.

3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER
of 2020 or 2021 to household employees? 3 Yes No

	Current Year Amount	Prior Year Amount
4 Enter the total amount of wages paid to all employees, who were each paid in excess of \$2,300 during the year. 4		
5 Total Federal income tax withheld 5		

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

6 Did you pay unemployment contributions to only one state? 6 Yes No

7 Did you pay all state unemployment contributions by April 18, 2022? 7 Yes No

8 Were all wages that are taxable for federal unemployment also taxable
for your state unemployment tax? 8 Yes No

If you checked the "Yes" box on ALL the lines above, complete Section A. Otherwise complete Section B.

Section A

9 Name of State where you paid unemployment contributions 9	
10 State reporting number as shown on State unemployment return 10	
11 Amount of contributions paid to the State unemployment fund 11	
12 Total cash wages subject to FUTA 12	

Section B

	State Unemployment	State Unemployment
13 Name of State where you paid unemployment contributions 13		
14 State reporting number as shown on State unemployment return 14		
15 Wages, subject to state unemployment tax, reported to State 15		
16 State experience rate 16		
17 State experience rate period a. From 17a		
b. To 17b		
18 Amount of contributions paid to the State unemployment fund 18		