

2021	1040	US	Tax Organizer
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**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please enter all pertinent 2021 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

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Please enter all pertinent 2021 information. If you have attached a government form for an item, check the box and do not enter a 2021 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2021 Amount	2020 Amount
Attach Forms W-2	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____
	_____
	_____
	_____
Winnings not reported on W-2G.....	_____
Total gambling losses.....	_____

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .

Attach Forms 1099	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....	Attach Forms 1099
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

Attach Forms 1099	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

Attach Forms 1099	
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MISCELLANEOUS INCOME

Taxpayer: Alimony received .....  
 Spouse: Alimony received .....

Other: \_\_\_\_\_


RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....  
 Spouse: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

	2021 Amount	2020 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest .....  
 Form 1098-T - Tuition and related expenses .....

Attach Forms 1098	

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement .....  
 Form 1095- B - Health Coverage .....  
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....

Attach Forms 1095	

ADJUSTMENTS TO INCOME

Taxpayer:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Other adjustments to income:  
 \_\_\_\_\_


Alimony paid - Recipient name & SSN .....  
 \_\_\_\_\_


Spouse:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Other adjustments to income:  
 \_\_\_\_\_


Alimony paid - Recipient name & SSN .....  
 \_\_\_\_\_


MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs .....  
 Doctors, dentists and nurses .....  
 Hospitals and nursing homes .....  
 Insurance premiums .....  
 Long-term care premiums - taxpayer .....  
 Long-term care premiums - spouse .....  
 Insurance reimbursement .....  
 Out-of-pocket lodging and transportation expenses .....  
 Number of medical miles .....  
 Other: \_\_\_\_\_


TAXES PAID

State income taxes - 1/21 payment on 2020 state estimate .....

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TAXES PAID (continued)

State income taxes - paid with 2020 state extension
State income taxes - paid with 2020 state return
State income taxes - paid for prior years and/or to other states
City/local income taxes - 1/21 payment on 2020 city/local estimate
City/local income taxes - paid with 2020 city/local extension
City/local income taxes - paid with 2020 city/local return
State and local sales taxes (except autos and special items)
Use taxes paid on 2021 purchases
Use taxes paid on 2020 state return
Sales tax on autos not included above
Sales taxes paid on boats, aircraft, and other special items
Real estate taxes - principal residence
Real estate taxes - property held for investment
Foreign income taxes
Personal property taxes (including automobile fees in some states)

Table with 2 columns: 2021 Amount, 2020 Amount. Includes a shaded row for 'Attach Tax Notice'.

INTEREST PAID

Home mortgage interest and points paid:

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):
Points not reported on Form 1098:
Mortgage insurance premiums on post 12/31/06 contracts
Investment interest (interest on margin accounts):
Passive interest

Table with 2 columns: 2021 Amount, 2020 Amount. Includes shaded rows for 'Attach Forms 1098' and 'Attach Tax Notice'.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket)
Number of charitable miles

Table with 2 columns: 2021 Amount, 2020 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Union and professional dues
Tax return preparation fee
Safe deposit box rental
Investment expenses
Estate tax, section 691(c)
Unreimbursed employee expenses:

Table with 2 columns: 2021 Amount, 2020 Amount.

Other:

Table with 2 columns: 2021 Amount, 2020 Amount.

Please enter all pertinent 2021 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2021 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

1 = Checking or savings (default)      6 = Coverdell savings account (ESA)  
2 = Taxpayer's IRA (next year limits)      7 = Other  
3 = Spouse's IRA (next year limits)      8 = Taxpayer's IRA (current year limits)  
4 = Health savings account (HSA)      9 = Spouse's IRA (current year limits)  
5 = Archer MSA

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2021 information.

**APPLICATION OF 2021 OVERPAYMENT (7.1)**

If you have an overpayment of 2021 taxes, do you want the excess refunded?  or applied to 2022 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2022 ESTIMATED TAX INFORMATION**

Do you expect your 2022 taxable income to be different from 2021? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2022 withholding to be different from 2021? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Noncash Contributions (Form 8283)</b>	<b>26</b>
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**If your total noncash contributions are in excess of \$500 in 2021, please complete the information below for each donee using the following guidelines:**

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

No. <input style="width:40px;" type="text"/>	Vehicle	Name of charitable organization (donee) .....	
		Street address .....	
		City .....	
		State .....	
		ZIP code .....	
		1=spouse, 2=joint .....	
		Property description (other than vehicle) .....	
		Identification number (VIN) .....	
		Year (yyyy) .....	
		Make and model .....	
		Condition and mileage .....	
		Date of contribution (m/d/y) .....	
		Date acquired by donor (m/y) .....	
		How acquired by donor (Table 1 or describe) .....	
		Donor's cost or basis .....	
Fair market value .....			
Method used to determine FMV (Table 2 or describe) .....			

No. <input style="width:40px;" type="text"/>	Vehicle	Name of charitable organization (donee) .....	
		Street address .....	
		City .....	
		State .....	
		ZIP code .....	
		1=spouse, 2=joint .....	
		Property description (other than vehicle) .....	
		Identification number (VIN) .....	
		Year (yyyy) .....	
		Make and model .....	
		Condition and mileage .....	
		Date of contribution (m/d/y) .....	
		Date acquired by donor (m/y) .....	
		How acquired by donor (Table 1 or describe) .....	
		Donor's cost or basis .....	
Fair market value .....			
Method used to determine FMV (Table 2 or describe) .....			

<p><b>1 How Property was Acquired</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">1 = Purchase</td> <td style="width:50%;">3 = Inheritance</td> </tr> <tr> <td>2 = Gift</td> <td>4 = Exchange</td> </tr> </table>	1 = Purchase	3 = Inheritance	2 = Gift	4 = Exchange	<p><b>2 Method Used to Determine FMV</b></p> <table style="width:100%;"> <tr> <td style="width:50%;">1 = Appraisal</td> <td style="width:50%;">3 = Catalog</td> </tr> <tr> <td>2 = Thrift shop value</td> <td>4 = Comparable sales</td> </tr> </table> <p style="text-align:center;">For other methods, see IRS Pub. 561.</p>	1 = Appraisal	3 = Catalog	2 = Thrift shop value	4 = Comparable sales
1 = Purchase	3 = Inheritance								
2 = Gift	4 = Exchange								
1 = Appraisal	3 = Catalog								
2 = Thrift shop value	4 = Comparable sales								

<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2021 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2021				
Employer-provided benefits forfeited in 2021				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2021 .....		2020 amt:
	1=disabled .....		
	1=spouse, 2=joint .....		

No. <input style="width:40px;" type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2021 .....		2020 amt:
	1=disabled .....		
	1=spouse, 2=joint .....		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider .....		
	Street address .....		
	City .....		
	State .....		
	ZIP code .....		
	Foreign region .....		
	Foreign postal code .....		
	Foreign country .....		
	Identification number (SSN or EIN) .....		
	Amount paid to care provider in 2021 .....		2020 amt:
	1=spouse, 2=joint .....		



**Please complete the information below if you paid qualified education expenses in 2021 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.**

**STUDENT INFORMATION**

1=taxpayer, 2=spouse .....

First name .....

Last name .....

Social security number .....

Number of years hope credit claimed .....

Number of prior years AOC claimed .....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2021 (or the first 3 months of 2022 if the qualified expenses were made in 2021) at an eligible institution in a qualified program .....

1=student completed first four years of post-secondary education before 2021 .....

1=student was convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance .....


**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name .....

Street address .....

City .....

State .....

ZIP code .....

1=2021 Form 1098-T was NOT received .....

1=2021 Form 1098-T received with Box 2 & 7 completed .....

1=2020 Form 1098-T received with Box 2 & 7 completed .....

Federal ID number from Form 1098-T .....


**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name .....

Street address .....

City .....

State .....

ZIP code .....

1=2021 Form 1098-T was NOT received .....

1=2021 Form 1098-T received with Box 2 & 7 completed .....

1=2020 Form 1098-T received with Box 2 & 7 completed .....

Federal ID number from Form 1098-T .....


**QUALIFIED EDUCATION EXPENSES**

Qualified tuition & fees paid in 2021 (net of refund or assistance, & not entered elsewhere) .....

Books & supplies required to be purchased from institution .....

Books & supplies not entered above .....

Amount of prior year refund or assistance \* .....

2021 Amount	2020 Amount

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

