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Dear Client,

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2021 income tax return. We provide it to you for your convenience, you can use it as you see fit. You can fill it out in its entirety, partially, or not at all. To save yourself time there is no need to fill in information that you will be providing elsewhere. The attached worksheets cover income, deductions, and credits. It will help in the preparation of your tax return by focusing attention on your special needs.

Possible Documents:

- 2020 Tax return (if not in our possession).
- W-2
- 1099-HC from your health insurance company
- 1099-MISC or 1099-NEC from other compensation
- 1099-R and 5498 from your retirement accounts
- 1099-Int or 1099-Div statements reporting dividend and interest income.
- 1099-B from your brokerage statements showing transactions for stocks, bonds, etc.
- K-1s from Partnerships, S Corps, or Trusts
- Small business income and expenses
- Rental income and expenses
- 1099-G from unemployment
- 1098-Mortgage interest
- Charitable donations
- 1098-Student loan Interest
- All other documents and notices you received

Sincerely,

A handwritten signature in blue ink that reads 'David Miller'.

David Miller, MBA, CPA

PERSONAL INFORMATION

TAXPAYER

SPOUSE

Last name.....				
First name				
Middle initial and suffix	MI	Suffix	MI	Suffix
Social security number				
Occupation.....				
Work phone/extension				
Cell phone				
E-mail address				
Driver's License/Id issuing state				
License /Id number.....				
License/Id issue date				
License/Id expiration date.....				
Birthdate	MM/DD/YYYY		MM/DD/YYYY	
Blind	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Street address.....			Apartment number	
City	State.....		ZIP code.....	
Home phone.....	Foreign country			
Fax	Foreign phone			

FILING STATUS

☐ **1** Single
☐ **2** Married filing jointly
☐ **3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year ☐
 Check this box if you are eligible to claim spouse's exemption ☐
 Check this box if your spouse itemizes deductions..... ☐

☐ **4** Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... Child's social security number.....

☐ **5** Qualifying widow(er)
 Check the box for the year the spouse died 2019 ☐ 2020 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qua- lified credit Other dep	Date of Birth	2021 Child Care Expense	2020 Child Care Expense
	Relationship	+Months in U.S.		*Not Citizen		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

** For the Dependent Code, enter the following:

L = dependent child who lived with you

N = dependent child who didn't live with you due to divorce or separation

O = other dependent

Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

General Questions

ORG3

PERSONAL INFORMATION

	Yes	No
1 Did you receive an Economic Impact (Stimulus) Payment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much did you receive?		
2 Did your marital status change during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain		
3 Do you want to allow your tax preparer to discuss this year's return with the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy.		
Designee's Name ▶		
Phone Number ▶ Personal Identification Number (5 digit PIN) ▶		
4 Do you or your spouse plan to retire in 2022?	<input type="checkbox"/>	<input type="checkbox"/>
5 Were you or your spouse permanently and totally disabled in 2021?	<input type="checkbox"/>	<input type="checkbox"/>
6 Enter date of death for taxpayer or spouse (if during 2021 or 2022): Taxpayer: Spouse:		
7 Were you or your spouse a member of the U.S. Armed Forces during 2021?	<input type="checkbox"/>	<input type="checkbox"/>

DEPENDENT INFORMATION

	Yes	No
8 a Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want us to prepare the return(s)?	<input type="checkbox"/>	<input type="checkbox"/>
9 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
10 Are any of your dependents not U.S. citizens or residents?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive any Advanced Child Tax Credit payments?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how much did you receive?		

IRA, PENSION AND EDUCATION SAVINGS PLANS

	Yes	No
14 Did you take a retirement account distribution related to the corona virus or a natural disaster?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive payments from a pension or profit-sharing plan?	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
17 a Did you convert all or part of a regular IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you roll over all or part of a qualified plan into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you contribute to a Coverdell Education Savings Account?	<input type="checkbox"/>	<input type="checkbox"/>

ITEMS RELATED TO INCOME/LOSSES

	Yes	No
19 Did you receive any disability payments in 2021?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
21 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2021? (Attach copies of any escrow statements or Forms 1099.)	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	<input type="checkbox"/>	<input type="checkbox"/>
c Are you planning to purchase a home soon?	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any casualty or theft losses during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR YEAR TAX RETURNS

	Yes	No
24 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enclose agent's report or notice of change.		
25 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
26 Did you have foreign income or pay any foreign taxes in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
27 a At any time during 2021, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2021 ? Report all interest income on Org 11	<input type="checkbox"/>	<input type="checkbox"/>
28 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
29 Did you at any time during 2021, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
30 Did you receive Form 1095-A (Health Coverage)? If so, please attach.....	<input type="checkbox"/>	<input type="checkbox"/>
31 a Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
32 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	Yes	No
34 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021 ? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
35 Did you start paying mortgage insurance premiums in 2021 ? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
36 Did you purchase a motor vehicle or boat during 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing sales tax paid.		
37 Did you purchase an energy efficient vehicle in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter year, make, model, and date purchased:		
38 Did you donate a vehicle in 2021 ? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
39 What was the sales tax rate in your locality in 2021 ? _____ % State ID		
40 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
41 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
42 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach details.		
43 Did you or your spouse participate in a medical savings account in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
44 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you pay any individual for domestic services in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
47 Did you, your spouse, or your dependents attend post-secondary school in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
48 Did a lender cancel any of your debt in 2021 ? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
49 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach information.		
50 At any time during 2021, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..	<input type="checkbox"/>	<input type="checkbox"/>
51 a Did you obtain a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, has any portion of that loan been forgiven?	<input type="checkbox"/>	<input type="checkbox"/>
52 a Do you want to change the language with which the IRS communicates with you?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language?		

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
53 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
54 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Caution: Review transferred information for accuracy.		
55 If yes, please provide the following information:		
a Name of your financial institution		
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)		
c Account number		
d What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
<input checked="" type="checkbox"/> Please attach a voided check (not a deposit slip) if your bank account information has changed.		

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2021 ? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you purchase special fuels for non-highway use? If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

☒ Attach all copies of SSA and RRB forms.

Taxpayer

Spouse

1	Social Security Benefits from Form SSA-1099.....		
2	Federal income tax withheld from Form SSA-1099		
3	Medicare B premiums withheld from Form SSA-1099		
4	Medicare C premiums withheld from Form SSA-1099		
5	Medicare D premiums withheld from Form SSA-1099		
6	Railroad Retirement Benefits from Form RRB-1099		
7	Federal income tax withheld from Form RRB-1099		
8	Medicare premiums withheld from Form RRB-1099.....		

FORM 1099-G

☒ Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2021			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2020 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	RTAA payments.....			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld.....			

OTHER INCOME

	Nature and Source	2021 Taxpayer	2021 Spouse	2020 Combined
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099.....			
5	Income from not for profit activities (hobbies).....			
6	Income from the rental of personal property.....			
7	Non-Government unemployment received/repaid in 2021			
8	Other Taxable income:			
a	Union unemployment benefits.....			
b	Private fund unemployment benefits			
c	State employee unemployment benefits			
9	Other miscellaneous income items:			
	Description:			

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES		2021	2020
1	Prescription medications		
2	Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3	Qualified long-term care premiums		
a	Taxpayer's gross long-term care premiums		
b	Spouse's gross long-term care premiums		
c	Dependent's gross long-term care premiums		
4	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5	Insurance reimbursement.....		
6	Doctors, dentists, etc		
7	Hospitals, clinics, etc		
8	Lab and X-ray fees.....		
9	Expenses for qualified long-term care.....		
10	Eyeglasses and contact lenses		
11	Medical equipment and supplies		
12	Miles driven for medical purposes.....		
13	Ambulance fees and other medical transportation costs.....		
14	Lodging.....		
15	Other medical and dental expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
f	_____		
g	_____		
h	_____		
i	_____		
j	_____		
TAXES		2021	2020
Enter state and local income taxes on ORG7 , ORG8 , ORG10 , and ORG40 .			
16	Real estate taxes paid on principal residence		
17	Real estate taxes paid on additional homes or land		
18	Auto registration fees based on the value of the vehicle		
19	Other personal property taxes		
20	Other taxes:		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2021	2020
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2021
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2020 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2021	2020
Premiums paid in 2021 for qualified mortgage insurance not from Form 1098 import		

Interest Paid and Cash Contributions (continued)

ORG14

INVESTMENT INTEREST		
	2021	2020
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2021 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2021					
Points paid in 2021					
Months loan outstanding					
Principal pd on loan in 2021.					
b Was all proceeds of this loan used to buy, build, or substantially improve the home? <div style="display: flex; justify-content: space-between;"> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> </div>					
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in 2021					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2021	2020
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A			
B			
C			
D			
E			
F			
G			
H			
I			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A		
B		
C		
D		
E		
F		
G		
H		
I		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A				
B				
C				
D				
E				
F				
G				
H				
I				

*Methods of determining FMV:

Appraisal	Capitalization of income	Present value	Thrift shop
Average share	Comparative sales	Replacement cost	
Catalog	Consignment shop	Reproduction cost	

**Type of Donated Property

Household/clothing items	Business equipment	Intellectual property
Motor vehicle, boat or airplane	Business inventory	Real property, conservation property
Art, other than self-created	Stock, publicly traded	Real property, other than conservation
Art, self-created	Stock, other than publicly traded	Other personal property
Collectibles	Securities, other than stock	Other intangible property

***How Property was Acquired: Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2021	2020
Employee Business Expenses		
Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a		
b		
c		
d		
e		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check to code assets as Investment Expense <input type="checkbox"/>		
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 a Government unemployment benefits repaid in 2021 <input type="checkbox"/>		
b Other expenses (list):		
.....		
.....		
.....		
.....		
.....		
OTHER MISCELLANEOUS DEDUCTIONS	2021	2020
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		
17 Ordinary loss attributable to certain debt instruments		

Moving Expenses

ORG16

If you sold your principal residence during 2021, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply..... ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
Enter storage fees applicable to you foreign move (no other expenses claimed). _____
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... _____

Number of miles from your old home to old workplace _____

Are you a member of the armed forces? **Yes** ☐ **No** ☐

If **Yes**, did you move due to a permanent change of station? **Yes** ☐ **No** ☐

Enter the total amount your employer paid for your move.

Do not enter amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals)	
Parking fees and tolls paid during this move	
Gasoline and oil expense for this move.....	
Miles driven traveling to new home for this move.....	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply..... ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
Enter storage fees applicable to you foreign move (no other expenses claimed). _____
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... _____

Number of miles from your old home to old workplace _____

Are you a member of the armed forces? **Yes** ☐ **No** ☐

If **Yes**, did you move due to a permanent change of station? **Yes** ☐ **No** ☐

Enter the total amount your employer paid for your move.

Do not enter amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals)	
Parking fees and tolls paid during this move	
Gasoline and oil expense for this move	
Miles driven traveling to new home for this move	

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed..... ☐

Check box if a fee-basis state or local government official

Check box if a Qualifying Performing Artist..... ☐

Check box if armed forces reservist related travel more than 100 miles from home

Check box if impairment-related work expenses..... ☐

Check box if miscellaneous 2% itemized deduction **(state only use)**

Check box if subject to Department of Transportation (DOT) hours of service limits..... ☐

Treat all MACRS assets for activity as qualified Indian reservation property?..... ☐ Yes ☐ No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... ☐ Regular ☐ Extension ☐ No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?..... ☐ Yes ☐ No

Was this activity located in a Qualified Disaster Area..... ☐ Yes ☐ No

EXPENSES	2021	2020
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meal expenses)		
3 Meal expenses.....		
4 Business gifts		
5 Education		
6 Home office expenses (Preparer Use Only – complete ORG17A)		
7 Trade publications.....		
8 Depreciation expense other than vehicle (Preparer Use Only)		
9 Carryover of Section 179 expense from prior year		
10 Other:		
.....		
.....		
.....		

EMPLOYER REIMBURSEMENTS	2021	2020
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment		
12 Reimbursements for meals and entertainment		

QUALIFIED PERFORMING ARTIST	2021	2020
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2021	2020
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION		Vehicle 1	Vehicle 2
15	Description of vehicle.....		
16	Date placed in service.....		
17	Enter detail on lines 17a and 17b, or total on line 17c:		
a	Ending mileage reading.....		
b	Beginning mileage reading.....		
c	Total miles for the year (line 17a less line 17b).....		
18	Business miles.....		
19	Total commuting miles.....		
20	Average daily commuting miles.....		
STANDARD MILEAGE RATE		Vehicle 1	Vehicle 2
21	Do you qualify for standard mileage? (Preparer Use Only).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES		Vehicle 1	Vehicle 2
23	Gasoline, oil, repairs, insurance, etc.....		
24	Vehicle registration fee (excluding property tax).....		
25	Vehicle lease or rental fee.....		
26	Inclusion amount (Preparer Use Only).....		
27	Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2).....		
28	Depreciation (Preparer Use Only).....		
VEHICLE DEPRECIATION/DISPOSITIONS		Vehicle 1	Vehicle 2
29	Cost or basis.....		
30	Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Type of vehicle (Preparer Use Only).....		
33	Section 179 expense (Preparer Use Only).....		
34	Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Qualified Property for Kansas Disaster Zone (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Qualified property for GO Zone? (Preparer Use Only).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38	Percentage for Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39	Elect OUT of Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Elect 30% in place of 50% Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Date sold.....		
42	Date acquired, if different from line 16.....		
43	Sales price.....		
44	Expense of sale.....		
45	Gain/loss basis, if different (Preparer Use Only).....		
46	AMT gain/loss basis, if different (Preparer Use Only).....		
VEHICLE QUESTIONS			
47	Was your vehicle available for personal use during off-duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
48	Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
49	Do you have evidence to support the business use claimed?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
50	If yes, is the evidence written?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Car And Truck Expenses
(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....			
2 a Date placed in service.....			
b Date acquired, if different from line 2a.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c Total miles for the year (line 3a less line 3b).....			
4 Business miles.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc			
9 Vehicle registration fee (excluding property tax)			
10 Vehicle lease or rental fee.....			
11 Inclusion amount (Preparer Use Only)			
12 Depreciation (Preparer Use Only)			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value			
15 Interest on vehicle			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis			
17 Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use)			
20 Section 179 expense (Preparer Use)			
21 Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use)	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Sales price			
30 Expense of sale			
31 Gain/loss basis, if different (Preparer Use)			
32 AMT gain/loss basis, if different (Preparer Use)			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
33 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle used primarily by a greater than 5% owner or related person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Do you have evidence to support the business use claimed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
37 If yes , is the evidence written?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses

ORG19

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No

1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint

2 Business name

3 a Business street address.....

b 1 City, State and Zip Code, or

2 Foreign country..... (not applicable)

4 Principal business/profession

5 Employer ID number.....

6 Business code (Preparer Use Only)

Yes No

7 Was this business fully disposed of in a fully taxable transaction during 2021 ?..... ☐ ☐

8 Accounting method:

Cash ☐ Accrual ☐ Other (specify) ☐

9 Method used to value closing inventory:

Cost ☐ Lower of cost or market ☐ Other (explain) ☐

Yes No

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?

(If yes, attach explanation)

11 Did you materially participate in the operation of this business during 2021 ?

12 Did you start or acquire this business during 2021 ?

13 a Did you make any payments in 2021 that require you to file Forms 1099?

b If yes, did you or will you file all the required Forms 1099?

14 At-risk determination:

a Is all of the investment in this activity at risk?

b Is some of the investment in this activity not at risk?

15 Did you have unallowed passive losses in 2020 ?

16 a Treat all MACRS assets for this activity as qualified Indian reservation property?

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular ☐ Extension ☐ No ☐

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?

d Was this business located in a Qualified Disaster Area?

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2021	2020
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2021	2020
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year.....		

Business Income and Expenses (continued)

ORG19

EXPENSES	2021	2020
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only)		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Business Use of Home

ORG20

for:

copy:

Simplified method election for Home Office expenses: Elect the simplified method **in 2020** instead of entering actual expenses

Elected the simplified method **in 2019** instead of entering actual expenses

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

GENERAL INFORMATION		2021	2020
1	Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2	Area used only partly for day care (square footage)		
3	Total area of home (square footage)		
4	Daycare hours		
a	Number of weeks used for day care, if less than full year		
b	Number of days used for day care each week		
c	Number of days closed for holidays, vacations, etc.		
d	Number of hours used for day care each day		
e	Total hours used for day care		
f	Total hours available for use		
5	Enter the date you began using this home office for this business		
6	If part of your income is from a place of business other than this home, enter % of gross income from business use of this home		
7	Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
8	Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2021		2020	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Total mortgage interest/points				
11 Mortgage interest/points on Form 1098				
12 Interest not on Form 1098				
13 Points not of Form 1098				
14 Real estate taxes				
15 Excess mortgage interest (Preparer Use)				
16 Excess real estate taxes (Preparer Use)				
17 Qualified mortgage insurance				
18 Other insurance				
19 Rent				
20 Repairs and maintenance				
21 Utilities				
22 Other expenses (e.g., rent)				
23 Carryover of operating expenses				
24 Excess casualty losses (Preparer Use Only)				
25 Depreciation of your home (Preparer Use Only)				
26 Carryover of excess casualty losses and depreciation				

DEPRECIATION

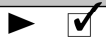
If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
27	Enter the land value included in cost for residence			

Sale of Your Home

ORG22

GENERAL INFORMATION



Attach copies of your original purchase and the current sale settlement sheets here.

Complete if the sale of your home occurred in the current year (2021).

	Yes	No
1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
d Did you claim the First-Time Homebuyer Credit when you purchased this home?	<input type="checkbox"/>	<input type="checkbox"/>
2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you receive a Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
a You	<input type="checkbox"/>	<input type="checkbox"/>
b Your spouse	<input type="checkbox"/>	<input type="checkbox"/>
6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	<input type="checkbox"/>	<input type="checkbox"/>
b Was the home used as investment or rental property after December 31, 2008?	<input type="checkbox"/>	<input type="checkbox"/>
7 a Will you be receiving periodic payments of principal or interest from this sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If Yes , what is the amount of the financial instrument?		

8 Address of former home sold

9 a Date former home was sold

b Date former home was bought

10 Sales price of the home sold

COST BASIS OF HOME SOLD

Description	Amount
Original cost of home sold:	
11 a Purchase price of home sold	
b Postponed gain on the sale of your previous home sold before May 7, 1997 (Form 2219 for the year this home was bought)	
Additions and increases to basis:	
12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses	
b Cost of capital improvements	
c Additions, including costs of materials and labor	
d Other additions and increases to basis	
Decreases to basis:	
13 a Seller-paid points (for old home bought after 1990)	
b Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a	
b	
c	
d	

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: _____
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: _____ Foreign Country: (not applicable) _____

Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No

- 1 Check property owner ☐ Taxpayer ☐ Spouse ☐ Joint Yes No
- 2 a Did you make any payments that would require you to file Form(s) 1099? ☐ ☐
- b If yes, did you or will you file all required Forms(s) 1099? ☐ ☐
- 3 a Enter the ownership percentage (if not 100%) _____
- b If not 100%, are you reporting 100% of the income and expenses? ☐ ☐
- 4 Is this a rental property? (If yes, answer questions 5 through 11; if no, skip to question 12.) ☐ ☐
- 5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? ☐ ☐
- 6 For all rental properties, enter the number of days during 2021 that:
- a The property was rented at fair rental value _____
- b The property was used personally or rented at less than fair rental value _____
- c You owned the property, if not the entire year _____
- 7 a Does this rental have multiple living units and you live in one of the units? ☐ ☐
- b If yes, enter percentage of rental use _____
- 8 Did you actively participate in this property's management during 2021 ? ☐ ☐
- 9 Did you materially participate in this property's management during 2021 ? ☐ ☐
- 10 Do you want to treat this property as non-passive? ☐ ☐
- 11 Did this property have unallowed passive losses in 2020 ? ☐ ☐
- 12 Did you dispose of this property in a fully taxable transaction? ☐ ☐
- 13 Check this box if some of this investment was not at-risk ☐
- 14 a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ ☐
- b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular ☐ Extension ☐ No ☐
- c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ ☐
- d Was this activity located in a Qualified Disaster Area? ☐ ☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME		2021	2020
15 Rents or royalties received			
<div> <div>* Property Types:</div> <div> <div>1 Single family residence</div> <div>2 Multi-family residence</div> <div>3 Vacation/short-term rental</div> <div>4 Commercial</div> </div> <div> <div>5 Land</div> <div>6 Royalties</div> <div>7 Self-rental</div> <div>8 Other</div> </div> </div>			

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2021	2020
Property location		
16 Advertising		
17 a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance		
19 Commissions.....		
20 a Mortgage insurance premiums — qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23 a Mortgage interest paid to banks — qualified.....		
b Mortgage interest paid to banks — other.....		
24 Other interest		
25 Repairs.....		
26 Supplies.....		
27 a Real estate taxes.....		
b Other taxes		
28 Utilities		
29 Other expenses:		
a		
b		
c		
d		
e		
30 a Depreciation and Section 179 deduction (Preparer Use Only).....		
b Depletion (Preparer Use Only).....		

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS		Taxpayer	Spouse
1 Traditional IRA contributions made for 2021			
2 Check if you were covered by a retirement plan at work.....		<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....		<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....		<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute			
If you (a) received traditional IRA distributions during 2021 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2021, please provide this information:			
6 Enter the value of all of your IRAs on 12/31/2021			
7 Enter the value of all recharacterizations after 12/31/2021			
8 Enter the amount of any outstanding rollovers as of 1/1/2022			
If you received IRA distributions during 2021, please complete ORG7.			
ROTH IRA CONTRIBUTIONS		Taxpayer	Spouse
1 Roth IRA contributions made for 2021			
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....		<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....		<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute			
SELF-EMPLOYED PENSION CONTRIBUTIONS		Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:			
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2021			
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2021		<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:			
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2021			
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2021		<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:			
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2021			
SEP:			
4 a Payments made and/or expected to be made to a SEP for 2021			
b Check this box if you wish to contribute the maximum amount to your SEP for 2021		<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:			
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2021			
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2021			
Individual 401(k):			
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2021			
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2021			
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2021.....			
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2021		<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):			
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2021			
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2021			
ALIMONY PAID			
Recipient's name	Recipient's SSN	Alimony paid	
1			
2			

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1 			
	Care at above address? <input type="checkbox"/>	Tax-Exempt .. <input type="checkbox"/>	Foreign <input type="checkbox"/>
2 			
	Care at above address? <input type="checkbox"/>	Tax-Exempt .. <input type="checkbox"/>	Foreign <input type="checkbox"/>
3 			
	Care at above address? <input type="checkbox"/>	Tax-Exempt .. <input type="checkbox"/>	Foreign <input type="checkbox"/>
4 			
	Care at above address? <input type="checkbox"/>	Tax-Exempt .. <input type="checkbox"/>	Foreign <input type="checkbox"/>
EXPENSES		2021	2020
1 Total employment taxes paid on wages for child care expenses			
2 Total expenses paid in 2021 but not incurred in 2021			
3 Total expenses incurred in 2021 but not paid in 2021			
4 Medical expenses paid for qualifying persons unable to care for themselves			
STUDENT/DISABLED PERSON INFORMATION FOR 2021		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2021 , answer the following questions:			
a Number of months that taxpayer/spouse was a full-time student or disabled			
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here			

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES

2021

2020

1 a Taxpayer educator expenses.....

b Spouse educator expenses.....

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2021

2 a Enter detail below or total interest in Part 2b

Lender's Name

2021

2020

Total Student Loan Interest

2021

2020

2 b Enter the total interest paid on qualified student loans.....

FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

* For the Type Code, enter the following:

P = Private Qualified Tuition Program
S = State Qualified Tuition Program
E = Coverdell ESA

Tax Payments

ORG40

2021 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/21								
2 Qtr 2 due by 06/15/21								
3 Qtr 3 due by 09/15/21								
4 Qtr 4 due by 01/15/22								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2020 overpayment applied to 2021			
7 Balance due paid with 2020 return			
8 a 2020 Quarter 4 payments paid in 2021			
b 2020 extension payments paid in 2021			
9 Other taxes paid in 2021 for prior years (include explanation)			

2022 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2022, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	
	Spouse.....	
11 Self-Employment Income	Taxpayer	
	Spouse.....	
12 Capital Gains (sale of stock, real estate, etc).....		
13 Other Income:		
Description		

Deductions

14 Allowable Itemized Deductions	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	
16 Federal Withholding	
17 Number of personal exemptions expected for 2022	

ADDITIONAL INFORMATION

18 Check to use your 2021 tax amount for your 2022 estimate.....	<input type="checkbox"/>
19 If you have an overpayment of 2021 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	
21 Number of installments for estimated tax (1 - 4)	

Household Employment Taxes

ORG41

GENERAL INFORMATION

☒ **Attach copies of your state payroll returns and other payroll forms.**

Taxpayer Copy

- 1 Enter your employer identification number Yes No
- 2 Did you pay **any one** household employee cash wages of \$2,200 or more in 2021 ? ☐ ☐
- 3 Did you withhold federal income tax during 2021 for any household employee? ☐ ☐
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of **2020** or 2021 to **all** household employees? ☐ ☐

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE

2021

2020

5 Enter total cash wages paid during 2021 that were:

- a Subject to social security taxes
- b Subject to Medicare taxes
- c Subject to FUTA taxes

6 Enter federal income tax withheld during 2021

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

Yes No

- 7 Did you pay unemployment contributions to only one state? ☐ ☐
- 8 Did you pay all state unemployment contributions for 2021 by April 15, 2022 ? ☐ ☐
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? ☐ ☐
- 10 Enter any unemployment compensation you paid for :

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2021	2020	2021	2020
a	—				
b	—				

11 Complete the following if you know your state experience rate:

- a State experience rate (e.g., enter 5.5 for 5.5%)
- b State experience rate period — starting date (e.g., 01/01/2020)
- c State experience rate period — ending date (e.g., 12/31/2020)

State A	State B
—	—

Foreign Earned Income

ORG52

1 Foreign address (including country) and POD _____

2 Occupation _____

3 Employer's name..... ▶ _____

4 a Employer's U.S. Address ▶ _____

b Employer's Foreign Address..... ▶ _____

5 Employer is (Check any that apply):

a ☐ A foreign entity

b ☐ A U.S. entity

c ☐ Self

d ☐ A foreign affiliate of a U.S. company

e ☐ Other (specify) ▶ _____

6 a Last year Form 2555 was filed..... ▶ _____

b Check if Form 2555 has not been previously filed to claim either of the exclusions ▶ ☐ Yes ☐ No

c Either exclusion ever revoked? ▶ ☐ Yes ☐ No

d Enter type of exclusion and enter year for which the revocation was effective: Exclusion ▶ _____ Year ▶ _____

7 Citizen/national of which country? ▶ _____

8 a Maintained a separate foreign residence for family due to adverse conditions? ☐ Yes ☐ No

b If 'Yes,' city and country of the separate foreign residence. Also, enter the number of days during the tax year that a second household maintained at the address.
▶ _____

9 Tax home(s) during tax year and date(s) established.
▶ _____

Taxpayers Qualifying Under Bona Fide Residence Test

10 Date bona fide residence began.... ▶ _____, and ended ▶ _____

11 Kind of living quarters in foreign country.

a ☐ Purchased house

b ☐ Rented house or apartment

c ☐ Rented room

d ☐ Quarters furnished by employer

12 a Did any of your family live with you abroad during any part of the tax year? ☐ Yes ☐ No

b If 'Yes,' who and for what period?
▶ _____

13 a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? ☐ Yes ☐ No

b Are you required to pay income tax to the country where you claim bona fide residence? ☐ Yes ☐ No

If you answered 'Yes' to 13a and 'No' to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.

14 a List any contractual terms or other conditions relating to the length of your employment abroad.
▶ _____

b Enter the type of visa under which you entered the foreign country.
▶ _____

c Did your visa limit the length of your stay or employment in a foreign country? ☐ Yes ☐ No

d Did you maintain a home in the United States while living abroad? ☐ Yes ☐ No

e If 'Yes,' enter address of your home, whether it was rented, and the names of the occupants, and their relationship to you.
▶ _____

15 Qualified housing expenses for the tax year _____

For use with Form 8801 Information

Prior year Form 2555, line 45 and line 50

16 TP – Foreign Earned Income	a Taxpayer (Form 2555, line 45)	16 a	_____
TP – Housing	b Taxpayer (Form 2555, line 50)	b	_____
SP – FEI	c Spouse (Form 2555, line 45)	c	_____
SP – Housing	d Spouse (Form 2555, line 50)	d	_____

Foreign Tax Credit Carryovers from 2020

ORG56

FIRST FORM 1116				
<input type="checkbox"/> Passive category income		<input type="checkbox"/> General category income		<input type="checkbox"/> Re-sourced by treaty
				<input type="checkbox"/> Lump-sum distributions
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
Carryover to 2021				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
Carryover to 2021				

SECOND FORM 1116				
<input type="checkbox"/> Passive category income		<input type="checkbox"/> General category income		<input type="checkbox"/> Re-sourced by treaty
				<input type="checkbox"/> Lump-sum distributions
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
Carryover to 2021				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
Carryover to 2021				

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence	_____	_____
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident.....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

	Yes	No
8 Did you file a state return for 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?		
a Refunded <input type="checkbox"/>	b Apply to 2022 estimates <input type="checkbox"/>	c Apply to 2022 taxes <input type="checkbox"/>
12 Additional state information: _____		

