



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2021 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2021 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2020 information is included for your reference. You do not need to make any 2020 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2020 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 and K-3 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, or Form 1099-NEC.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

2021 TAX ORGANIZER

Taxpayer Information		Spouse Information	
Last name	_____	Last name.....	_____
First name	_____	First name	_____
Middle Initial.....	_____	Middle Initial.....	_____
Suffix.....	_____	Suffix.....	_____
Social security number.....	_____	Social security number	_____
Occupation	_____	Occupation.....	_____
Work phone	_____	Work phone.....	_____
Ext ...	_____	Ext ...	_____
Cell phone.....	_____	Cell phone	_____
E-mail address.....	_____	E-mail address.....	_____
Date of birth.....	_____	Date of birth	_____
Address	_____		Apartment number.....
City	_____	State.....	_____
Home phone.....	_____	ZIP Code.....	_____
Fax number	_____		

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees
 Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
 Enter total 2021 qualified student loan interest..... _____

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2020 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2020 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld	_____	_____
Medicare C premiums withheld	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income and 1099-NEC

1099-MISC Payer Name and 1099-NEC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2020 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2020 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Retirement Plan Contributions	Taxpayer	Spouse
Traditional IRA contributions made for 2021	_____	_____
Roth IRA contributions made for 2021	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2021 Deductions

Medical and Dental Expenses	2021 Amount	2020 Amount
Prescription medications	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes	_____	_____
Other medical and dental expenses: _____	_____	_____

Taxes	2021 Amount	2020 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____

Interest Expenses	2021 Amount	2020 Amount
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name	2021 Amount	2020 Amount
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2021 Amount	
_____	_____	

Cash/Check/Credit Contributions	2021 Amount	2020 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Noncash Charitable Contributions
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2021 Amount	2020 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses	_____	_____
Spouse educator expenses	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list): _____	_____	_____

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| | Yes | No |
| 1 Did you receive an Economic Impact (Stimulus) Payment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how much did you receive?..... | <input style="width: 100px;" type="text"/> | <input type="checkbox"/> |
| 2 Did you receive any Advanced Child Tax Credit payments?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , how much did you receive?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did a lender cancel any of your debt in 2021? (Attach any Forms 1099-A or 1099-C)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 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"/> |
| 5 Did you purchase a motor vehicle or boat during 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , attach documentation showing sales tax paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you purchase a hybrid or electric vehicle in 2021? If yes , enter year, make, model, and date purchased:..... | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Did you donate a vehicle in 2021? If yes , attach Form 1098C..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 What was the sales tax rate in your locality in 2021? % State ID | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did your marital status change during 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Were you or your spouse permanently and totally disabled in 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Do you have dependents who must file?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 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"/> |
| 13 Did you provide over half the support for any other person during 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Did you incur adoption expenses during 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 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"/> |
| 16 Did you receive any disability payments in 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Did you receive tip income not reported to your employer?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2021? If yes , attach closing or escrow statements, 1099-C or 1099-A forms..... | <input type="checkbox"/> | <input type="checkbox"/> |
| a If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Did you incur any casualty or theft losses during 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Did you incur any non-business bad debts?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Did you pay any individual for domestic services in 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Did you take a retirement account distribution related to the corona virus or a natural disaster?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Did you buy or sell any stocks or bonds in 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 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"/> |
| 25 Did you incur any moving expenses? If yes , attach details..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Did you receive any income not included in this Tax Organizer?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please attach information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Do you expect your income and deductions in 2022 to be the same as 2021?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If no , attach explanation of changes expected. | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 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"/> |
| 31 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Enter your state of residence..... Taxpayer _____ Spouse _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 33a 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Electronic Filing and Direct Deposit of Refund	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?.....	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
If yes , please provide a voided check (not a deposit slip) if your bank account information has changed.		
What type of account is this?.....	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Estimated Tax Paid								
Federal			State			Local		
Date	Amount		Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

Topic Index

ORG2

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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"/> |

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

Additional Information

ORG5

Lined area for additional information.

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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/>	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
			<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