



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.....	Suffix.....	Middle Initial.....	Suffix.....
Social security number		Social security number	
Occupation		Occupation.....	
Work phone	Ext ...	Work phone.....	Ext ...
Cell phone.....		Cell phone	
E-mail address.....		E-mail address.....	
Date of birth.....		Date of birth	
Address		Apartment number.....	
City	State.....	ZIP Code.....	
Home phone.....	Fax number		

Dependent Information

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

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 _____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name _____	_____	
_____	_____	

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

Noncash Charitable Contributions	2021 Amount	2020 Amount
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 type="checkbox"/>	<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"/>
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"/>
b 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"/>

	Yes	No
Electronic Filing and Direct Deposit of Refund		
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?	<input type="checkbox"/>	<input type="checkbox"/>
Checking	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>

Federal			State			Local		
Date	Amount		Date	Amount	ID	Date	Amount	ID

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

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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 |
|---|--------------------------|--------------------------|
| 8a 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"/> |
| 9a 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"/> |
| 17a 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"/> |
| 21a 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.		

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.

ORG3A

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"/>

Additional Information

ORG5

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight texture and some minor discoloration or shadows, suggesting it might be a scan of a physical document. There is no handwriting or other markings on the page.

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
	Relationship	+Months in U.S.		* Not Citizen	2020 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

W-2 — WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

☒ **Attach all copies of your W-2 forms here.**

1	Employer's name	Check if not applicable for 2021	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		
	c Check SE tax on: (a) housing or parsonage allowance	(b) W-2 wages	(c) both
		<input type="checkbox"/>	<input type="checkbox"/>
2	Employer's name	Check if not applicable for 2021	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		
	c Check SE tax on: (a) housing or parsonage allowance	(b) W-2 wages	(c) both
		<input type="checkbox"/>	<input type="checkbox"/>

1099-R — DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

☒ **Attach all copies of your 1099-R forms here.**

1	Payer's name	Check if not applicable for 2021	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		
	3 Health insurance premiums deductible on Schedule A		
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD		
2	Payer's name	Check if not applicable for 2021	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		
	3 Health insurance premiums deductible on Schedule A		
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD		

W-2G — GAMBLING OR LOTTERY WINNINGS

☒ **Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Reportable Winnings (Box 1)	Federal Tax Withheld (Box 4)	State Tax Withheld (Box 15)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

W-2 Amounts

ORG7A

WAGES, SALARIES, TIPS, AND OTHER COMPENSATION				
Box	Description	2021		2020
c	Employer's name (from ORG7)			
1	Wages, tips, etc.....			
2	Federal income tax withheld			
3	Social security wages.....			
4	Social security tax			
5	Medicare wages/tips			
6	Medicare tax withheld.....			
13b	Check if retirement plan participant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Social security tips			
8	Allocated tips.....			
	Unreported tips less than \$20 per month			
	Unreported tips \$20 or more per month			
9	(Not used).....			
10	Dependent care			
11	Nonqualified plans.....			
13a	Check if statutory employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13c	Check if third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Box 12 W-2 Code	2021 Box 12 Amount	2020 Box 12 Amount	2021		2020
			If Box 12 code is:		
			A: Attributable to RR Tier 2 tax.....		
			M: Attributable to RR Tier 2 tax.....		
			R: Taxpayer MSA		
			Spouse MSA		
			G: Not government employer		<input type="checkbox"/>

If Box 12 Code P - Link to Form 3903 in 2020 ProSeries

2021 Box 14 Description or Code	2021 Box 14 Amount	2020 Box 14 Description or Code	2020 Box 14 Amount

Box 15 State	2021 Box 16 Wages, tips, etc	2021 Box 17 Income tax	2020 Box 16 Wages, tips, etc	2020 Box 17 Income tax

Box 20 Locality	2021 Box 18 Wages, tips, etc	2021 Box 19 Income tax	2020 Box 18 Wages, tips, etc	2020 Box 19 Income tax

ORG7B

Payer's name.....			
Box	Description	2021	2020
	Federal income tax withheld		
▶			
▶			
▶	Check if a qualified Roth IRA distribution, but box 7 code is J or T, not code Q		
▶	If a fully taxable disability pension, check if recipient is under the minimum retirement age		
	State tax withheld – State 1		
	State tax withheld – State 2		
	State/Payer's state number – State 1		
	State/Payer's state number – State 2		
	State distribution – State 1		
	State distribution – State 2		
	Local tax withheld – Locality 1		
	Local tax withheld – Locality 2		
	Name of locality – Locality 1		
	Name of locality – Locality 2		
	Local distribution – Locality 1		
	Local distribution – Locality 2		
Inherited IRA	If this distribution is from an inherited IRA, indicate the distribution is from the IRA of		
▶	Spouse and treat as recipient's own (treat as rollover)		
▶	Recipient, but originally was inherited from spouse's (own IRA)		
▶	Spouse and not treat as recipient's own (taxable amount in box 2a)		
▶	Someone other than a spouse (taxable amount in box 2a)		

1099-MISC Income and 1099-NEC Income

ORG8

MISCELLANEOUS INCOME

☒ Attach all copies of 1099-MISC and 1099-NEC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Rents			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
1	Nonemployee compensation (Form 1099-NEC)			
8	Substitute payments			
10	Crop insurance proceeds			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld – 1st state			
17	State name – two letters – 1st state			
	Payer's state number – 1st state			
18	State income – 1st state			
16	State tax withheld – 2nd state			
17	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
18	State income – 2nd state			
	FATCA filing requirement	<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:			

ORG11

[illegible][illegible]

ORG11

1099-INT Amounts

ORG11A

Interest Income		2021	2020
Box	Payer Name		
2	Early withdrawal penalty		
4	Federal taxes withheld		
5	Investment expenses		
6	Foreign taxes paid		
7	Foreign country		
9	Private activity bond interest		
	OR		
	Percent of private activity bond amount included in total interest. (Enter 75 percent as 75.00)		
11	Bond premium		
12	Bond premium on treasury obligations		
13	Bond premium on tax-exempt bond		
14	Tax-exempt and tax credit bond CUSIP number		
15a	State (postal code)		
15a	State Identification number		
15a	State taxes withheld		
15b	State (postal code)		
15b	State Identification number		
15b	State taxes withheld		
<p>If state withholding is entered above, indicate the form type:</p> <p><input type="checkbox"/> 1099-INT <input type="checkbox"/> 1099-OID</p> <p>Types of adjustments:*</p> <p><input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U</p> <p>Amount of adjustment</p>			
<p>*Type of adjustment:</p> <p>N = Nominee distribution</p> <p>O = Original issue discount (OID) adjustment</p> <p>B = Amortizable bond premium (ABP) adjustment</p> <p>R = Bond premium on treasury obligations</p> <p>T = Bond premium on tax-exempt bonds</p> <p>A = Accrued interest adjustment</p> <p>H = Other adjustment</p> <p>U = U.S. Savings bond interest previously reported</p>			
FATCA filing requirement			

DIVIDEND INCOME

ORG11B

Box	Form 1099-DIV	2021	2020
	Payer Name		
2b	Unrecaptured Section 1250 gain		
2c	Section 1202 gain:		
	Amount eligible for 50% exclusion		
	Amount eligible for 60% exclusion		
	Amount eligible for 75% exclusion		
	Amount eligible for 100% exclusion		
2d	Collectibles (28%) gain		
3	Nondividend distributions (Nontaxable distributions)		
4	Federal taxes withheld		
5	Section 199A dividends		
6	Investment expenses		
7	Foreign tax paid		
8	Foreign country		
11	Exempt-interest dividends (not included in box 1 or box 3)		
12	Private activity bond amount included above		
	OR		
	Percent of private activity bond amount included in total exempt-interest dividends (Enter 75 percent as 75.00)		
13a	State (postal code)		
14a	State Identification number		
15a	State taxes withheld		
13b	State (postal code)		
14b	State Identification number		
15b	State taxes withheld		
	U.S. government interest in dividends		
	Margin interest paid in 2021		
Types of adjustments:			
Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/>			
Amount of adjustment			
FATCA filing requirement			

Seller-Financed Interest/Child's Interest and Dividends

ORG12

T = Taxpayer, S = Spouse, J = Joint

SELLER-FINANCED MORTGAGE INTEREST					
TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

*X Check if you did not receive interest from this payer in 2021 .

CHILD'S INTEREST AND DIVIDENDS (greater than \$1,100)				
*X	Child's Name	2021	2020	
	First name _____ MI _____			
	Last name _____ Suffix _____ SSN _____			
	Child's taxable interest			
	Child's tax-exempt interest			
	Child's ordinary dividends			
	Child's capital gain distributions			
	First name _____ MI _____			
	Last name _____ Suffix _____ SSN _____			
	Child's taxable interest			
	Child's tax-exempt interest			
	Child's ordinary dividends			
	Child's capital gain distributions			
	First name _____ MI _____			
	Last name _____ Suffix _____ SSN _____			
	Child's taxable interest			
	Child's tax-exempt interest			
	Child's ordinary dividends			
	Child's capital gain distributions			

*X Check if this child did not receive interest or dividend income in 2021 .

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		

ORG14

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2021 complete the following: - The principal amount of you 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-around;"> 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"/>		
	<input type="checkbox"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

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?
48	Is another vehicle available for personal use?
49	Do you have evidence to support the business use claimed?
50	If yes, is the evidence written?

Employee Home Office Expense

ORG17A

for:

copy:

Simplified method election for Home Office expenses:

Elect the simplified method in 2020 instead of entering actual expenses	<input type="checkbox"/>
Elected the simplified method in 2019 instead of entering actual expenses	<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 daycare, 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 daycare each day		
5	Total wages from this business		
6	Enter the percent of wages above that are from the business use of this home		
7	Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ...		
8	Any 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 Mortgage interest/points on Form 1098				
11 Interest not on Form 1098				
12 Points not of Form 1098				
13 Real estate taxes				
14 Qualified mortgage insurance				
15 Other insurance				
16 Rent				
17 Repairs and maintenance				
18 Utilities				
19 Other expenses (e.g., rent)				
20 Carryover of operating expenses				
21 Excess casualty losses (Preparer Use Only)				
22 Depreciation of your home (Preparer Use Only)				
23 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 occupation, please complete the following information.

24	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			
25	Enter the land value included in cost for residence			

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.....

4 Principal business/profession

5 Employer ID number.....

6 Business code (Preparer Use Only)

7 Was this business fully disposed of in a fully taxable transaction during 2021? ☐ Yes ☐ No

8 Accounting method:
Cash ☐ Accrual ☐ Other (specify) ☐

9 Method used to value closing inventory:
Cost ☐ Lower of cost or market ☐ Other (explain) ☐

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? ☐ Yes ☐ No
(If yes, attach explanation)

11 Did you materially participate in the operation of this business during 2021? ☐ Yes ☐ No

12 Did you start or acquire this business during 2021? ☐ Yes ☐ No

13 a Did you make any payments in 2021 that require you to file Forms 1099? ☐ Yes ☐ No
b If yes, did you or will you file all the required Forms 1099? ☐ Yes ☐ No

14 At-risk determination:
a Is all of the investment in this activity at risk? ☐ Yes ☐ No
b Is some of the investment in this activity not at risk? ☐ Yes ☐ No

15 Did you have unallowed passive losses in 2020? ☐ Yes ☐ No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No
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? ☐ Yes ☐ No
d Was this business located in a Qualified Disaster Area? ☐ Yes ☐ No

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

☐

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			

Sales of Stocks and Securities Basic Info**ORG21**

Name

Social Security Number

	Yes	No
1 Did you exchange any securities for other securities or any other property held for investment?	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you engage in any transactions involving <i>employee</i> stock options?	<input type="checkbox"/>	<input type="checkbox"/>
6 Schedule D included in the 2019 Federal income tax return?	<input type="checkbox"/>	

Enter details of specific security sales on Sales of Stocks and Securities (ORG21A)
Use Installment Sales Income (ORG23) to report installment sales.

Sales of Stocks and Securities

ORG21A

Name

Social Security Number

Name of reporting financial institution ▶

Acct Number ▶

Reporter's Tax ID . . . ▶

Owner of account ▶

Transactions were not reported to IRS . ▶ ☐

Quick Entry Table

The following adjustment codes may be entered in the table below if applicable: B, C, E, M, O, T, and W.
(If the only adjustment is a disallowed wash sale loss (W), use the Disallowed Wash Sale field. Otherwise,
use only the Adjustment Amount & Adjustment Code fields.)

Sale#	Property Description		Sales Price (Proceeds)		Cost or Other Basis		Disallowed Wash Sale	
8949 Box	Date Sold	Date Acquired						
Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?			
			Yes		No	Yes		No
			Yes		No	Yes		No
			Yes		No	Yes		No
			Yes		No	Yes		No
			Yes		No	Yes		No
			Yes		No	Yes		No
			Yes		No	Yes		No
			Yes		No	Yes		No

Note: For Sales Price, Cost Basis, or Adjustment Amount of \$10,000,000 or more, leave those fields blank and use the **Capital Gain (Loss) Adjustment Worksheet** after transferring. Additional adjustments and withholding are also supported on the **Capital Gain (Loss) Adjustment Worksheet**.

Sales of Stocks and Securities

ORG21A

Name

Social Security Number

Name of reporting financial institution ▶

Acct Number ▶

Reporter's Tax ID . . . ▶

Owner of account ▶

Transactions were not reported to IRS . ▶ ☐

Quick Entry Table

The following adjustment codes may be entered in the table below if applicable: B, C, E, M, O, T, and W.
(If the only adjustment is a disallowed wash sale loss (W), use the Disallowed Wash Sale field. Otherwise,
use only the Adjustment Amount & Adjustment Code fields.)

Sale#	Property Description		Sales Price (Proceeds)		Cost or Other Basis		Disallowed Wash Sale	
8949 Box	Date Sold	Date Acquired						
Adjustment Amount*	Adjustment Code(s)*	Holding Period	Basis Reported to IRS?		Reported on Form 1099B?			
			Yes		No	Yes		No
			Yes		No	Yes		No
			Yes		No	Yes		No
			Yes		No	Yes		No

Note: For Sales Price, Cost Basis, or Adjustment Amount of \$10,000,000 or more, leave those fields blank and use the **Capital Gain (Loss) Adjustment Worksheet** after transferring. Additional adjustments and withholding are also supported on the **Capital Gain (Loss) Adjustment Worksheet**.

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	

Installment Sale Income

ORG23



Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business? ☐ Yes ☐ No
 Was the final installment received this year? ☐ Yes ☐ No

1 Description of property.....

2 a Date acquired _____ 2 b Date sold _____

c Check this box if ordinary gain from non-capital asset..... ☐

GROSS PROFIT INFORMATION (Complete for year of sale only.)

3 Selling price, including mortgages and other debts.....
 4 Mortgages and other debts buyer assumed or took property subject to.....
 5 Cost or other basis of property sold
 6 Depreciation allowed or allowable
 7 Commissions and other expenses of sale
 8 Was this property your main home? ☐ Yes ☐ No

CURRENT TAXABLE PORTION

9 Gross profit percentage
 10 a Payments received in current year
 b Interest received in current year

Seller Financed Mortgage Information

11 Payer's Name
 Address
 City..... State..... ZIP code.....
 Country SSN or EIN

12 Payments received in prior years (do not include interest)

SALES TO RELATED PARTIES

13 a Was the property sold to a related party after May 14, 1980? ☐ Yes ☐ No
 b If yes, was the property a marketable security? ☐ Yes ☐ No
 If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.
 If you received the final installment payment this year, do not complete the rest of this form.

c Give the name, address, and taxpayer identification number of related party:
 Name
 Address
 City State ZIP code.....
 Identifying number

14 Did the related party, during this tax year, resell or dispose of the property? ☐ Yes ☐ No
 If no, do not complete the rest of this form.

Answer yes to no more than one of the following questions.

15 a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)? ☐ Yes ☐ No
 If yes, give date of disposition
 b Was the first disposition a sale or exchange of stock to the issuing corporation? ☐ Yes ☐ No
 c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition? ☐ Yes ☐ No
 d Did the second disposition occur after the death of the original seller or buyer? ☐ Yes ☐ No
 e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition? ☐ Yes ☐ No
 If yes, give explanation

16 If you answered no to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale)

Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint

☒ Attach all copies of 1099-S and 1099-B forms here.

Note: Enter asset dispositions here or on ORG50 (Transferred Assets), but not both.

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR (Include in this table asset dispositions which resulted in long-term loss, and dispositions of raised livestock for long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS (Include in this table asset dispositions which resulted in short-term gain or loss)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR (Include in this table dispositions of depreciable trade, business, or residential rental assets which resulted in long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

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: _____

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

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

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

Farm Rental Income and Expenses

ORG26

GENERAL INFORMATION

Name of this activity

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

1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint

2 Employer identification number.....

3 Was this farm fully disposed of in a fully taxable transaction during 2021? ☐ Yes ☐ No

4 Did you actively participate in the operation of this business during 2021? ☐ Yes ☐ No

5 Real estate professionals:

Did you materially participate in the operation of this business during 2021? ☐ Yes ☐ No

6 At-risk determination:

a Is all of the investment in this activity at risk? ☐ Yes ☐ No

b Is some of the investment in this activity not at risk? ☐ Yes ☐ No

c Did you receive a subsidy in 2021? ☐ Yes ☐ No

7 Did you have unallowed passive losses in 2020? ☐ Yes ☐ No

8a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No

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

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

d Was this farm rental located in a Qualified Disaster Area? ☐ Yes ☐ No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2021	2020
9 Income from production of livestock, produce, grains and crops		
10 Total distributions received from cooperatives		
11 Taxable amount of distributions from cooperatives		
12 Total agricultural program payments		
13 Taxable amount of agricultural program payments		
14 Commodity Credit Corporation (CCC) loans under election		
15 CCC loans forfeited/repaid with certificates		
16 Taxable amount of CCC loans forfeited/repaid.....		
17 Crop insurance proceeds/federal crop disaster payments received in 2021		
18 Taxable crop insurance proceeds/federal crop disaster payments		
19 Crop insurance proceeds/federal crop disaster deferred from 2020		
20 Other income – include federal/state gas tax credit/refund		

Farm Rental Income and Expenses (continued)

ORG26

EXPENSES — FARM RENTAL PROPERTY	2021	2020
Name of this activity		
21 Car and truck expense (complete ORG18)		
22 Chemicals		
23 Conservation expenses		
24 Custom hire (machine work)		
25 Depreciation and Section 179 deduction (Preparer Use Only)		
26 Employee benefit programs other than pension and profit-sharing plans		
27 Feed		
28 Fertilizers and lime		
29 Freight and trucking		
30 Gasoline, fuel, and oil		
31 Insurance (other than health)		
32 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
33 Labor hired		
34 Pension and profit-sharing plans		
35 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
36 Repairs and maintenance		
37 Seeds and plants		
38 Storage and warehousing		
39 Supplies		
40 Taxes		
41 Utilities		
42 Veterinary fees and medicine		
43 Other expenses (specify):		

44 Qualified pension plan start-up costs		
45 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018		
46 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Farm Income and Expenses

ORG27

GENERAL INFORMATION

Name of this farm

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

1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint

2 Principal product

3 Employer identification number

4 Agricultural activity code (Preparer Use Only)

5 Accounting method ☐ Cash ☐ Accrual

6 Was this farm fully disposed of in a fully taxable transaction during 2021? ☐ Yes ☐ No

7 Did you materially participate in the operation of this business during 2021? ☐ Yes ☐ No

8 Did you make any payments in 2021 that would require you to file Form(s) 1099 ☐ Yes ☐ No

9 If 'Yes,' did you or will you file all required Forms 1099? ☐ Yes ☐ No

10 At-risk determination:

a Is all of the investment in this activity at risk? ☐ Yes ☐ No

b Is some of the investment in this activity not at risk? ☐ Yes ☐ No

c Did you receive a subsidy in 2021? ☐ Yes ☐ No

11 Did you have unallowed passive losses in 2020? ☐ Yes ☐ No

12a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No

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

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

d Was this farm located in a Qualified Disaster Area? ☐ Yes ☐ No

FARM INCOME – CASH METHOD		2021	2020
13	Sales of livestock, etc purchased for resale		
14	Cost/Basis of livestock, etc purchased for resale		
15	Sales of livestock, produce, grains, etc raised		
16a	Total distributions received from cooperatives		
b	Taxable amount of distributions from cooperatives		
17a	Total agricultural program payments		
b	Taxable amount of agricultural program payments		
c	If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15		
18a	Commodity Credit Corporation (CCC) loans under election		
b	CCC loans forfeited/repaid with certificates		
c	Taxable amount of CCC loans forfeited/repaid		
19a	Crop insurance proceeds/federal crop disaster payments received in 2021		
b	Taxable crop insurance proceeds/federal crop disaster payments		
c	Crop insurance proceeds/federal crop disaster payments deferred from 2020		
20	Custom hire (machine work) income		
21	Other income – include federal/state gas tax credit/refund		
FARM INCOME – ACCRUAL METHOD		2021	2020
22	Sales – livestock, produce, grain, other products		
23a	Total distributions received from cooperatives		
b	Taxable amount of distributions from cooperatives		
24a	Total agricultural program payments		
b	Taxable amount of agricultural program payments		
25a	Commodity Credit Corporation (CCC) loans under election		
b	CCC loans forfeited/repaid with certificates		
c	Taxable amount of CCC loans forfeited/repaid		
26	Crop insurance proceeds and certain disaster payments		
27	Custom hire (machine work) income		
28	Other income include federal/state gas tax credit/refund		

Farm Income and Expenses (continued)

ORG27

FARM INCOME – ACCRUAL METHOD (continued)		2021	2020
29	Cost of Goods Sold:		
a	Beginning inventory – livestock, produce, etc		
b	Cost of livestock, produce, etc purchased		
c	Ending inventory – livestock, produce, etc		
30	Check if you used the unit-livestock price method or farm-price method to value inventory.....	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for acquisitions and ORG50 for dispositions.

FARM EXPENSES – CASH AND ACCRUAL METHODS		2021	2020
	Name of this farm		
31	Car and truck expense (complete ORG18)		
32	Chemicals		
33	Conservation expenses		
34	Custom hire (machine work)		
35	Depreciation and Section 179 deduction (Preparer Use Only)		
36	Employee benefit programs other than pension and profit-sharing plans.....		
37	Feed		
38	Fertilizers and lime.....		
39	Freight and trucking.....		
40	Gasoline, fuel and oil.....		
41 a	Insurance (other than health)		
b	Self-employed health insurance attributable to this farm business.....		
42	Interest:		
a	Mortgage (paid to banks, etc).....		
b	Other		
43	Labor hired		
44	Pension and profit-sharing plans		
45	Rent or lease:		
a	Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b	Other (land, animals, etc)		
46	Repairs and maintenance		
47	Seeds and plants purchased		
48	Storage and warehousing.....		
49	Supplies purchased		
50	Taxes		
51	Utilities		
52	Veterinary, breeding and medicine.....		
53	Other expenses (specify):		

54	Qualified pension plan start-up costs.....		
55	DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018		
56	DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017.....		

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 01/18/22								
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.**

- 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

K-1 Partnership – Partner's Questions

ORG45

☒ **Attach all copies of K-1s from partnerships.**

1	<p>Name of partnership</p> <p>Partnership identification number Tax shelter registration number</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2	<p>Name of partnership</p> <p>Partnership identification number Tax shelter registration number</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3	<p>Name of partnership</p> <p>Partnership identification number Tax shelter registration number</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p>Name of partnership</p> <p>Partnership identification number Tax shelter registration number</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5	<p>Name of partnership</p> <p>Partnership identification number Tax shelter registration number</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6	<p>Name of partnership</p> <p>Partnership identification number Tax shelter registration number</p> <p>1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint</p> <p>2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

K-1 Partner's Share of Income, Credits, Deductions, Etc

ORG45A

Name of Partnership	Partnership ID	Tax Shelter Reg No.
---------------------	----------------	---------------------

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

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint

Is this the final K-1 for this Partnership? ☐ Yes ☐ No

GENERAL QUESTIONS

	Yes	No
1 Was all of the investment in this activity at-risk ?	<input type="checkbox"/>	<input type="checkbox"/>
2 Trade or business activities (Schedule K-1, line 1):		
a Did you materially participate in this activity during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
3 Rental real estate activities (Schedule K-1, line 2):		
a Did you materially participate in this activity during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you actively participate in this activity during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there suspended passive losses carried over from 2020?	<input type="checkbox"/>	<input type="checkbox"/>
5 Is this a publicly traded partnership?	<input type="checkbox"/>	<input type="checkbox"/>
6 Is this a foreign partnership?	<input type="checkbox"/>	<input type="checkbox"/>
7 Are you a general partner (or managing member, if limited liability company)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Enter health insurance paid by you personally and related to this activity		

K-1 LINE ITEMS

1 Ordinary business income (loss)	
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
a Income from U.S. Bonds (nontaxable to states) included in line 5	
6 a Ordinary dividends	
b Qualified dividends	
8 Net short-term capital gain (loss)	
9 a Net long-term capital gain (loss)	
b Collectibles (28%) gain (loss)	
c Unrecaptured Section 1250 gain	
10 Net Section 1231 gain (loss)	
12 Section 179 expense deduction	

Domestic Production Activity Deduction from Form 1099-PATR

DPAD (line 6) from cooperative(s) with tax year beginning **before** Jan. 1, 2018

DPAD (line 6) from cooperative(s) with tax year beginning **after** Dec. 31, 2017

K-1 S Corporation – Shareholder's Questions

ORG46

☒ Attach all copies of K-1s from S Corporations.

1	Name of S Corporation
	S Corporation identification number..... Tax shelter registration number ...
1	Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of S Corporation
	S Corporation identification number..... Tax shelter registration number ...
1	Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of S Corporation
	S Corporation identification number..... Tax shelter registration number ...
1	Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of S Corporation
	S Corporation identification number..... Tax shelter registration number ...
1	Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of S Corporation
	S Corporation identification number..... Tax shelter registration number ...
1	Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of S Corporation
	S Corporation identification number..... Tax shelter registration number ...
1	Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 Shareholder's Share of Income, Credits, Deductions, Etc

ORG46A

Name of S Corporation	S Corporation ID	Tax Shelter Reg No.
-----------------------	------------------	---------------------

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

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint Yes No

Is this the final K-1 for this S Corporation? ☐ ☐

GENERAL QUESTIONS

	Yes	No
1 Was all of the investment in this activity at-risk ?	<input type="checkbox"/>	<input type="checkbox"/>
2 Trade or business activities (Schedule K-1, line 1):		
a Did you materially participate in this activity during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
3 Rental real estate activities (Schedule K-1, line 2):		
a Did you materially participate in this activity during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you actively participate in this activity during 2021?	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there suspended passive losses carried over from 2020?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter health insurance paid by you personally and related to this activity.		

K-1 LINE ITEMS

1 Ordinary business income (loss)	
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4 Interest income	
a Income from U.S. Bonds (nontaxable to states) included in line 4.	
5 a Ordinary dividends	
b Qualified dividends	
7 Net short-term capital gain (loss)	
8 a Net long-term capital gain (loss)	
b Collectibles (28%) gain (loss)	
c Unrecaptured section 1250 gain	
9 Net section 1231 gain (loss)	
10 Section 179 expense deduction	

Domestic Production Activity Deduction from Form 1099-PATR

DPAD (line 6) from cooperative(s) with tax year beginning **before** Jan. 1, 2018

DPAD (line 6) from cooperative(s) with tax year beginning **after** Dec. 31, 2017

K-1 Estate & Trust – Beneficiary's Questions

ORG47

<input checked="" type="checkbox"/> Attach all copies of K-1's from estates and trusts.	
1	Name of estate or trust
	Estate or trust identification no... Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of estate or trust
	Estate or trust identification no... Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of estate or trust
	Estate or trust identification no... Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of estate or trust
	Estate or trust identification no... Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of estate or trust
	Estate or trust identification no... Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of estate or trust
	Estate or trust identification no... Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 Beneficiary's Share of Income, Deductions, Credits, Etc

ORG47A

Name of Estate or Trust	Estate or Trust ID	Tax Shelter Reg No.
Is this activity a qualified trade or business under Section 199A? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Check one:	<input type="checkbox"/> Domestic Beneficiary <input type="checkbox"/> Foreign Beneficiary	Yes No <input type="checkbox"/> <input type="checkbox"/>
Is this the final K-1 for this Estate or Trust? <input type="checkbox"/> <input type="checkbox"/>		

GENERAL QUESTIONS

1 Rental real estate activities:		Yes	No
a Is this a qualifying estate for material participation?	<input type="checkbox"/>		<input type="checkbox"/>
b Is this a qualifying estate for active participation?	<input type="checkbox"/>		<input type="checkbox"/>
2 Are there suspended passive losses carried over from 2020?	<input type="checkbox"/>		<input type="checkbox"/>

K-1 LINE ITEMS

For Schedule K-1 lines not shown below, enter amounts directly into ProSeries 1040.

1 a Interest	
b U.S. Bonds (nontaxable to states) included in line 1a	
2 a Total ordinary dividends	
b Qualified dividends	
3 Net short-term capital gain	
4 a Net long-term capital gain	
b 28% rate gain included in net long-term capital gain	
c Unrecaptured Section 1250 included in net long-term capital gain	

Domestic Production Activity Deduction from Form 1099-PATR

DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018	
DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017	

K-1 Supplemental Business Expenses

ORG48

Partnership

EXPENSES		2021	2020
Use ORG18 to enter vehicle expenses.			
1	Vehicle expenses.....		
2	Vehicle rentals.....		
3	Travel expenses while away from home (excluding meals/entertainment expenses)		
4	Business gifts		
5	Education		
6	Office supplies and expenses.....		
7	Telephone, fax, pager, etc.....		
8	Trade publications.....		
9	Depreciation and amortization (Preparer Use Only)		
Use ORG50 to record dispositions. Use ORG51 to enter additional assets.			
Treat all MACRS assets for 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 activity located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10	Carryover of Section 179 expense from prior year		
11	Meals and entertainment expenses		
12	Other: 		
REIMBURSEMENTS		2021	2020
13	Reimbursements for other than meals and entertainment		
14	Reimbursements for meals and entertainment		

(Transferred assets only. To enter assets, use ORG51 – Additional Assets)

for:

Total

(Enter vehicles on ORG 18 – Car and Truck Expenses or ORG 17 – Employee Business Expenses)

for: _____

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ORG51

Depreciation Entry Worksheet

ORG51A

for:

ASSET INFORMATION

Enter vehicles on ORG17 for employees, ORG18 for all others

Description of asset Percentage of business use %
 Date placed in service Section 179 deduction
 Date acq (if dif from Date in service)
 Cost or basis Land included in cost
 Type of asset

Note: Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.

Trees and vines planted/granted after 2015. Date asset was planted or grafted

If asset was planted/granted after 2015, was it placed in service in 2021 ? ☐ Yes ☐ No

Economic Stimulus — Qualified Property ☐ Yes ☐ No

Cellulosic Biomass Ethanol Plant Property (CBEPP) - Qualified Property ☐ Yes ☐ No

Qualified Disaster Area — Qualified Property ☐ Yes ☐ No

Kansas Disaster Zone — Qualified Property ☐ Yes ☐ No

Gulf Opportunity Zone — Qualified Property ☐ Regular ☐ Extension ☐ No

In service in GO Zone Extension building within 90 days of building ☐ Yes ☐ No ☐ N/A

Percentage for Special Depreciation Allowance ☐ 100% & 50% ☐ 30% ☐ N/A

Long-production-period property and aircraft ☐ Yes ☐ No ☐ N/A

Elect OUT of Special Depreciation Allowance ☐ Yes ☐ No

Elect 30% in place of 50% Special Depreciation Allowance ☐ Yes ☐ No

Special Depreciation Allowance AMT Special Depreciation Allowance

Enter the IRC section under which you amortize the cost of intangibles

Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years ☐

Check if General Asset Account ☐

Prior depreciation AMT prior depreciation

Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.

DISPOSITIONS

Enter business portion only for sales price and expense of sale

Date of disposition Date acquired (if different from Date in service)

Report land separately? ☐ Yes ☐ No Asset Land

Sales price ☐ Asset ☐ Land

Expense of sale ☐ Asset ☐ Land

Property type

Section 179 deduction allowed

If Section 1250: Additional depreciation after 1975 %

Applicable percentage %

Additional depreciation after 1969 and before 1976

Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.

Gain/loss basis, if different AMT gain/loss basis, if different

Check to compute personal residence depreciation after May 6, 1997 ☐

DETAIL ASSET INFORMATION

This section is calculated for most assets from the data entered above.

Listed property? ☐ Yes ☐ No

Subject to auto limitations? ☐ Yes ☐ No

Truck or van? ☐ Yes ☐ No

Electric passenger vehicle? ☐ Yes ☐ No

If General Asset Account, number of autos for current year limitation

Heavy SUV? ☐ Yes ☐ No

Eligible Section 179 property (current year assets only)? ☐ Yes ☐ No

Use IRS tables for MACRS property? ☐ Yes ☐ No

Qualified Indian reservation property? ☐ Yes ☐ No

Depreciation type AMT basis, if different

Asset class Type for pre-'87 assets

Depreciation method AMT depreciation method

MACRS convention

Year of depreciation

Recovery period AMT recovery period

Depreciable basis AMT depreciable basis

Foreign Earned Income

ORG52

1 Foreign address (including country) and POD _____

2 Occupation _____

3 Employer's name..... ▶ _____

4a 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)..... ▶ _____

6a 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? ▶ _____

8a 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

12a 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?
▶ _____

13a 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.

14a 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)	16a	_____
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	_____

Federal Carryover Data

ORG55

2020 STATE AND LOCAL TAX INFORMATION

1	State or Local Identification	Paid With Extension	Estimates Paid After 12/31/20	Total Withheld/ Payments	Paid With Return	Total Overpayment	Applied Amount

OTHER TAX AND INCOME INFORMATION

2 2020 filing status:

☐ Single

☐ Head of household

☐ Married filing jointly

☐ Qualifying widow(er)

☐ Married filing separately

3 Number of blind/elderly boxes checked for 2020 (Form 1040 or 1040-SR)

4a Total itemized deductions allowed in 2020 (Schedule A, line 17)

b Check this box if you were required to itemize in 2020

5 Adjusted gross income in 2020 (Form 1040, line 11)

6 Total tax for Form 2210 or 2210-F in 2020 (Form 2210, line 4 or 2210-F, line 6)

7 Alternative minimum tax in 2020 (Schedule 2, Part I, line 1)

8 2020 federal overpayment applied to 2021 (Form 1040, line 36)

IRA INFORMATION

9a Basis of taxpayer's IRA(s) as of 12/31/20 (Form 8606, line 14)

b Basis of spouse's IRA(s) as of 12/31/20 (Form 8606, line 14)

c Taxpayer's excess IRA contributions as of 12/31/20 (Form 5329, line 16)

d Spouse's excess IRA contributions as of 12/31/20 (Form 5329, line 16)

e Taxpayer's excess Archer MSA contributions as of 12/31/20 (Form 5329, line 40)

f Spouse's excess Archer MSA contributions as of 12/31/20 (Form 5329, line 40)

g Taxpayer's excess Roth IRA contributions as of 12/31/20 (Form 5329, line 24)

h Spouse's excess Roth IRA contributions as of 12/31/20 (Form 5329, line 24)

i Taxpayer's excess Coverdell ESA contributions as of 12/31/20 (Form 5329, line 32)

j Spouse's excess Coverdell ESA contributions as of 12/31/20 (Form 5329, line 32)

k Taxpayer's excess HSA contributions as of 12/31/20 (Form 5329, line 48)

l Spouse's excess HSA contributions as of 12/31/20 (Form 5329, line 48)

LOSS AND EXPENSE CARRYOVERS

10a Short-term capital loss carryover from 2020 (Schedule D)

b Long-term capital loss carryover from 2020 (Schedule D)

c AMT Short-term capital loss carryover from 2020 (Schedule D)

d AMT Long-term capital loss carryover from 2020 (Schedule D)

11a Net operating loss carryforward to 2021 – regular tax

b Net operating loss carryforward to 2021 – AMT

12a Disallowed investment interest expense (Form 4952, line 7)

b Disallowed AMT investment interest expense (Form 4952-AMT, line 7)

13a Nonrecaptured net Section 1231 loss from 2020

b Nonrecaptured net Section 1231 loss from 2019

c Nonrecaptured net Section 1231 loss from 2018

d Nonrecaptured net Section 1231 loss from 2017

e Nonrecaptured net Section 1231 loss from 2016

f AMT Nonrecaptured net Section 1231 loss from 2020

g AMT Nonrecaptured net Section 1231 loss from 2019

h AMT Nonrecaptured net Section 1231 loss from 2018

i AMT Nonrecaptured net Section 1231 loss from 2017

j AMT Nonrecaptured net Section 1231 loss from 2016

Federal Carryover Data (continued)

ORG55

CREDIT CARRYOVERS

14	General business credit	
15 a	Qualified adoption expenses carryforward from 2020	
b	Qualified adoption expenses carryforward from 2019	
16 a	Mortgage interest credit from 2020 (Form 8396, line 17)	
b	Mortgage interest credit from 2019 (Form 8396, line 14)	
c	Mortgage interest credit from 2018 (Form 8396, line 16)	
d	Certificate credit rate (Form 8396, line 2)	%
e	Address of home claiming mortgage interest credit on Form 8396 if different from your personal address:	
17	District of Columbia first-time homebuyer credit from 2020 (Form 8859, line 4)	
18	Minimum tax credit carryforward to 2021 (Form 8801, line 26)	
19	Residential energy efficient property credit from 2020 (Form 5695, line 16)	

OTHER CARRYOVERS

20	Section 179 carryover from 2020 (Form 4562, line 13)	
21	Excess 2020 foreign housing deduction carryover:	
a	Amount from Form 2555, Taxpayer's copy – line 46	
b	Amount from Form 2555, Taxpayer's copy – line 48	
c	Amount from Form 2555, Spouse's copy – line 46	
d	Amount from Form 2555, Spouse's copy – line 48	

CHARITABLE CONTRIBUTION CARRYOVERS

22	Carryover of charitable contributions from:	Cash and Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					

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				

Tax History

ORG57

	2017	2018	2019	2020
Filing status.....				
Total income.....				
Adjustments to income				
Adjusted gross income				
Tax expense.....				
Interest expense				
Contributions				
Miscellaneous deductions				
Other itemized deductions				
Total itemized/standard deduction.....				
Qualified business income deduction				
Exemption amount				
Taxable income				
Tax				
Alternative minimum tax				
Total credits				
Other taxes				
Payments				
Form 2210 penalty				
Amount owed.....				
Applied to next year's estimated tax				
Refund.....				
Effective tax rate %				
Tax bracket %.....				

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: _____
5 Check if disabled	Taxpayer	Spouse
	<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: _____		

2021 Tax Documents to Send to Preparer



Check items enclosed.

Gather the following documents to send to your preparer.

[illegible]