Form ID: 1040	Perso	nal Information			1
Filing (Marital) status code (1 = Single, 2 = Married filing	joint, 3 = Married fili	ng separate, 4 = Head of househo	old, 5 = Qualifying widow(er))	[1]
Mark if you were married but living apart all year		<u> </u>	, , , , , , , , , , , , , , , , , , , ,		[2]
Mark if your nonresident alien spouse does not h	ave an Individua	al Taxpayer Identification	Number (ITIN)		[3]
		Taxpayer		Spouse	
Social security number		[4]	_	•	[5]
First name		[6]			<u> </u>
Last name		[8]			[9]
Occupation		[10]			[11]
Designate \$3.00 to the presidential election cam	paign fund? (1 = \				[14]
Mark if dependent of another taxpayer Taxpayer with income less than 1/2 support age	19 or 10 22 full	[15]			[16]
Mark if legally blind	10 01 19 - 23 Iuli	[20]			[21]
Date of birth		[22]			[24]
Date of death	_	[26]			[27]
Work/daytime telephone number/ext number	_	[28] [29]		[30]	[31]
Home/evening telephone number		[32]			[33]
Do you authorize us to discuss your return with t	he IRS? (Y, N)	[34]			
•	Procont	t Mailing Address			
Address	1 163611	THUMB AUG C33			[40]
Agartment number					[40] [41]
City, state postal code, zip code			[42]	- [43]	^[41] [44]
Foreign country name			[42] _		^[44] [46]
Foreign phone number					[49]
In care of addressee					[50]
	Depend	dent Information			
(*Pleas	e refer to Depe	ndent Codes located at t	the bottom)	Months**Dep	Care expenses
					paid for
First Name ^[51] Last Name	Date of Birth	Social Security No.	Relationship	home * **	dependent
		–			
		·			
Name of child who lived with you but is not your	dependent				[52]
Social security number of qualifying person			-		[53]
, , , , , ,		andont Cadaa		-	
	Der	endent Codes	(4 40 22)		
*Design 1 = Child color Production	- 1	***************************************			ı
*Basic 1 = Child who lived with you		**Other 1 = Stude			
2 = Child who did not live with yo		ce/separation 2 = Disab	led dependent	a student and disc	blod
2 = Child who did not live with your arrangement	ou due to divord	ce/separation 2 = Disab 3 = Depe	led dependent ndent who is both	a student and disa	abled
2 = Child who did not live with your arms of the second se	ou due to divore	ce/separation 2 = Disab 3 = Depe edit for Other Dependen	led dependent ndent who is both	a student and disa	abled
2 = Child who did not live with your series of the series	ou due to divord ot qualify for Cre ocome Credit on	ce/separation 2 = Disab 3 = Depe edit for Other Dependen lly	led dependent ndent who is both ts (ODC)	a student and disa	abled
2 = Child who did not live with your series of the pendent 4 = Other dependents, but do not series of the pendents of the pend	ou due to divord t qualify for Cre come Credit on but do not qua	ce/separation 2 = Disab 3 = Depe edit for Other Dependen lly lify for Earned Income C	led dependent ndent who is both ts (ODC)	a student and disa	abled
2 = Child who did not live with your services of the services	ou due to divord ot qualify for Cre ocome Credit on but do not qual but do not qual	ce/separation 2 = Disab 3 = Depe edit for Other Dependen ly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC) redit		
2 = Child who did not live with your and seemed and see	ou due to divord ot qualify for Cre come Credit on but do not qual but do not qual but do not qual	ce/separation 2 = Disab 3 = Depe edit for Other Dependen ly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC) redit		
2 = Child who did not live with your series of the content of the	ou due to divord ot qualify for Cre come Credit on but do not qua but do not qua but do not qua n	ce/separation 2 = Disab 3 = Depe edit for Other Dependen ly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC) redit		
2 = Child who did not live with you are not solved with you are considered with you, and the considered with you, are children who lived with you.	ou due to divord ot qualify for Cre come Credit on but do not qua but do not qua but do not qua n	ce/separation 2 = Disab 3 = Depe edit for Other Dependen ly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC) redit		
2 = Child who did not live with your series of the content of the	ou due to divord ot qualify for Cre come Credit on but do not qua but do not qua but do not qua n	ce/separation 2 = Disab 3 = Depe edit for Other Dependen ly lify for Earned Income Co lify for Child Tax Credit	led dependent ndent who is both ts (ODC) redit		

Client Contact Information

2

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related question	ns) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[20]
Mobile telephone number	[12]	[21]
Mobile telephone #2 number	[13]	[22]
Pager number	[14]	[23]
Other:	[15]	[24]
Telephone number	[16]	[25]
Extension	[17]	[26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[27]

Form ID: Bank

3

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:		
Financial institution routing transit number		[3]
Name of financial institution		[4]
Your account number		[5]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		_[6]
Mark if married filing jointly and this is a joint account (Both tax		_[9]
Mark if financial institution is foreign based (Not located in the terri		_[10]
Enter the maximum dollar amount, or percentage of total ref	und Dollar[11] or Percent (xxx.xx)	[12]
Secondary account #1:		
Financial institution routing transit number		[27]
Name of financial institution		[28]
Your account number		[29]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		_[30]
Mark if married filing jointly and this is a joint account (Both tax	payer and spouse names are on the account)	_[31]
Mark if financial institution is foreign based (Not located in the terri	itorial jurisdiction of the United States)	_[32]
Enter the maximum dollar amount, or percentage of total ref	und Dollar[13] or Percent (xxx.xx)	[14]
Secondary account #2:		
Financial institution routing transit number		[33]
Name of financial institution		[34]
Your account number		[35]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		[36]
Mark if married filing jointly and this is a joint account (Both tax	payer and spouse names are on the account)	[37]
Mark if financial institution is foreign based (Not located in the terri		_[38]
Enter the maximum dollar amount, or percentage of total ref		_
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA acco	unts. Make sure direct deposits will be accepted by the bank or financial inst	titution.
		titution.
A tax refund may be used to buy up to \$5,000 of U.S. Series I Sa	es I Savings Bond Purchases ovings bonds and registered for up to three different pers	sons. If you woul
Refund - U.S. Series A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds (in increments of \$50) we please note you may enter only one name per registration (with	es I Savings Bond Purchases Ivings bonds and registered for up to three different persith your refund, if applicable, please complete the follow	sons. If you woul
Refund - U.S. Series A tax refund may be used to buy up to \$5,000 of U.S. Series I Sation purchase U.S. Series I Savings bonds (in increments of \$50) we release note you may enter only one name per registration (with name, do not use nicknames.	es I Savings Bond Purchases vings bonds and registered for up to three different personal point your refund, if applicable, please complete the follows the exception of married filing joint returns) and must enter	sons. If you woul
Refund - U.S. Series A tax refund may be used to buy up to \$5,000 of U.S. Series I Sa to purchase U.S. Series I Savings bonds (in increments of \$50) we Please note you may enter only one name per registration (with mame, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage.	es I Savings Bond Purchases vith your refund, if applicable, please complete the following hexception of married filing joint returns) and must enterprise the properties of refund you would like used to purchase bonds	sons. If you woul wing informatior er the party's giv
Refund - U.S. Series A tax refund may be used to buy up to \$5,000 of U.S. Series I Sa to purchase U.S. Series I Savings bonds (in increments of \$50) we Please note you may enter only one name per registration (with mame, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percent The bonds will be registered to the name(s) on the return. For married filing joint re-	es I Savings Bond Purchases Ivings bonds and registered for up to three different persoith your refund, if applicable, please complete the follows hexception of married filing joint returns) and must enterprise entage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the returns.	sons. If you woul wing informatior er the party's giv
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Refund - U.S. Series I Sato purchase U.S. Series U.S. Series I Sato purchase U.S. Seri	es I Savings Bond Purchases vings bonds and registered for up to three different personal point returns, if applicable, please complete the follow hexception of married filing joint returns) and must enterentage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the return display. Dollar[15] or Percent (xxxx)	sons. If you wou wing information er the party's giv
Refund - U.S. Series I Sature and I sature and I series I ser	es I Savings Bond Purchases vith your refund, if applicable, please complete the follow hexception of married filing joint returns) and must entered entage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the return deleted. Dollar[15] or Percent (xxxx) f married filing jointly	sons. If you would wing information er the party's given.
Refund - U.S. Series I Sature and I sature and I series I series I sature and I series	es I Savings Bond Purchases avings bonds and registered for up to three different personal point point point returns and must enter the exception of married filing joint returns) and must enter the entage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the return delelow. Dollar[15] or Percent (xxxx) for married filing jointly dused to purchase bonds are[19] or Percent (xxxx).	sons. If you woul wing information er the party's giv urn. xx)[16]
Refund - U.S. Series I Satings of purchase U.S. Series I Satings bonds (in increments of \$50) we lease note you may enter only one name per registration (with name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of the bonds will be registered to the name(s) on the return. For married filling joint return to register the bonds separately, leave these fields blank and use the fields provided Enter either a dollar amount or percent, but not both sound information for someone other than taxpayer and spouse, it Maximum dollar amount (up to \$5,000), or percentage of refund Owner's name (First Last)	es I Savings Bond Purchases avings bonds and registered for up to three different personal point point point returns and must enter the exception of married filing joint returns) and must enter the entage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the return delated. Dollar[15] or Percent (xxxx) for married filing jointly dused to purchase bonds are[19] or Percent (xxxx).	sons. If you woul wing information er the party's giv urn. xx)[16] xx)[20] _[41]
Refund - U.S. Series A tax refund may be used to buy up to \$5,000 of U.S. Series I Sa to purchase U.S. Series I Savings bonds (in increments of \$50) we Please note you may enter only one name per registration (with name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percent The bonds will be registered to the name(s) on the return. For married filing joint retered to the provided before the bonds separately, leave these fields blank and use the fields provided Enter either a dollar amount or percent, but not both Bond information for someone other than taxpayer and spouse, it Maximum dollar amount (up to \$5,000), or percentage of refundament.	es I Savings Bond Purchases avings bonds and registered for up to three different personal point point point returns and must enter the exception of married filing joint returns) and must enter the entage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the return delelow. Dollar[15] or Percent (xxxx) for married filing jointly dused to purchase bonds are[19] or Percent (xxxx).	sons. If you would wing information er the party's given. xxx
Refund - U.S. Series I Satings bonds (in increments of \$50) we please note you may enter only one name per registration (with name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of the bonds will be registered to the name(s) on the return. For married filing joint return to register the bonds separately, leave these fields blank and use the fields provided Enter either a dollar amount or percent, but not both Bond information for someone other than taxpayer and spouse, in Maximum dollar amount (up to \$5,000), or percentage of refundaments of the provided of the provid	es I Savings Bond Purchases Evings bonds and registered for up to three different personal point point point returns and must enter the exception of married filing joint returns) and must enter the entage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the return disclose. Dollar	sons. If you would wing information er the party's given. xxx
Refund - U.S. Series I Satistics of Satistic	es I Savings Bond Purchases vith your refund, if applicable, please complete the follow hexception of married filing joint returns) and must entered entage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the return delelow. Dollar[15] or Percent (xxxxx) f married filing jointly dused to purchase bomodular[19] or Percent (xxxxx) [40] [42]	sons. If you woul wing information er the party's giv arn. (20) (41) (43) (44)
Refund - U.S. Series I Sation purchase U.S. Series I Sation purchase U.S. Series I Sation purchase U.S. Series I Satings bonds (in increments of \$50) we please note you may enter only one name per registration (with name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of the bonds will be registered to the name(s) on the return. For married filling joint retered to register the bonds separately, leave these fields blank and use the fields provided Enter either a dollar amount or percent, but not both Bond information for someone other than taxpayer and spouse, it Maximum dollar amount (up to \$5,000), or percentage of refundance of the name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Bond information for someone other than taxpayer and spouse, it Maximum dollar amount (up to \$5,000), or percentage of refundance of the name is the sational spouse, it maximum dollar amount (up to \$5,000), or percentage of refundance of the name is the sational spouse, it maximum dollar amount (up to \$5,000), or percentage of refundance of the name is the sational spouse, it maximum dollar amount (up to \$5,000), or percentage of refundance of the name is the sational spouse, it maximum dollar amount (up to \$5,000), or percentage of refundance of the name is the sational spouse, it maximum dollar amount (up to \$5,000), or percentage of refundance of the name is the sational spouse.	es I Savings Bond Purchases Ivings bonds and registered for up to three different perseith your refund, if applicable, please complete the follow hexception of married filing joint returns) and must entered entage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the return delay. Dollar	sons. If you woul wing information er the party's giv urn. xx)[16] xx)[41] [43][44] xx)[24]
Refund - U.S. Series A tax refund may be used to buy up to \$5,000 of U.S. Series I Sato purchase U.S. Series I Savings bonds (in increments of \$50) were please note you may enter only one name per registration (with name, do not use nicknames. Indicate either a maximum dollar amount (up to \$5,000), or percentage of the bonds will be registered to the name(s) on the return. For married filing joint returned for some of the series of the fields blank and use the fields provided and use the fields provided and information for some one other than taxpayer and spouse, it is maximum dollar amount (up to \$5,000), or percentage of refund the Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Bond information for someone other than taxpayer and spouse, it	es I Savings Bond Purchases vith your refund, if applicable, please complete the follow hexception of married filing joint returns) and must entered entage of refund you would like used to purchase bonds turns this means the bonds will be registered in both names listed on the return delelow. Dollar[15] or Percent (xxxxx) f married filing jointly dused to purchase bomodular[19] or Percent (xxxxx) [40] [42]	sons. If you would wing information er the party's given with the party with the pa

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file the To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS ru Taxpayers may choose to file a paper return instead of filing electronically.	-
Mark if you want to file a paper return even if you qualify for electronic filing	[1]
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) If 1 or 2, please provide email address on Organizer Form ID: Info	[2]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account	[9]
The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed. Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification Number (PIN)	[7]
Spouse self-selected Personal Identification Number (PIN)	[8]

Electronic Filing

6

NOTES/QUESTIONS:

Form ID: ELF

Form ID: IDAuth	Identity Authentication	7
Taxpayer -		
Form of identification (1 = Driver's license, 2 = State issu	ed identification card, 3 = No applicable identification, 4 = Identification not provided)	[1]
Identification number		[2]
Issue date		[3]
Expiration date (mm/dd/yyyy)		[4]
Location of issuance (State issued only)		[5]
Document number (New York only)		[6]
Spouse -		
Form of identification (1 = Driver's license, 2 = State issu	ed identification card, 3 = No applicable identification, 4 = Identification not provided)	[9]
Identification number		[10
Issue date		[1:
Expiration date (mm/dd/yyyy)		[12
Location of issuance (State issued only)		[1:
Document number (New York only)		

Form ID: Est		Es	tima	ted Taxes			8
If you have an overn	avment of 2021	taxes, do you want the ex	cess.				
Refunded	ayment of 2021	taxes, ao you want the ex	ccss.				[52]
Applied to 2022	2 estimated tax	liability					[53]
•	_	ge in your 2022 income? (Y,	N)				[54]
If yes, please explain	any differences	S:					
							[55]
							[56]
							[57] [58]
Do you expect a cons	iderable chang	ge in your deductions for 20)22? (Y,	N)			_[59]
If yes, please explain	_	·					
							[60]
							[61]
							[62]
Do you expect a con-	iderable chang	ge in the amount of your 20	122 wit	hholding? (v. N.)			[63] [64]
If yes, please explain	_	·	722 VVIC	iniolanig: (1, N)			[04]
,, , ,							[65]
							[66]
							[67]
Da	:		f 20	222 6			[68]
If yes, please explain	_	ber of dependents claimed	tor 20.	22? (Y, N)			[69]
ii yes, piease expiaiii	any unierences	3.					[70]
							[71]
							[72]
							[73]
Payment method use	ed to pay your e	estimated taxes (1=Electror	nic Fed	eral Tax Payment	: System (E	FTPS); 2=Direct Pay)	[74]
		2021 Federa	al Esti	imated Tax Pa	ayments		
2020 overpayment a	pplied to 2021	estimates				+	[1]
		ounts on the dates due indic	cated b	elow. Skip the re	emaining fi	ields.	[5]
, ,							
		ot made on the date due or	were	for an amount ot	her than th	ne calculated amount be	ow, please enter
the actual date and a	imount paid.						
	Date Due	Date Paid if After Date D)IIE	Amount Paid	Г	Calculated Amount	Method*
1st quarter payment		[6]	+	Amount raid	[7]	Calculated Amount	Wicthou
2nd quarter paymen		[8]	+				
3rd quarter payment	9/15/21	[10]					
4th quarter payment	1/18/22	[12]			[13]		
Additional payment		[14]	+_		[15]		
1		*Mothod of n	avmor	nt indicated in pri	ioryoar		
	EFW = Electro	onic funds withdrawal				x Payment System	
		rm 1040-ES estimated tax					
·							
NOTES /OUTST!	ONIC.						
NOTES/QUESTIC)N2:						

Control Totals +

Form ID: Est

Form ID: St Pmt	2021 State Estin	nated Tax Payments	9
Taxpayer/Spouse/Joint (T, S, J) State postal code			_[1] [2]
Amount paid with 2020 return 2020 overpayment applied to '21 estimates Treat calculated amounts as paid			+[3] +[4] [8]
Date Paid		Amount Paid	Calculated Amount
1st quarter payment[9]		+[10]	
2nd quarter payment[11]		+[12]	
3rd quarter payment[13]		+[14]	
4th quarter payment[15]		+[16]	
Additional payment[17]		+[18]	
	2021 City Estim	ated Tax Payments	
City #1		City #2	
City name		City name	[50]
Amount paid with 2020 return + _		Amount paid with 2020 return	+[53]
2020 overpayment applied to '21 estimates		2020 overpayment applied to '21 estimate	
Treat calculated amounts as paid	_[36]	Treat calculated amounts as paid	[58]
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[37] + _		· · · · ———	
2nd quarter payment[39] +		2nd quarter payment[61]	
3rd quarter payment[41] +		3rd quarter payment[63]	
4th quarter payment[43] + _	[44]	4th quarter payment[65]	+[66]
Calculated Amount		Calculated Amour	nt
1st quarter payment		1st quarter payment	
4th quarter payment		4th quarter payment	
City #3		City #4	
City name	[72]	City name	[94]
Amount paid with 2020 return + _	[75]	Amount paid with 2020 return	+[97]
2020 overpayment applied to '21 estimates _	[76]	2020 overpayment applied to '21 estimate	9 [98]
Treat calculated amounts as paid	_[80]	Treat calculated amounts as paid	_[102]
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[81] +		1st quarter payment[103]	+[104
2nd quarter payment[83] + _		2nd quarter payment[105]	
3rd quarter payment[85] + _		3rd quarter payment[107]	
4th quarter payment[87] +	[88]	4th quarter payment[109]	+[110]
Calculated Amount		Calculated Amour	nt
1st quarter payment		1st quarter payment	
		2nd quarter payment	
2nd quarter payment			
2rd quarter naument		2rd quarter naument	

Form ID: W2

Wages and Salaries #1

Please pi	rovide all copies of Form W-2. 2021 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	_[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military,	, 3 = Farming / Fishing, 4 = National Guard) [5]	
Mark if this is your current employer	[6]	
Federal wages and salaries (Box 1)	+[10]	
Federal tax withheld (Box 2)	+ [12]	
Social security wages (Box 3) (If different than federal wages)	+ [14]	
Social security tax withheld (Box 4)	+[16]	
Medicare wages (Box 5) (If different than federal wages)	+ [18]	
Medicare tax withheld (Box 6)	+ [21]	
SS tips (Box 7)	+ [23]	
Allocated tips (Box 8)	+ [25]	
Dependent care benefits (Box 10)	+ [27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+ [34]	
State tax withheld (Box 17)	+ [36]	
Local wages (Box 18)	+ [38]	
Local tax withheld (Box 19)	+ [40]	
Name of locality (Box 20)	[43]	
		_
	Control Totals +	
	and Colonias #2	

Wages and Salaries #2

riease proviu	2021 Information	nn	Prior Year Information
Taxpayer/Spouse (T, S)	2021	_[1]	The real mornation
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Fa	arming / Fishing, 4 = National Guard)	[5]	
Mark if this your current employer	,	<u>_</u> [6]	
Federal wages and salaries (Box 1)	+	[10]	
Federal tax withheld (Box 2)	+	[12]	
Social security wages (Box 3) (If different than federal wages)	+	 [14]	
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages)	+	[18]	
Medicare tax withheld (Box 6)	+	[21]	
SS tips (Box 7)	+	[23]	
Allocated tips (Box 8)	+	[25]	
Dependent care benefits (Box 10)	+	[27]	
Box 13 -		<u> </u>	
Statutory employee		[29]	
Retirement plan		 _[30]	
Third-party sick pay		 _[31]	
State postal code (Box 15)		 [32]	
State wages (Box 16) (If different than federal wages)	+	[34]	
State tax withheld (Box 17)	+	[36]	
Local wages (Box 18)	+	[38]	
Local tax withheld (Box 19)	+	[40]	
Name of locality (Box 20)		[43]	

Control Totals +	

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Type T/S/J Code (**See co	odes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations \$ or %	* Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts +							
	Payer							
	Amounts +							
3	Payer							
	Amounts +							
4	Payer							
-	Amounts +							
5	Payer							
	Amounts +							
6	Payer							
	Amounts +							
7	Payer							
	Amounts +							
8	Payer							
	Amounts +							
9	Payer						T	
	Amounts +							
10	Payer						T	
	Amounts +							

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals +	Fo	rm ID: B-1
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Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S T J C	ype ode (**	Ordinary [2] See codes below) Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer Amounts +										
	2	Payer Amounts +										
	3	Payer Amounts +										
	4	Payer Amounts +										
	5	Payer Amounts +										
	6	Payer Amounts +										
	7	Payer Amounts +										
	8	Payer Amounts +										
	9	Payer Amounts +										
	10	Payer Amounts +										

**Dividend Codes		
Blank = Other	3 = Nominee	

Control Totals +		Form ID: B-2
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Form ID: D	Sales of Stocks,	Securities, and Oth	er Investmer	nt Property	1
Please provide copies of all Forms 1099-B and 1099-S					
	e any securities become worthless during 2				_
	e any debts become uncollectible during 20				_
	e any commodity sales, short sales, or strad				_
	nange any securities or investments for son				_
Did you rece	ive, sell, exchange, or otherwise dispose of	f any financial interest in a	ny virtual currer	ncy? (Y, N)	_
/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Ba
				+	+
				+	+
_				<u>+</u>	+
_				<u>+</u>	<u>†</u>
_				<u>+</u>	<u>†</u>
_				<u>+</u>	<u>†</u>
_				†	†
_				†	<u>†</u>
				+	†
_				†	†
_				†	<u>†</u>
_				<u>+</u>	†
				<u>+</u>	<u>+</u>
_				<u>+</u>	<u> </u>
				+	+
		<u> </u>		+	+
		<u> </u>		+	+
_		<u> </u>		+	+
				+	+
				<u>+</u>	<u> </u>
				<u>+</u>	<u> </u>
_				<u>+</u>	<u> </u>
				<u> </u>	<u> </u>
				<u> </u>	<u> </u>
_				+	<u> </u>
_				+	<u> </u>
_				+	<u> </u>
				<u> </u>	<u> </u>
		<u> </u>		<u> </u>	<u>+</u>
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				<u> </u>	<u>†</u>
				<u>+</u>	<u>†</u>
				<u>+</u>	<u>+</u>
				+	<u>+</u>
				+	+
				+	+

Form ID: InfoD

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
					
NOTES/	QUESTIONS:				

State and local income tax refunds Alimony received	T/S	+	2021 Inform		Prior Year	Information
	T/S					
		Agreement Date + + +	2021 Inform	[3]	Prior Year	Information
**Unemployment benefits are taxable income and sl any amount of tax withheld.You may need to go to		•				
		Taxpayer	Spouse		Prior Year	Information
Jnemployment compensation** +	·	[9] +		[10]		_
Jnemployment compensation federal withholding +					-	_
		[9] +				_
		[12] + [18] +				<u>-</u>
waska i cimanene i ana dividenas		[10] ·		[13]		
Self- Employment Income ? T/S/J (Y, N)			2021 Inforr	nation	Prior Yea	ar Information
Other income, such as: Comm	nission	s, Jury pay, Director fe	-			
		+	-	[15]		
			-			
		+	-			
			-		-	_
_		+			-	
		+	-		-	_
-		+	-			
		+				_
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		⁺	-		-	_
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		+	-			
		+	-			
		+				_
		+	-			_
		+				
		+	-		-	_
		+				

Form ID: Income

Control Totals +

Form ID: 1099NEC Nonemploy	yee Compensation	on #1	18b
Please pro	vide all Forms 1099-l	NEC	
Preparer use only			
		2021 Information	Prior Year Information
Name of payer		[3]	
Taxpayer/Spouse/Joint (T, S, J)		_[5]	
State postal code		[6]	
Nonemployee compensation (Box 1)	+	[13]	
Payer made direct sales of \$5,000 or more of consumer produ	icts (Box 2)	_[15]	
Federal income tax withheld (Box 4)	+	[17]	
State tax withheld (Box 5)	+	[19]	
State/Payer's state no. (Box 6)		[21]	
State income (Box 7)	+	[22]	
	Control Totals +		
Nonemplo	yee Compensation	on #2	
	vide all Forms 1099-		
Dunananan ank			
Preparer use only		2021 Information	Duian Vaan Infansation
Name of payor		2021 Information	Prior Year Information
Name of payer		[3]	
Taxpayer/Spouse/Joint (T, S, J)		_[5]	
State postal code		[6]	
Nonemployee compensation (Box 1)	+	[13]	
Payer made direct sales of \$5,000 or more of consumer produ	icts (Box 2)	_[15]	
Federal income tax withheld (Box 4)	+_	[17]	-
State tax withheld (Box 5)	+	[19]	
State/Payer's state no. (Box 6)		[21]	
State income (Box 7)	+	[22]	
	Control Totals +	T	

NOTES/QUESTIONS:

Form ID: 1099NEC

Pleas	se provide all copies of Form W-2G.	
	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	_[9]	
Reportable winnings (Box 1)	+[11]	
Date won (Box 2)	[13]	
Type of wager (Box 3)	[15]	
Federal withholding (Box 4)	+[17]	
Transaction (Box 5)	[19]	
Race (Box 6)	[21]	
Identical wager winnings (Box 7)	+[23]	
Cashier (Box 8)	[25]	
Taxpayer identification number (Box 9)	[27]	
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State winnings (Box 14)	+[33]	
State withholding (Box 15)	+[35]	
Local winnings (Box 16)	+[37]	
Local withholding (Box 17)	+[39]	
Name of locality (Box 18)	[42]	
	_	
	Control Totals +	

Gambling Winnings #2

	Please provide all copies of Form W-2G. 2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings (Box 1)	+[11]	
Date won (Box 2)	[13]	
Type of wager (Box 3)	[15]	
Federal withholding (Box 4)	+ [17]	
Transaction (Box 5)		
Race (Box 6)	[21]	
Identical wager winnings (Box 7)	+[23]	
Cashier (Box 8)		
Taxpayer identification number (Box 9)		
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State winnings (Box 14)	+[33]	
State withholding (Box 15)	+[35]	
Local winnings (Box 16)	+[37]	
Local withholding (Box 17)	+[39]	
Name of locality (Box 18)	[42]	

NOTES/QUESTIONS:

	Form ID: W2G
	1

Control Totals +

Form	ID.	1099R

Pension, Annuity, and IRA Distributions #1

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Please pro	ovide all Forms 1099-R.	_
	2021 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	_[1]	
Name of payer	[3]	
State postal code	[5]	
Gross distributions received (Box 1)	+[7]	
Taxable amount received (Box 2a)	+[9]	
Federal withholding (Box 4)	+[11]	
Distribution code (Box 7)	[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement p	-	_
State withholding (Box 14)	+[17]	
Local withholding (Box 17)	+[19]	
Amount of rollover	+ [21]	
Mark if distribution was due to a pre-retirement age disability		
The interest of the second sec		
	Control Totals +	
•	·	
Dansian Annu	ity and IBA Distributions #2	
Pension, Annu	ity, and IRA Distributions #2	
Please pro	ovide all Forms 1099-R.	Duiau Vaau Infaumatiau
Taynayar/Snouse (T. s)	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S) Name of payer	_[1]	
	[3]	
State postal code	[5]	
Gross distributions received (Box 1)	+	
Taxable amount received (Box 2a)	+[9]	
Federal withholding (Box 4)	+[11]	
Distribution code (Box 7)	_[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement p	—	
State withholding (Box 14)	+[17]	
Local withholding (Box 17)	+[19]	
Amount of rollover	+[21]	
Mark if distribution was due to a pre-retirement age disability	[23]	
1,	Countried Totale :	
	Control Totals +	
Pension, Annui	ity, and IRA Distributions #3	
Please pro	ovide all Forms 1099-R.	
- 10	2021 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	_[1]	
Name of payer	[3]	
State postal code	[5]	
Gross distributions received (Box 1)	+[7]	
Taxable amount received (Box 2a)	+[9]	
Federal withholding (Box 4)	+[11]	
Distribution code (Box 7)	[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement p	olan[16]	
State withholding (Box 14)	+[17]	
Local withholding (Box 17)	+[19]	
Amount of rollover	+ [21]	
Mark if distribution was due to a pre-retirement age disability		
	Control Totals +	
		

Form	ID:	SSA	-10	999

Social Security, Tier 1 Railroad Benefits

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Please provide a copy of Form(s) S	SA-109	9 or RRB-1099	
Taxpayer/Spouse (τ, s)		[1]	
State postal code		[2]	
Social Security Bo	enefits	3	
		2021 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2021 (Box 3 minus Box 4) (Box 5)	+	[8]	
Voluntary Federal Income Tax Withheld (Box 6)	+	[10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	[12]	
Prescription drug (Part D) premiums	+	[14]	
Tier 1 Railroad Bo	enefits	3	
	:	2021 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2021 (Box 5)		[22]	
Federal Income Tax Withheld (Box 10)	+	[25]	
Medicare Premium Total (Box 11)	+	[27]	
Additional Information About	ut Ben	efits Received	
Additional information about the benefits received not reported above. For e benefits in 2021. This information will be reported in the SSA-1099 DESCRIPT	-		
			[4
			[4
			[4
			[4 [4
NOTES/QUESTIONS:			

Form ID: IRA Traditional IRA	A			26
	Taxpayer		Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement				
plan? (Y, N)		_[1]		_[2]
Do you want to contribute the maximum allowable traditional IRA contribution	amount? If			
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		_[3]		_[4]
Enter the total traditional IRA contributions made for use in 2021	+	[5]	+	[6]
	Taxpayer		Spouse	
Enter the nondeductible contribution amount made for use in 2021	+	[5]	+	[6]
Enter the nondeductible contribution amount made in 2022 for use in 2021	+	[7]	+	
Traditional IRA basis	+	[17]	+	[18]
Value of all your traditional IRA's on December 31, 2021:				
	+	[19]	+	[20]
	+		+	
	+		+	
	+		+	
	+		+	
Roth IRA	0000		· · ·	
Please provide copies of any 1998 through 2020 Fo	orm 8606 not prepared Taxpayer	by thi	s office Spouse	
Mark if you want to contribute the maximum Roth IRA contribution	Taxpayer	[29]	Spouse	[30]
Enter the total Roth IRA contributions made for use in 2021	+	_	+	[32]
Enter the amount a 2021 Roth IRA conversion should be adjusted by	+		+	
Enter the total contribution Roth IRA basis on December 31, 2020	+		+	[44]
Enter the total Roth IRA contribution recharacterizations for 2021	+		+	 [46]
Enter the Roth conversion IRA basis on December 31, 2020	+	 [47]	+	[48]
Value of all your Roth IRA's on December 31, 2021:				
	+	[49]	+	[50]
	+		+	
	+		+	
	+		+	
	+		+	

Schedule C - General Information

Preparer use only				
		2021 Information		Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		_	[2]	
Employer identification number			[3]	
Business name			[5]	
Principal business/profession			[6]	
Business code			[12]	
Business address, if different from hon	ne address on Organizer Form ID: 10	40 		
Address	S		[15]	
City/State/Zip	[16		[18]	
Accounting method (1 = Cash, 2 = Accrual, 3			[19]	
If other:	- other)			_
Inventory method (1 = Cost, 2 = LCM, 3 = Oth			[21]	
•	er)	_	[22]	-
If other enter explanation:				
			[24]	
Enter an explanation if there was a cha	inge in determining your inventory:			
			[25]	
Did you "materially participate" in this	business? (Y, N)		[26]	<u></u>
If not, number of hours you did sign	nificantly participate		[28]	
Mark if you began or acquired this bus	iness in 2021		[30]	
Did you make any payments in 2021 th			[31]	
If "Yes", did you or will you file all r		-	[33]	_
Mark if this business is considered rela			[35]	_
Did you receive wages as a statutory en	·	_		_
Medical insurance premiums paid by the		_	[37]	—
		+		
Long-term care premiums paid by this			[44]	-
Amount of wages received as a statuto	ory employee		[47]	
	Business Inc	come		
	Business Inc			Drien Veen Information
	Business Inc	2021 Information		Prior Year Information
Gross receipts and sales	Business Ind	2021 Information		Prior Year Information
Gross receipts and sales	Business Ind	2021 Information		Prior Year Information
Gross receipts and sales	Business Ind	2021 Information		Prior Year Information
Gross receipts and sales	Business Inc	2021 Information	•	Prior Year Information
Gross receipts and sales	Business Inc	2021 Information + +	•	Prior Year Information
Gross receipts and sales Returns and allowances	Business Inc	2021 Information + + + + + + +	•	Prior Year Information
	Business Inc	2021 Information + + + + + + +	•	Prior Year Information
Returns and allowances	Business Inc	2021 Information + + + + + + + +	•	Prior Year Information
Returns and allowances	Business Inc	2021 Information +	[55]	Prior Year Information
Returns and allowances	Business Inc	2021 Information + + + + + + + +	[55]	Prior Year Information
Returns and allowances	Business Inc	2021 Information +	[55]	Prior Year Information
Returns and allowances		2021 Information + + + + + + + + + + + + + + + + + + +	[55]	Prior Year Information
Returns and allowances	Cost of Good	2021 Information + + + + + + + + + + + + + + + + + + +	[55]	Prior Year Information
Returns and allowances		2021 Information + + + + + + + + + + + + + + + + + + +	[55]	
Returns and allowances Other income:		2021 Information +	[55] [57]	Prior Year Information Prior Year Information
Returns and allowances Other income: Beginning inventory		2021 Information +	[55] [57]	
Returns and allowances Other income: Beginning inventory Purchases		2021 Information +	[55] [57]	
Returns and allowances Other income: Beginning inventory		2021 Information +	[55] [57]	
Returns and allowances Other income: Beginning inventory Purchases		2021 Information +	[55] [57]	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2021 Information +	[55] [57] [59] [61]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	[55] [57]	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2021 Information +	[55] [57] [59] [61] [63]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	[55] [57] [57] [59] [61] [63] [65]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	[55] [57] [57] [59] [61] [63] [65]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	[55] [57] [57] [59] [61] [63] [65]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	[55] [57] [57] [59] [61] [63] [65]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	[55] [57] [57] [59] [61] [63] [65]	

Preparer use only	·		
Principal business or profession			
		2021 Information	Prior Year Information
Advartising			Thor real information
Advertising		[6]	
Car and truck expenses		[8]	-
Commissions and fees	+	[10]	
Contract labor	+	[12]	
Depletion	+	[14]	
Depreciation	+	[16]	
Employee benefit programs (Include Sma			_
, .,		[18]	
		[10]	-
In a contract (Other with a collection)			
Insurance (Other than health):			
		[20]	
	+		
Interest:			
Mortgage (Paid to banks, etc.)			
, ,	+	[22]	
			_
			-
	+		_
Other:			
	+	[24]	
Legal and professional services	+	[26]	
Office expense		[29]	_
	'	[23]	_
Pension and profit sharing:			
		[31]	
	+		
Rent or lease:			
Vehicles, machinery, and equipment	+	[33]	
Other business property		[35]	
Repairs and maintenance			
		[37]	
Supplies	+	[39]	_
Taxes and licenses:			
	+	[41]	
	+		
	+		_
			_
	+		
Travel and meals:			
Travel		[43]	
Meals (Enter 100% subject to 50% lim	nitation) +	[45]	
Meals (Enter 100% subject to DOT 80		[47]	
Meals (Fully deductible)		[49]	
Utilities	_	[51]	_
	'	[31]	_
Wages (Less employment credit):			
	+	[53]	
	+		
Other expenses:			
	+	[55]	
			•
			-
			-
	+		
	+		
	+		
	+		
	+		
	·		
	<u></u>	1	Form ID: C-2
	Control Totals +		Form ID: C-2

21		4	2	

Rent and Royalty Property - General Information

T	the una Royalty Froperty General		
Preparer use only		2021 Information	Prior Year Information
Description		[2]	
Taxpayer/Spouse/Joint (T, S, J)[3]	State	postal code [5]	
Physical address: Street	State	[6]	
	[7][
Foreign country		[44]	
		[11]	
Foreign province/county			
Foreign postal code		[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-	-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8	-	
Description of other type (Type code #8)		[15]	
Did you make any payments in 2021 that re		_[16]	
If "Yes", did you or will you file all require		_[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7	7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%		[22]	
Business use percentage, if not 100% (Not v	acation home percentage)	[24]	
	Rent and Royalty Incom	P	
Rents and royalties	2021 Information		Prior Year Information
-			
	·	[33]	
	Rent and Royalty Expens	es	
		on Percent if not 100	0% Prior Year Information
Advertising	+	[35][36]	
Auto	+		
Travel	+		
Cleaning and maintenance	+	[44] [45]	
Commissions:		<u> </u>	
	+	[47][49]	
	+		
Insurance:			
	+	[50][52]	
	,		
Legal and professional fees	+		
Management fees:	·	[54][55]	-
Wallagement rees.	_	[57][59]	
		[57][59]	-
Mortgage interest paid to banks, etc (Form			-
Wortgage interest paid to banks, etc (Form	1050)	[60] [62]	
		[00][02]	-
Other mortgage interest			
Qualified mortgage insurance premiums	Ţ 	[65]	
Other interest:	<u> </u>	[67]	
Other interest:			
	†	[69][71]	
<u> </u>	+	— ——	
Repairs	+	[72][73]	
Supplies	+	[75][76]	
Taxes:			
	+	[78][80]	
	+		
Utilities	+	[82]	-
Depreciation	+	[84][85]	
Depletion	+	[87][88]	
Other expenses:			
	+	[90]	
	+		
	+		
·	+		
l Co	ntrol Totals+		Form ID: Rent

		ing Points		
	Preparer - Enter	r on Screen Rent	:	Duian Vaan Information
Refinancing points paid -		2021 INT	ormation	Prior Year Information
Recipient's/Lender's name			[92]	
Date of refinance				
Total # Payments				
Reported on 1098 in 2021			_	
Total points paid				
Points deemed as paid in current	: year (Preparer use only)			
Refinancing points paid -				
Recipient's/Lender's name				
Date of refinance Total # Payments				
Reported on 1098 in 2021				
Total points paid				
Points deemed as paid in current	year (Preparer use only)			
Refinancing points paid -	, , , ,			
Recipient's/Lender's name				
Date of refinance				
Total # Payments				
Reported on 1098 in 2021			_	
Total points paid Points deemed as paid in current	war (Proparer use only)			
Tomas deemed as paid in current	year (Freparer use only)			
	Vacation Hon	ne Information		
	Preparer - Ente	r on Screen Rent-3		
		2021 Info	rmation	Prior Year Information
Number of days home was used pe	ersonally		[5]	
Number of days home was rented			[7]	
Number of day home owned, if no			[9]	
Carryover of disallowed operating Carryover of disallowed depreciati		<u>+</u>	[21]	
Larryover of disallowed depreciati	on expenses into 2021	*	[22]	
	Passive and C	Other Information		
	Preparer - Enter	r on Screen Rent-2		
Preparer use only Carryovers		For OBI & Tax		AMT
Carryovers	Non-QBI and Tax	For QBI & Tax (26)	+	AMT [27]
Preparer use only — Carryovers Operating Short-term capital	Non-QBI and Tax		+ +	[27]
Carryovers Operating	Non-QBI and Tax	+ [26]		[27]
Carryovers Operating Short-term capital Long-term capital 28% rate capital	Non-QBI and Tax	+ [26] + [28]	+	[27] [29]
Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	+ [25] + [34]	+ [26] + [28] + [30]	+ +	[27] [29] [31]
Carryovers Operating Short-term capital Long-term capital 28% rate capital	+ [25] + [34]	+ [26] + [28] + [30] + [32] + [35] + [38]	+ + + +	[27] [29] [31] [33]

Control Totals +

Form ID: Rent-2

Form ID: F-1	Farm	Income - General Info	rmation	33
	PI	ease provide all Forms 1099	9-K	
Prepa	rer use only	•		Deleg Was a Lafa and a Man
T /6	(t) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		2021 Information	Prior Year Information
Taxpayer/Spouse			_[2]	
Employer identifi	lcation number		[3]	
Description Principal Product			[4]	
State postal code			[5] [6]	
•	od (1 = Cash, 2 = Accrual)		[0] [7]	
Agricultural activ			(')	
_	lly participate" in this business? (Y, N)		[3]	-
•	y payments in 2021 that require you to	file Form(s) 1099? (y, N)		
•	u or will you file all required Forms 109			
•	F net income or loss should be exclude			
	e premiums paid by this activity	. ,	+ [2:	
	remiums paid by this activity	4	F [25	5]
		Schedule F Income		
Sales Code**			2021 Information	Prior Year Information
	Income description			
_			+[35	5]
_			+	
_			+	
_		<u> </u>	+	
_			+	
[** Sales Codes		
	1 = Cash sales of items bough		Custom hire (machine wo	ork)
	2 = Cash sales of items raised	5 = 0	Other income	
l	3 = Accrual sales			
			2021 Information	Prior Year Information
0	. 61:			
	sis of livestock and other items you bou	=	- [37	
	ory of livestock and other items (Accrual i		+[39	
	vestock, produce, grains, and other pro	-	H[41	
	of livestock and other items (Accrual met	nod)	H[43	-
•	e distributions you received tive distributions you received		+[45	
raxable cooperat	tive distributions you received	2021 Total	+	Prior Year Information
		2021 10tai	2021 Taxable	Filor real information
Agricultural prog	ram payments			
		+	+[50)]
		+	+	
		+	+	
			2021 Information	Prior Year Information
CRP payments re	ceived while enrolled to receive social	security or disability benefits	} [52	2]
	it loans reported under election:	, ,		
·	·		[54	1]
Total commodity	credit loans forfeited	-	+ [56	5]
-	lity credit loans forfeited	=	+[58	3]
		2021 Total	2021 Taxable	Prior Year Information
Total crop incura	nce proceeds you received in 2021			
rotal crop ilisura	nce proceeds you received in 2021	+	+ [61	1
		·	·[6]	· J
		·	·	

__[63] _[65]

Form ID: F-1

Mark if electing to defer crop insurance proceeds to 2022 Crop insurance proceeds deferred from 2020

Control Totals +

Preparer use only		
Description		
	2021 Information	Prior Year Information
Car and truck expenses +	[5]	THO Tear Illioniation
·	[7]	
Conservation expenses +	[9]	
Carryover from prior years +	[11]	
Custom hire (machine work) +	[13]	
Depreciation +	[15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit) +	[17]	
_ , , , ,	[19]	
Fertilizers and lime +	[21]	
Freight and trucking +	[23]	
Gasoline, fuel, and oil +	[25]	
Insurance (Other than health)	_	
+	[28]	
Mortgage interest (Paid to banks, etc.)		
	[30]	
+		
Other interest +	[32]	
Labor hired (Less employment credit) +	[34]	
Pension and profit sharing +	[36]	
Rent - vehicles, machinery, and equipment +	[38]	
Rent - other +	[40]	
Repairs and maintenance +	[42]	
Seed and plants purchased +	[44]	
Storage and warehousing +	[46]	
Supplies purchased +	[48]	
Taxes:		
+	[50]	
+.		
+.		
+.		
+.		
	[52]	
Veterinary, breeding, and medicine + Other expenses:	[54]	
·	[56]	
	[56]	-
		-
		-
		-
		-
	[50]	
Preproductive period expenses +	[58]	

28% rate capital

Section 1231 loss

Section 179

Ordinary business gain/loss

Other losses - 1040 Sch 1

OIIIIID. KI-I		Partnerships a	and S Corporations		38
	Please provide co	pies of Schedules K-1 show	ving income from partnersh	ips and S-corporations.	
Taxpayer/S	Spouse/Joint (T, S, J)				_[2]
	identification number				 [6]
Name of e	ntity				[13]
State posta	al code				[14]
Type of en	tity (1 = Partnership, 2 = S Corporation, 3	B = Foreign partnership, 4 = Publicly	traded partnership)		[17]
	Preparer use only				
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[16]	[17]	[18]	
on K1-7	Short-term capital		[19]	[20]	
	Long-term capital		[21]	[22]	
	28% rate capital		[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Ordinary business gain/loss	[28]	[29]	[30]	
	Other losses - 1040 Sch 1	[31]	[32]	[33]	
	Section 179	[34]	[35]	[36]	
					[2] [6] [13] [14]
Type of en	tity (1 = Partnership, 2 = S Corporation, 3	3 = Foreign partnership, 4 = Publicly	traded partnership)		[17]
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[16]	[17]	[18]	
on K1-7	Short-term capital		[19]	[20]	
	Long-term capital	_	[21]	[22]	
	28% rate capital		[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Ordinary business gain/loss	[28]	[29]	[30]	
	Other losses - 1040 Sch 1	[31]	[32]	[33]	
	Section 179	[34]	[35]	[36]	
	Spouse/Joint (T, S, J)				_[2]
	dentification number				[6]
Name of e					[13]
State posta					[14]
ype or en	tity (1 = Partnership, 2 = S Corporation, 3	3 = Foreign partnership, 4 = Publicly	traded partnership)		_[17]
	Preparer use only	Non ODI 9 To	For ORI 6 T	ANAT	
Enter	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter on K1-7	Operating Short-term capital	[16]	[17]	[18]	
	Long-term capital		[19]	[20]	
	LUNG-LUNG LADILAN		[41]	22	

Form ID: K1-1

[25]

[28]

[31]

[34]

[23]

[26]

[29]

[32]

[35]

[27]

[30]

[33]

[36]

Form ID: Educate2	Student Loan Interest Paid	53
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Complete this section if you paid interest on a qualified student loan in 2021 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2021. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2021 Interest Paid		Prior Year Information	_
_		+		[1]		
		+				
		+				
_						
_						_

Form ID: Educ3

Education Credits and Tuition and Fees Deduction

54

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Taxpayer/Spouse (T, S)		
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)		_
Student's social security number		_
Student's first name		
Student's last name		
Institution Information	ion	
Enter information from each institution on a separate page, including the comp	olete address and federal ide	ntification number of the
Institution's federal identification number		
Institution's name		
Institution's street address		
Institution's city, state, zip code		
Institution's city, state, zip code Tuition Paid and Related I		
Institution's city, state, zip code	nt paid for the student during during 2021.	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid	nt paid for the student during during 2021. 2021 Information	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Tuition paid (Enter only the amount actually paid) (Box 1)	nt paid for the student during during 2021.	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3)	nt paid for the student during during 2021. 2021 Information	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4)	nt paid for the student during during 2021. 2021 Information	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5)	nt paid for the student during during 2021. 2021 Information	Prior Year Informatio
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4)	nt paid for the student during during 2021. 2021 Information +[8]	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6)	nt paid for the student during during 2021. 2021 Information +[8]	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March	nt paid for the student during during 2021. 2021 Information +[8]	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8)	nt paid for the student during during 2021. 2021 Information +[8]	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No)	nt paid for the student during during 2021. 2021 Information +[8]	
Tuition Paid and Related I Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10)	2021 Information +[8]	

Control Totals + Form ID: Educ3

Schedule A - Medical and Dental Expenses

Informat
orm ID: A

orm ID: A-2	Interest Expense	es		58
S/J Home mortgage interest: From Form 10	2021 Interest Paid ₂]	2021	2021 Type* Mortgage Premiums	Ins. Prior Year Inform
[1]		-	+	
			+	
	++	-	+	
	++		+	
	++		+	_
			· — *	
			· -	
	··		· - '	-
	***		· ·	
	*Mortgage Type			
Blank = Used to buy, build or improve ma	ain/qualified second home 1 = N	lot used to buy	, build, improve h	ome or investment
IC / I	CCN ou FIR		4 1f	Dalam Varan Lafanna atl
/S/J Payee's Name Other, such as: Home mortgage into	SSN or EIF erest paid to individuals	N 202	1 Information	Prior Year Informati
[4]	·	+	[5]	
Address	1		[9]	-
City, state and zip code				
		+		
Address				
Refinancing Points paid in 2021 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2021 (Pre Date of refinance Term of new loan (in months) Reported on Form 1098 in 2021		+	[11]	
Taxpayer/Spouse/Joint (T, S, J)			_	
Recipient/Lender name Total points paid at time of refinance				
Points deemed as paid in 2021 (Pre Date of refinance	parer use only)	+		
Term of new loan (in months)				-
Reported on Form 1098 in 2021				
•			_	
S/J		202	1 Information	Prior Year Informati
Investment interest expense, other the	nan on Schedule(s) K-1:		1	
[15]		+	[16]	
_				
		+		
_		+		
		+		

Control Totals :		
Control Totals + Form ID: A-2	Control Totals +	Form ID: A-2

Form ID: A-3

Charitable Contributions

2021 Information		Prior Year Informati
	1	oution on your return.
+	_	
+	_	
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ctions		
2021 Information		Prior Year Informati
+	_[13]	
+	_	
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·	-	-
т	-	_
+	_[16]	
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1	from the charity to claim the +	+

Control Totals +

Form ID: Coverage	Health Care Coverage	69

	2021 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
+	[2]	+	[3]
+		+	
Self-employed long-term care premiums: (Not entered elsewhere)			
+	[5]	+	[6]
+		+	
+	[5]	+	[6]

ACA - Health Insurance Marketplace Statement #1

		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S)				_[1]
Marketplace identifie	r (Box 1)				[6]
Marketplace-assigned	policy number (Box 2	2)			[7]
Policy issuer's name (Box 3)				[2]
Part III Household Inf					
	A. 2021 Monthly Premium	Prior Year	B. 2021 Monthly Premium Amount of Second	C. 2021 Monthly Advance Payment	Prior Year
	Amount	Information	Lowest Cost Silver Plan (SLCSP)	of Premium Tax Credit	Information
January	+[12]		+[25]	+[38]	
February	+[13]	-	+[26]	+[39]	•
March	+[14]	-	+[27]	+[40]	•
April	+[15]	-	+[28]	+[41]	-
May	+[16]		+[29]	+[42]	•
June	+[17]		+[30]	+[43]	-
July	+[18]			+[44]	
August	+[19]	 -	+[31] +[32]		•
September	+[20]		+[33]		•
October	+[21]	 -	+[34]		-
November			+[35]		-
December	+[22] +[23]	-	+[36]		
Annual total	+ [24]	-	+ [37]	+[49] + [50]	-
Aimaartotai	[24]		[37]	,[20]	
			Control Totals +		
	AC	A - Health Ins	urance Marketplace Stater	ment #2	
		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S					_[1]
Marketplace identifie					[6]
Marketplace-assigned		2)			[7]
Policy issuer's name ([2]
Part III Household Inf	ormation -				
	A. 2021 Monthly	Prior	B. 2021 Monthly	C. 2021 Monthly	Prior
	Premium	Year	Premium Amount of Second	Advance Payment	Year
	Amount	Information	Lowest Cost Silver Plan (SLCSP)	of Premium Tax Credit	Information
January	+[12]		+[25]	+[38]	
February	+[13]		+[26]	+[39]	
March	+[14]		+[27]	+[40]	
April	+[15]	-	+[28]	+[41]	-
May	+[16]		+[29]	+[42]	
June	+[17]		+[30]	+[43]	
July	+[18]		+[31]	+[44]	
August	+[19]		+[32]	+[45]	
September	+[20]		+[33]	+[46]	
October	+[21]		+[34]	+[47]	
November	+[22]		+[35]	+[48]	
December			+ [36]	+ [49]	
	+[23]		[50]		
Annual total	+[23] +[24]		+[37]	+[50]	
			+[37]		
	+[24]		+[37]		

	Form ID: 1095A

Health, Medical Savings Account Distributions

Please provide all For		l Information	Dries Veer Information
Tayyan and Canana (7-1)	2021	L Information	Prior Year Information
Taxpayer/Spouse (τ, s)		_[1]	
Name of Trustee		[4]	
State postal code		[2]	
Gross distributions received (Box 1)	+	[7]	
Earnings on excess contributions (Box 2)	+	[9]	
Distribution code (Box 3)		_[11]	
Fair Market Value on date of death (Box 4)	+	[12]	
Box 5 -			
HSA		_[13]	
Archer MSA		_[14]	
MA MSA		_[15]	
All distributions were used to pay unreimbursed qualified medical expenses	S	_[17]	
If some distributions were used to pay for other than qualified medical exp	enses,		
enter the unreimbursed qualified medical expenses for 2021	+	[19]	
Withdrawal of excess contributions by the due date of the return	+	[21]	
Amount of distribution rolled over for 2021	+	[23]	
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/20	+	[27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2020 and			
in effect for the month of December 2020? (Y, N)		[29]	
Was the high deductible health plan coverage ended before 12/31/21?	(Y. N)	_[30]	
,,,,	() ,	,	
Long Term Care (LTC) Se	ervice and Co	ontracts	
Please provide all For	ms 1099-LTC.		
	2021	L Information	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)			
Per diem		_[46]	
Reimbursed amount		[47]	
Qualified contract (Box 4)		[48]	
Check, if applicable (Box 5)		_	
Chronically ill		[49]	
Terminally ill		 _[50]	
Are there other individuals who received LTC payments during 2021? (Y, N)		[52]	
If the insured is terminally ill, were payments received on account of termin	nal illness? (Y, N)	_[53]	
Number of days during the long-term care period	,	[54]	
Cost incurred for qualified long-term care services during the			

NOTES/QUESTIONS:

long-term care period

Recovery Rebate Credit (Economic Impact Payment)

Please provide copies of all Notice(s) 1444-C and Letter(s) 6475

A third round of stimulus payments was issued in 2021 for qualifying individuals. The third economic impact payment, referred to as EIP3, was issued in 2021 to qualifying individuals. Refer to the IRS notice or letter indicating the payment amount received. You can look up your EIP3 amount by either creating or viewing your IRS online account at https://www.irs.gov/payments/view-your-tax-account.

The EIP3 was an advance on a 2021 tax credit. The payments will be used to determine if you qualify for an additional recovery rebate credit on your 2021 return. The EIP3 will not increase the total amount of tax you pay but may reduce the amount owed or increase a tax refund.

	Taxpayer/Joint	Spouse
Economic impact payment (EIP). Enter a zero (0) if none was received:		
EIP no. 3 reported on Notice 1444-C + _	[1]	+[2]
Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed		
Forces in 2020		[3]
EIP3 amount projected from your prior year return		+[4]
EIP3 projection tax year		[5]
Mark if the EIP3 you received matches the EIP3 amount projected from your prior	year return	[6]

Child and Dependent Care Expenses

Please enter all amounts paid in 2021 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2020 employer-provided dependent care benefits used during 2021 grace period +		[4]
Employer-provided dependent care benefits that were forfeited in 2021 +	[5] +	[6]
Total qualified expenses incurred in 2021	_	[9]
Were you or your spouse a full time student or disabled? (Yes or No)	[10]	[11
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		[12
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provide	r moved and unable to get TIN $4 = R$	Provider refuses to give TIN)
Amount paid to care provider in 2021		[7]
Foreign province or state of provider	· -	
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number	-	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provide	r moved and unable to get TIN, $4 = F$	Provider refuses to give <u>TIN</u>)
Amount paid to care provider in 2021	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provide	- r moved and unable to get TIN, 4 = F	Provider refuses to give TIN)
Amount paid to care provider in 2021	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number	-	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provide		rovider refuses to give <u>TIN</u>)
Amount paid to care provider in 2021	+_	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provide	r moved and unable to get TIN 1/1 = 0	Provider refuses to give TINI
Amount paid to care provider in 2021	+ Hioved and dilable to get 1114, 4 - 1	
Foreign province or state of provider	· _	
Foreign country and Foreign postal code of provider		
Control Totals +		Form ID: 2441

Advanced Child Tax Credit Payments

Please provide copies of all IRS Letter 6419

The Child tax credit payments were an advance on the 2021 Child tax credit. These advance payments will be used to reduce your 2021 Child tax credit for qualifying individuals. Refer to the IRS letter indicating the amount of Advanced Child Tax Credit payments received. You can look up your Advanced Child Tax Credit amounts by either creating or viewing your IRS online account at https://www.irs.gov/credits-deductions/child-tax-credit-update-portal.

	Taxpayer/Joint		Spouse	
Advanced Child Tax Credit payments. Enter a zero (0), if none was received:				
July	+	_[1]	+	[2]
August	+	[3]	+	[4]
September	+	[5]	+	[6]
October	+	[7]	+	[8]
November	+	[9]	+	[10]
December	+	[11]	+	[12]
Number of qualifying children used to determine Adv CTC Payments rec'd (Let	tter 6419)	_[13]		[14]

Form ID: 7202

Credit For Sick Leave and Family Leave due to COVID-19

82

Complete this form if you are self-employed and received paid sick or family leave in 2021 due to COVID-19

Please provide all copies of Form W-2 or other statement reporting paid sick or family leave pay from your employer

Taxpayer/Spouse (τ, s)	[1]
Part 1: Sick Leave for Self-Employed Individuals 1/1-3/31	
Number of days unable to perform self-employment activities due to COVID-19 2021 Dates sick leave taken (Enter MM/DD):	[2] [3]
Number of days unable to perform self-employment activities due to COVID-19 care provided to another 2021 Dates sick leave taken - care provided to another (Enter MM/DD):	[4] [5]
Sick leave pay when unable to work due to COVID-19 at your regular rate of pay Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay	+[6] +[7]
2020 Form 7202 Line 4: Number of sick leave days claimed in 2020 2020 Form 7202 Line 6: Number of sick leave days - care provided to another claimed in 2020 2020 Form 7202 Line 15: Sick leave pay subject to \$511 per day limit 2020 Form 7202 Line 16: Sick leave pay subject to \$200 per day limit 2020 Form 7202 Line 7 or Line 26: Net self-employment income	[8] [9] + [10] + [11] + [12]
Part 2: Family Leave for Self-Employed Individuals 1/1-3/31	
Number of days unable to perform self-employment activities due to COVID-19 care for son/daughter Family leave wages received	[13] +[14]
2020 Form 7202 Line 25: Number of family leave days claimed in 2020 2020 Form 7202 Line 31: Family leave wages received in 2020	+[15]
Part 3: Sick Leave for Self-Employed Individuals 4/1-9/30	
Number of days unable to perform self-employment activities due to COVID-19 2021 Dates sick leave taken (Enter MM/DD):	[17] [18]
Number of days unable to perform self-employment activities due to COVID-19 care provided to another 2021 Dates sick leave taken - care provided to another (Enter MM/DD):	[19] [20]
Sick leave pay when unable to work due to COVID-19 at your regular rate of pay Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay	+[21] +[22]
Part 4: Family Leave for Self-Employed Individuals 4/1-9/30	
Number of days unable to perform self-employment activities due to COVID-19 care you required or for another Family leave wages received	[23] +[24]
NOTES/QUESTIONS:	

Control Totals +	Form ID: 7202
CONTROL TOTALS #	FORM ID: /ZUZ I

Form ID: KS Kansas General Information	
County of residence	[1]
School district number	[2]
Mark if name or address has changed	[3]
Use Tax	
Use Tax due but receipts or records not available	[4]
Purchases Subject to Use Tax, receipts or records are available	
City/county.	A
City/county	Amount
	[5]
Contributions	
Enter the amount of charitable contributions you wish to make to:	
Chickadee Checkoff	[6]
Senior Citizens Meals On Wheels Contribution Program	[7]
Breast Cancer Research Fund	[8]
Military Emergency Relief Fund	[9]
Kansas Hometown Heroes Fund	[10]
Kansas Creative Arts Industry Fund	[11]
School District Contribution Fund	[12]
School district headquarters county School district number	[13]
School district number	[14]
Part-year Resident Information	
If you were a part-year resident during the tax year, enter the dates you lived i	n Kansas
Part-year residency dates:	
From	[15]
То	[16]