

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (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]

NOTES/QUESTIONS:

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 Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]

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 taxpayer and spouse names are on the account) __ [9]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [10]
 Enter the maximum dollar amount, or percentage of total refund 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 taxpayer and spouse names are on the account) __ [31]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [32]
 Enter the maximum dollar amount, or percentage of total refund 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 taxpayer and spouse names are on the account) __ [37]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [38]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] **or** Percent (xxx.xx) _____ [18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [15] **or** Percent (xxx.xx) _____ [16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] **or** Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [40] _____ [41]
 Co-owner or beneficiary (First Last) _____ [42] _____ [43]
 Mark if the name listed above is a beneficiary __ [44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [23] **or** Percent (xxx.xx) _____ [24]
 Owner's name (First Last) _____ [45] _____ [46]
 Co-owner or beneficiary (First Last) _____ [47] _____ [48]
 Mark if the name listed above is a beneficiary __ [49]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. 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) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

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]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued 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 issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [9]
Identification number _____ [10]
Issue date _____ [11]
Expiration date (mm/dd/yyyy) _____ [12]
Location of issuance (State issued only) _____ [13]
Document number (New York only) _____ [14]

NOTES/QUESTIONS:

If you have an overpayment of 2021 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2022 estimated tax liability _____ [53]

Do you expect a considerable change in your 2022 income? (Y, N) _____ [54]

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2022? (Y, N) _____ [59]

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2022 withholding? (Y, N) _____ [64]

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2022? (Y, N) _____ [69]

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2021 Federal Estimated Tax Payments

2020 overpayment applied to 2021 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/21	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/21	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/21	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/18/22	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]		

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____[1]

State postal code _____[2]

Amount paid with 2020 return + _____[3]

2020 overpayment applied to '21 estimates + _____[4]

Treat calculated amounts as paid _____[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 Estimated Tax Payments

City #1		City #2	
City name _____[28]		City name _____[50]	
Amount paid with 2020 return + _____[31]		Amount paid with 2020 return + _____[53]	
2020 overpayment applied to '21 estimates- _____[32]		2020 overpayment applied to '21 estimates- _____[54]	
Treat calculated amounts as paid _____[36]		Treat calculated amounts as paid _____[58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____[37]	+ _____[38]	1st quarter payment _____[59]	+ _____[60]
2nd quarter payment _____[39]	+ _____[40]	2nd quarter payment _____[61]	+ _____[62]
3rd quarter payment _____[41]	+ _____[42]	3rd quarter payment _____[63]	+ _____[64]
4th quarter payment _____[43]	+ _____[44]	4th quarter payment _____[65]	+ _____[66]

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd 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 estimates- _____[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]	+ _____[82]	1st quarter payment _____[103]	+ _____[104]
2nd quarter payment _____[83]	+ _____[84]	2nd quarter payment _____[105]	+ _____[106]
3rd quarter payment _____[85]	+ _____[86]	3rd quarter payment _____[107]	+ _____[108]
4th quarter payment _____[87]	+ _____[88]	4th quarter payment _____[109]	+ _____[110]

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

Calculated Amount

1st quarter payment _____
2nd quarter payment _____
3rd quarter payment _____
4th quarter payment _____

Interest Income

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.

T/S/J	Type Code (**See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	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	+					

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

Dividend Income

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 J	Type Code	(**See codes below)	Ordinary 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

	2021 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date		2021 Information	Prior Year Information
Alimony received	—	_____	+	_____ [3]	
	—	_____	+	_____ [3]	

****Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

	Taxpayer		Spouse	Prior Year Information
Unemployment compensation**	+ _____ [9]	+	+ _____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+	+ _____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+	+ _____ [10]	
Unemployment compensation repaid	+ _____ [12]	+	+ _____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+	+ _____ [19]	

	T/S/J	Self-Employment Income ? (Y, N)		2021 Information	Prior Year Information
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	

NOTES/QUESTIONS:

Nonemployee Compensation #1

Please provide all Forms 1099-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 products **(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 +

Nonemployee Compensation #2

Please provide all Forms 1099-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 products **(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 +

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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 Benefits

	2021 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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 Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2021 or receive any prior year benefits in 2021. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[40]
	[41]
	[42]
	[43]
	[44]

NOTES/QUESTIONS:

Traditional IRA

	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]	+ _____ [8]
Traditional IRA basis	+ _____ [17]	+ _____ [18]
Value of all your traditional IRA's on December 31, 2021:		
_____	+ _____ [19]	+ _____ [20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2020 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [29]	__ [30]
Enter the total Roth IRA contributions made for use in 2021	+ _____ [31]	+ _____ [32]
Enter the amount a 2021 Roth IRA conversion should be adjusted by	+ _____ [39]	+ _____ [40]
Enter the total contribution Roth IRA basis on December 31, 2020	+ _____ [43]	+ _____ [44]
Enter the total Roth IRA contribution recharacterizations for 2021	+ _____ [45]	+ _____ [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]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

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 home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	
If other enter explanation:	_____ [24]	
_____ [24]		
_____ [24]		
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
_____ [25]		
_____ [25]		
Did you "materially participate" in this business? (Y, N)	_____ [26]	
If not, number of hours you did significantly participate	_____ [28]	
Mark if you began or acquired this business in 2021	_____ [30]	
Did you make any payments in 2021 that require you to file Form(s) 1099? (Y, N)	_____ [31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	
Medical insurance premiums paid by this activity	+ _____ [40]	
Long-term care premiums paid by this activity	+ _____ [44]	
Amount of wages received as a statutory employee	+ _____ [47]	

Business Income

	2021 Information	Prior Year Information
Gross receipts and sales	+ _____ [52]	_____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2021 Information	Prior Year Information
Beginning inventory	+ _____ [59]	_____
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

Control Totals +

Preparer use only

	2021 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) __[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ____ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
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=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2021 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 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 vacation home percentage) _____	[24]	

Rent and Royalty Income

Rents and royalties	2021 Information	Prior Year Information
_____ + _____	[33]	_____
_____		_____

Rent and Royalty Expenses

	2021 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[35]	_____ [36]	_____
Auto + _____	[38]	_____ [39]	_____
Travel + _____	[41]	_____ [42]	_____
Cleaning and maintenance + _____	[44]	_____ [45]	_____
Commissions: _____ + _____	[47]	_____ [49]	_____
_____ + _____			_____
Insurance: _____ + _____	[50]	_____ [52]	_____
_____ + _____			_____
Legal and professional fees + _____	[54]	_____ [55]	_____
Management fees: _____ + _____	[57]	_____ [59]	_____
_____ + _____			_____
Mortgage interest paid to banks, etc (Form 1098) _____ + _____	[60]	_____ [62]	_____
_____ + _____			_____
Other mortgage interest + _____	[63]	_____ [65]	_____
Qualified mortgage insurance premiums + _____	[66]	_____ [67]	_____
Other interest: _____ + _____	[69]	_____ [71]	_____
_____ + _____			_____
Repairs + _____	[72]	_____ [73]	_____
Supplies + _____	[75]	_____ [76]	_____
Taxes: _____ + _____	[78]	_____ [80]	_____
_____ + _____			_____
Utilities + _____	[81]	_____ [82]	_____
Depreciation + _____	[84]	_____ [85]	_____
Depletion + _____	[87]	_____ [88]	_____
Other expenses: _____ + _____	[90]	_____	_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____

Control Totals +

Preparer use only

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2021 Information	Prior Year Information	
Refinancing points paid -			
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 year (Preparer use only) _____			

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2021 Information	Prior Year Information
Number of days home was used personally _____	[5]	
Number of days home was rented _____	[7]	
Number of day home owned, if not 365 _____	[9]	
Carryover of disallowed operating expenses into 2021 + _____	[21]	
Carryover of disallowed depreciation expenses into 2021 + _____	[22]	

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only				
Carryovers	Non-QBI and Tax	For QBI & Tax	AMT	
Operating	+ [25]	+ [26]	+ [27]	
Short-term capital		+ [28]	+ [29]	
Long-term capital		+ [30]	+ [31]	
28% rate capital		+ [32]	+ [33]	
Section 1231 loss	+ [34]	+ [35]	+ [36]	
Ordinary business gain/loss +	[37]	+ [38]	+ [39]	
Section 179	+ [40]	+ [41]	+ [42]	

NOTES/QUESTIONS:

Please provide all Forms 1099-K

Preparer use only

	2021 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	_____
Did you "materially participate" in this business? (Y, N)	_____ [12]	_____
Did you make any payments in 2021 that require you to file Form(s) 1099? (Y, N)	_____ [14]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	_____
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	_____
Medical insurance premiums paid by this activity	+ _____ [21]	_____
Long-term care premiums paid by this activity	+ _____ [25]	_____

Schedule F Income

Sales Code**	Income description	2021 Information	Prior Year Information
—	_____	+ _____ [35]	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____
—	_____	+ _____	_____

**** Sales Codes**

1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2021 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	_____
Beginning inventory of livestock and other items (Accrual method)	+ _____ [39]	_____
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	_____
Ending Inventory of livestock and other items (Accrual method)	+ _____ [43]	_____
Total cooperative distributions you received	+ _____ [45]	_____
Taxable cooperative distributions you received	+ _____ [47]	_____

	2021 Total	2021 Taxable	Prior Year Information
Agricultural program payments	+ _____	+ _____ [50]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____

	2021 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [52]	_____
Commodity credit loans reported under election:	_____ [54]	_____
_____	_____	_____
Total commodity credit loans forfeited	+ _____ [56]	_____
Taxable commodity credit loans forfeited	+ _____ [58]	_____

	2021 Total	2021 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2021	+ _____	+ _____ [61]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Mark if electing to defer crop insurance proceeds to 2022	_____ [63]	_____	_____
Crop insurance proceeds deferred from 2020	+ _____ [65]	_____	_____

Control Totals +

Preparer use only

Description

	2021 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [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]	_____
Feed purchased	+ _____ [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]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss		[25]	[26]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss		[25]	[26]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss		[25]	[26]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

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]	_____ _____ _____
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

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.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 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

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

**Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2021.
 Enter the amount actually paid during 2021.**

	2021 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>
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 2022 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2021

NOTES/QUESTIONS:

T/S/J

2021 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] _____	+ _____ [2]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] _____	+ _____ [5]	_____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] _____	+ _____ [8]	_____ _____
_____	+ _____	

Prescription medicines and drugs:

[10] _____	+ _____ [11]	_____ _____ _____
_____	+ _____	
_____	+ _____	

[13] Miles driven for medical items _____	_____ [14]	_____ _____
---	------------	----------------

Schedule A - Tax Expenses

T/S/J

2021 Information

Prior Year Information

State/local income taxes paid:

[18] _____	+ _____ [19]	_____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

2020 state and local income taxes paid in 2021:

[21] _____	+ _____ [22]	_____ _____ _____
_____	+ _____	
_____	+ _____	

Real estate taxes paid:

[24] _____	+ _____ [25]	_____ _____ _____
_____	+ _____	
_____	+ _____	

Personal property taxes:

[27] _____	+ _____ [28]	_____ _____
_____	+ _____	

Other taxes, such as: foreign taxes and State disability taxes

[30] _____	+ _____ [31]	_____ _____ _____
_____	+ _____	
_____	+ _____	

Sales tax paid on major purchases:

[36] _____	+ _____ [37]	_____ _____
_____	+ _____	

Sales tax paid on actual expenses:

[39] _____	+ _____ [40]	_____ _____ _____
_____	+ _____	
_____	+ _____	

Control Totals +

Interest Expenses

T/S/J	2021 Interest Paid ^{2]}	2021 Points Paid	Type*	2021 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2021 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5]
Address		_____		
City, state and zip code		_____		
_____	_____	_____	+	
Address		_____		
City, state and zip code		_____		

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2021 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2021 **(Preparer use only)** + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2021 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2021 **(Preparer use only)** + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2021 _____

T/S/J	2021 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+	[16]
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	

	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]		
_____ + _____	+ _____		
_____ + _____	+ _____		

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2021 Monthly Premium Amount	Prior Year Information	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	Prior Year 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	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2021 Monthly Premium Amount	Prior Year Information	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	Prior Year 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	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
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	____ [17]	
If some distributions were used to pay for other than qualified medical expenses, 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) Service and Contracts

Please provide all Forms 1099-LTC.

	2021 Information	Prior Year Information
Name of the insured chronically ill individual _____	____ [39]	<div style="border: 1px solid black; height: 100%;"></div>
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 terminal illness? (Y, N)	____ [53]	
Number of days during the long-term care period _____	____ [54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____ [55]	

NOTES/QUESTIONS:

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]

NOTES/QUESTIONS:

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	+ _____ [3]	+ _____ [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 = Provider moved and unable to get TIN, 4 = 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 = Provider moved and unable to get TIN, 4 = 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 = Provider moved and unable to get TIN, 4 = 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 = Provider moved and unable to get TIN, 4 = 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 = Provider moved and unable to get TIN, 4 = 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 _____

Control Totals +

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 (Letter 6419)	_____ [13]	_____ [14]

NOTES/QUESTIONS:

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 (T, 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 _____[2]

2021 Dates sick leave taken (Enter MM/DD): _____[3]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another _____[4]

2021 Dates sick leave taken - care provided to another (Enter MM/DD): _____[5]

Sick leave pay when unable to work due to COVID-19 at your regular rate of pay + _____[6]

Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay + _____[7]

2020 Form 7202 Line 4: Number of sick leave days claimed in 2020 _____[8]

2020 Form 7202 Line 6: Number of sick leave days - care provided to another claimed in 2020 _____[9]

2020 Form 7202 Line 15: Sick leave pay subject to \$511 per day limit + _____[10]

2020 Form 7202 Line 16: Sick leave pay subject to \$200 per day limit + _____[11]

2020 Form 7202 Line 7 or Line 26: Net self-employment income + _____[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 _____[13]

Family leave wages received + _____[14]

2020 Form 7202 Line 25: Number of family leave days claimed in 2020 _____[15]

2020 Form 7202 Line 31: Family leave wages received in 2020 + _____[16]

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 _____[17]

2021 Dates sick leave taken (Enter MM/DD): _____[18]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another _____[19]

2021 Dates sick leave taken - care provided to another (Enter MM/DD): _____[20]

Sick leave pay when unable to work due to COVID-19 at your regular rate of pay + _____[21]

Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay + _____[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 _____[23]

Family leave wages received + _____[24]

NOTES/QUESTIONS:

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	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 _____ [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 in Kansas

Part-year residency dates:
From _____ [15]
To _____ [16]

NOTES/QUESTIONS: