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2021 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2021 tax return.

To save you time, selected information from your 2020 tax return has been entered in this organizer. Please line through any information that does not apply to your 2021 tax return.

In some cases, 2020 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2021 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

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The following questions pertain to the 2021 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you obtain healthcare coverage through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents required to file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>



Healthcare (continued):

	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered?	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include all Forms 1099-Q.	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, were the amounts withdrawn used for qualified tuition expenses?	<input type="checkbox"/>	<input type="checkbox"/>

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or theft losses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. _____ Gallons _____ Type	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>



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Questions (Page 3 of 5)**2C****Investments:**

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make a qualified charitable distribution directly from an IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive deferred, retirement or severance compensation?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the date received (Mo/Da/Yr). _____		

Personal Residence:

Did your address change?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$750,000?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Did you or your spouse take out a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1098-MA.		



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Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation?	<input type="checkbox"/>	<input type="checkbox"/>



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Questions (Page 5 of 5)

2E

Miscellaneous:

	Yes	No
Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,300 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive an economic impact payment?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount of any economic impact payment received.		
If Yes, did you or your spouse repay any of the economic impact payment received?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount of the economic impact payment repaid.		
Did you or your spouse receive any advanced child tax credit payments?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, attach all IRS Letters 6419 and enter the amount of the payments received.		
If self-employed, were you unable to work due to contracting COVID-19, being in quarantine or isolation due to COVID-19, caring for an individual who contracted COVID-19 or was in quarantine due to COVID-19, or due to caring for a son or daughter because the child's school or childcare provider was closed or unavailable due to COVID-19 precautions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse take out a Payroll Protection Program loan?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the date and total amount of the Payroll Protection Program loan(s) disbursed. Date (Mo/Da/Yr) Amount		
If Yes, did you or your spouse have any eligible expenses that were paid with the Payroll Protection Program loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, are these amounts included in the expenses reported for the business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse receive loan forgiveness or are you or your spouse seeking forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr)		
If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness. Amount		

Additional state pages have been included at the back of the organizer and should be reviewed.



2021

Personal Information

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Taxpayer:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr) State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		<input type="checkbox"/> Does not expire

Spouse:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)
Driver's License or State-Issued ID Number	Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr) State
<input type="checkbox"/> Driver's License <input type="checkbox"/> State-Issued ID <input type="checkbox"/> No Identification		<input type="checkbox"/> Does not expire

Contact Information:

Street Address	Apartment Number	
City	State ZIP or Postal Code	
Foreign Province or County		
Foreign Country		
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone
Taxpayer Cell Phone	Taxpayer Fax Number	
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone
Spouse Cell Phone	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer?
Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?
Do you want to contribute to the Presidential Election Campaign Fund?
Are you a U.S. citizen or Green Card holder?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one, but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

100131 08-26-21

Forms 1, 1A and 2



2021

Dependents and Wages

3A

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,300?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries:

Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2021

Electronic Filing

4

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ☐

Do not electronically file the state return(s) ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer ☐ ☐

Spouse ☐ ☐

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2021

Direct Deposit and Withdrawal**4A****Direct Deposit and Electronic Funds Withdrawal Account Information:**

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2020, your account information is already included below.

Would you like any refunds owed to you directly deposited? Yes No
 Would you like to pay any amount due on your federal return using electronic withdrawal? [] []

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? [] []

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal? [] []

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? [] []

Name of bank or financial institution _____

Routing Transit Number (RTN) _____

Account number _____

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

Would you like any refunds owed to you directly deposited? Yes No
 Would you like to pay any amount due on your federal return using electronic withdrawal? [] []

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

Would you like to pay any amount due on your state return(s) using electronic withdrawal? [] []

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

Would you like to pay any estimated payments due for your federal return using electronic withdrawal? [] []

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available? [] []

Name of bank or financial institution _____

Routing Transit Number (RTN) _____

Account number _____

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐



5A

Include copies of all Forms 1099-INT or other documents for interest received

↓

Total**Address of Individual from Whom Mortgage Interest Was Received**

Worksheet: Interest
Form IRS-1099INT



2021

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2020 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



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**Consolidated Brokerage Statement Sales of Stocks,
Securities, Capital Assets and Miscellaneous Income****5G****Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:****Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year**

Did you have any of the following during the year?

Mutual fund transactions

Exchange of any securities or investments for something other than cash

Sales of inherited property

Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale

Commodity sales, short sales or straddles

Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest

Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock

Securities which became worthless

Yes	No

	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				

Other Income:

Nature and Source	2021 Amount	2020 Amount

Other Adjustments to Income:

Nature and Source	2021 Amount	2020 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2021 Amount	2020 Amount

Foreign Bank Accounts and Trusts:

At any time during 2021, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Yes	No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2021, whether or not you had any beneficial interest in it?

--	--



2021

Business Income and Cost of Goods Sold

6

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
Employer ID number _____
Street address _____
City, state, ZIP or postal code, and country _____
Method of inventory _____
Method of accounting _____

Business Questions for 2021:

Did you dispose of this business? _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, what was the disposition date? _____ (Mo/Da/Yr) _____
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____

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

Were you involved in the operations of this business on a regular, continuous and substantial basis? _____
Have you prepared or will you prepare all required Forms 1099? _____

Health insurance premiums paid for yourself and your dependents _____

2021 Amount	2020 Amount

Income:

Payment card and third party transactions:

Include all Forms 1099-K

Description	2021 Amount	2020 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Other Income:

Other gross receipts or sales _____

Less returns and allowances _____

Cost of Goods Sold:

Beginning inventory _____
Purchases less cost of items withdrawn for personal use _____
Cost of labor (do not include amounts paid to yourself) _____
Materials and supplies _____
Other costs of goods sold: _____

2021 Amount	2020 Amount

Description	2021 Amount	2020 Amount
Ending inventory		



2021

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2021:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? ☐ Yes ☐ No

Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

Vehicle 1		Vehicle 2	
<div>2021 Miles</div> <div>2020 Miles</div>		<div>2021 Miles</div> <div>2020 Miles</div>	
<div>2021 Amount</div> <div>2020 Amount</div>		<div>2021 Amount</div> <div>2020 Amount</div>	



2021

Business Expenses

6C

Name of Business: _____

Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business _____ %

Parking fees and tolls _____
Local transportation _____
Travel expenses _____
Meals _____
Entertainment (deductible only on some state returns) _____
Other Business Expenses: _____

2021 Amount	2020 Amount

Description	2021 Amount	2020 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses _____
Amount received for meals _____
Amount received for entertainment _____
If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? _____

2021 Amount	2020 Amount

☐ Yes ☐ No

Vehicle:

If not 100%, please enter the percentage to apply to this business _____ %
Description of vehicle _____
Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? _____
Was your vehicle available for personal use during off-duty hours? _____

☐ Yes ☐ No
☐ Yes ☐ No

Total miles _____
Total business miles _____
Average daily commuting miles _____
Total commuting miles for the year _____
Gasoline and oil _____
Repairs _____
Insurance _____
Interest _____
Taxes _____
Value of employer provided vehicle _____
Temporary vehicle rentals _____
Fair market value of leased vehicle _____
Vehicle leases _____
Other Vehicle Expenses: _____

2021	2020

Description	2021 Amount	2020 Amount



2021

Business Use of Home

6D

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home
Total hours home was used for day care during the year

2021	2020

Was your home used for day care purposes for the entire year?
Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.
Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2021

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Mutual fund transactions
 Exchange of any securities or investments for something other than cash
 Sales of inherited property
 Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days
 before or 30 days after the sale
 Commodity sales, short sales or straddles
 Reinvestment of the proceeds of gains in a qualified opportunity fund
 Sale of any investments in qualified opportunity funds
 Debts that became uncollectible
 Securities that became worthless
 Sale of any property where you will receive payments in future years

Yes	No

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

Installment Sales: **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2021 Principal Received	2020 Principal Received



2021

Rental and Royalty Income

10

Location of Property: _____

TSJ _____

Type of property _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you prepared or will you prepare all required Forms 1099? _____

Ownership percentage if not 100% _____

How many days was this property rented at fair market value? _____

How many days was this property used personally (including use by family members)? _____

2021	2020

Income:

Rents received _____

Royalties received _____

2021 Amount	2020 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2021 Amount	2020 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2021 Amount	2020 Amount

Other income:

Description	2021 Amount	2020 Amount



10A

Expenses:

Advertising	
Auto and travel	
Cleaning and maintenance	
Commissions	
Insurance	
Legal and other professional fees	
Management fees	
Mortgage interest paid to banks, etc.	
Mortgage interest paid to individuals	
Other interest	
Repairs	
Supplies	
Taxes	
Utilities	
Dependent care benefits	
Employee benefits	
Other Expenses:	

[illegible]



2021

Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: _____

Property and Equipment: Include a list if more space is needed**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2021 Amount	2020 Amount



2021

Rental and Royalty Vehicle and Other Listed Property

10C

Location of Property: _____

Listed Property Questions for 2021:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1													
Description of vehicle													
Date placed in service (Mo/Da/Yr)													
Do you (or your spouse) have another vehicle available for your personal use?													
<input type="checkbox"/> Yes	<input type="checkbox"/> No												
Was your vehicle available for use during off-duty hours?													
<input type="checkbox"/> Yes	<input type="checkbox"/> No												
<table border="1"> <thead> <tr> <th>2021 Miles</th> <th>2020 Miles</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		2021 Miles	2020 Miles										
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2021 Amount	2020 Amount												

Vehicle 2													
Description of vehicle													
Date placed in service (Mo/Da/Yr)													
Do you (or your spouse) have another vehicle available for your personal use?													
<input type="checkbox"/> Yes	<input type="checkbox"/> No												
Was your vehicle available for use during off-duty hours?													
<input type="checkbox"/> Yes	<input type="checkbox"/> No												
<table border="1"> <thead> <tr> <th>2021 Miles</th> <th>2020 Miles</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		2021 Miles	2020 Miles										
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2021 Amount	2020 Amount												

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases



2021

Rental and Royalty Business Expenses

10D

Location of Property: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

Parking fees and tolls
Local transportation
Travel expenses
Meals
Entertainment (deductible only on some state returns)
Other Business Expenses:

2021 Amount	2020 Amount

Description	2021 Amount	2020 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses
Amount received for meals
Amount received for entertainment

2021 Amount	2020 Amount

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle
Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?
Was your vehicle available for personal use during off-duty hours?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Total miles
Total business miles
Average daily commuting miles
Total commuting miles for the year
Gasoline and oil
Repairs
Insurance
Interest
Taxes
Value of employer provided vehicle
Temporary vehicle rentals
Fair market value of leased vehicle
Vehicle leases
Other Vehicle Expenses:

2021	2020

Description	2021 Amount	2020 Amount



2021

Rental - Business Use of Home

10E

Location of Property: _____

Partial Use of Your Home for Business:Square footage of home used exclusively for business
Total square footage of home

2021

Were improvements made to the home and/or home office since the time you began using the home for business? ☐ Yes ☐ No**Expenses:** **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



11

[illegible][illegible][illegible]

TSJ	Entity Name	Employer ID Number



2021

Partnership and S Corporation Business Expenses

11A

Activity Name: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

Parking fees and tolls _____
Local transportation _____
Travel expenses _____
Meals _____
Entertainment (deductible only on some state returns) _____
Other Business Expenses: _____

2021 Amount	2020 Amount

Description	2021 Amount	2020 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses _____
Amount received for meals _____
Amount received for entertainment _____

2021 Amount	2020 Amount

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle _____

Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? _____

Was your vehicle available for personal use during off-duty hours? _____

☐ Yes ☐ No
☐ Yes ☐ No

Total miles _____
Total business miles _____
Average daily commuting miles _____
Total commuting miles for the year _____
Gasoline and oil _____
Repairs _____
Insurance _____
Interest _____
Taxes _____
Value of employer provided vehicle _____
Temporary vehicle rentals _____
Fair market value of leased vehicle _____
Vehicle leases _____
Other Vehicle Expenses: _____

2021	2020

Description	2021 Amount	2020 Amount



2021

Passthrough Business Use of Home

11B

Activity Name: _____

Partial Use of Your Home for Business:

2021

Square footage of home used exclusively for business _____
Total square footage of home _____

Were improvements made to the home and/or home office since the time you began using the home for business? ☐ Yes ☐ No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions ✓				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2021

Farm Income
(Page 1 of 2)

12

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____

Employer identification number _____

Method of accounting _____

Farm Questions for 2021:Did you dispose of this farm? _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, what was the disposition date? _____ (Mo/Da/Yr) _____

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

Have you prepared or will you prepare all required Forms 1099? _____

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

Health insurance premiums paid for yourself and your dependents _____

2021 Amount	2020 Amount

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2021		2020	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

Sales of livestock, produce, grains, etc. you raised _____
Total cooperative distributions (Forms 1099-PATR) _____
Taxable cooperative distributions _____
Total agricultural program payments _____
Taxable agriculture program payments _____
Total Commodity Credit Corporation (CCC) loans _____
Total crop insurance proceeds and certain disaster payments received in 2021 _____
Taxable crop insurance proceeds received _____
Crop insurance proceeds deferred from prior year _____
Custom hire (machine work) income _____
Federal gasoline tax or fuel tax credit or refund _____
State gasoline tax or fuel tax credit or refund _____

2021 Amount	2020 Amount



2021

Farm Income (Page 2 of 2)

12A

Proprietor's Name:

Principal Crop or Activity: ..

Income:

Payment card and third party transactions: ☐ Include all Forms 1099-K

Description	2021 Amount	2020 Amount

Government payments: ☐ Include all Forms 1099-G

Description	2021 Amount	2020 Amount

Miscellaneous income: ☐ Include all Forms 1099-MISC and 1099-NEC

Description	2021 Amount	2020 Amount

Other income:

Description	2021 Amount	2020 Amount



12B

Principal Crop or Activity: . . .

Business meals
Entertainment (deductible only on some state returns)
Car and truck expenses
Chemicals
Conservation expenses
Custom hire (machine work)
Employee benefit programs and health insurance (other than pension and profit sharing plans)
Feed purchased
Fertilizers and lime
Freight and trucking
Gasoline, fuel and oil
Insurance (other than health)
Interest - mortgage (paid to banks, etc.)
Interest - other
Labor hired
Pension and profit-sharing plans
Rent or lease - vehicles, machinery and equipment
Rent or lease - other (land, animals, etc.)
Repairs and maintenance
Seeds and plants purchased
Storage and warehousing
Supplies purchased
Taxes
Utilities
Veterinary, breeding and medicine
Capitalized preproductive period expenses
Dependent care benefits

[illegible]

Description	2021 Amount	2020 Amount

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2021

Farm Vehicle and Other Listed Property

12C

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2021:

Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use?	
Was your vehicle available for use during off-duty hours?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2021 Miles	2020 Miles
2021 Amount	2020 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use?	
Was your vehicle available for use during off-duty hours?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2021 Miles	2020 Miles
2021 Amount	2020 Amount

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases



2021

Farm Business Expenses

12D

Proprietor's Name:

Principal Crop or Activity:

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business %

Parking fees and tolls
Local transportation
Travel expenses
Meals
Entertainment (deductible only on some state returns)

2021 Amount	2020 Amount

Other Business Expenses:

Description	2021 Amount	2020 Amount

Reimbursements:

List only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses
Amount received for meals
Amount received for entertainment

2021 Amount	2020 Amount

Vehicle:

If not 100%, enter the percentage to apply to this business %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

☐ Yes ☐ No
☐ Yes ☐ No

Total miles
Total business miles
Average daily commuting miles
Total commuting miles for the year
Gasoline and oil
Repairs
Insurance
Interest
Taxes
Value of employer provided vehicle
Temporary vehicle rentals
Fair market value of leased vehicle
Vehicle leases
Other Vehicle Expenses:

2021	2020

Description	2021 Amount	2020 Amount



2021

Farm Business Use of Home

12E

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

2021

Were improvements made to the home and/or home office since the time you began using the home for business? ☐ Yes ☐ No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2021

Miscellaneous Income, Adjustments and Alimony

13

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2021				
Social security benefits received				
Social security benefits repaid in 2021				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2021				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2021 Amount	2020 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2021 Amount	2020 Amount



2021

Miscellaneous Adjustments

13A

Educator Expenses: **Deduction for amounts paid by educators of kindergarten through Grade 12**

TS	2021 Amount	2020 Amount

Health Savings Accounts (HSAs)

TS	Description	2021 Amount	2020 Amount
	Contributions made for 2021		
	Distributions received from all HSAs in 2021		

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other Adjustments to Income: **Include all Forms 1098-E for Student Loan Interest Paid**

TSJ	Nature and Source	2021 Amount	2020 Amount



2021

Ministerial Income

13B

TS

Do you have any expenses associated with a business as a minister?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the name of the business:

Do you have any expenses associated with your wages received as a minister?

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

If Yes, enter the occupation:

Parsonage:

Fair rental value of parsonage provided by church
Utility allowance of parsonage
Actual expenses for utilities of parsonage

2021 Amount	2020 Amount

Rental or Parsonage Allowance:

Parsonage or rental allowance
Utility allowance
Actual expenses for parsonage
Actual expenses for utilities
Fair rental value of home, plus the cost of utilities

2021 Amount	2020 Amount



2021

Itemized Deductions - Medical and Taxes

14

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid *
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts

TSJ	2021 Amount	2020 Amount

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

2021 Amount	2020 Amount

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2021 Amount	2020 Amount

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

TSJ	2021 Amount	2020 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2021 Amount	2020 Amount

Other Taxes Paid:

TSJ	Description	2021 Amount	2020 Amount

If you purchased or sold your home in 2021, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



2021

Itemized Deductions - Mortgage Interest and Points**14A****Mortgage Questions for 2021:**

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2021 Amount	2020 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2021 Amount	2020 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2021 Amount	2020 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2021 Amount	2020 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2021 Amount	2020 Amount



2021

Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2021 Amount	2020 Amount

TSJ	Conservation Real Property	2021 Amount	2020 Amount
	100% limit		
	50% limit		

TSJ	Description	2021 Miles	2020 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2021 Amount	2020 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

1 - Appraisal
2 - Catalog

3 - Comparable Sale
4 - Other (Describe)

5 - Thrift Shop Value

1 - Gift
2 - Inheritance

3 - Exchange
4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



2021

Itemized Deductions - Miscellaneous

16

* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

Union and professional dues *
 Tax preparation fee *
 Professional subscriptions *
 Hobby expense (To extent of income) *
 Safe deposit box *
 Uniforms and protective clothing *
 Work tools *
 Gambling losses
 Estate taxes

TSJ	2021 Amount	2020 Amount

Other Itemized Deductions:**Examples:**

- Certain legal and accounting fees *
- Investment expenses *
- Custodial fees *
- Employment agency fees *
- Certain educational expenses *
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

TSJ	Description	2021 Amount	2020 Amount

Casualty or Theft Loss:

TSJ _____

Property description _____

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use
 ☐ Business use
 ☐ Income producing
 ☐ Employee Use
 ☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? ☐ Yes ☐ No

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis _____

Fair market value before casualty _____

Fair market value after casualty _____

Cost of replacement _____

Insurance reimbursement _____



2021

Itemized Deductions - Business Use of Home

16A

These expenses are not deductible on the Federal return but may be deductible on some state returns.

Partial Use of Your Home for Business:

Square footage of home used exclusively for business	2021	2020
Total square footage of home		
Total hours home was used for day care during the year		

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2021

Employee Business Expenses

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17

TS: _____ Occupation: _____

Business Expenses: **Enter all expenses at 100 percent** **Include all documentation**

Occupation code _____

- | | | |
|--------------------------|--|-------------------------|
| 1 - Performing artist | 3 - Fee-basis state or local government official | 5 - Outside salesperson |
| 2 - Handicapped employee | 4 - National Guard or Reserve | (Big Rapids, MI only) |

If not 100%, enter the percentage to apply to Schedule A _____ %

	2021 Amount	2020 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2021 Amount	2020 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2021 Amount	2020 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? ☐ Yes ☐ No



17A

If not 100%, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

	Yes		No
	Yes		No

Total miles	
Total business miles	
Average daily commuting miles	
Total commuting miles for the year	
Gasoline and oil	
Repairs	
Insurance	
Taxes	
Value of employer provided vehicle	
Temporary vehicle rentals	
Fair market value of leased vehicle	
Vehicle leases	

[illegible]

Other Vehicle Expenses:

Description	2021 Amount	2020 Amount



2021

Employee Business Expenses- Business Use of Home

17B

Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home
Total hours home was used for day care during the year

2021	2020

Was your home used for day care purposes for the entire year?
Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2021 Amount	2020 Amount	2021 Amount	2020 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2021

Child/Dependent Care Expenses & Education Expenses

18

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled?

☐ Yes
☐ No

☐ Yes
☐ No

Did you pay an individual for services performed in your home?

Expenses incurred in 2020 but paid in 2021

Employer-provided dependent care benefits that were forfeited in 2021

2020 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2021 Amount

2020 Amount

Expenses incurred and paid in 2021

Expenses incurred and not paid in 2021

2021 Amount	2020 Amount

Provider 2:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2021 Amount

2020 Amount

Expenses incurred and paid in 2021

Expenses incurred and not paid in 2021

2021 Amount	2020 Amount

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2021 Expenses Incurred	2020 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2021 Qualified Expenses



2021

Household Employment Taxes

19

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,300 or more in 2021? ☐ Yes ☐ No

Did you withhold any federal income tax from wages paid to any household employee? ☐ ☐

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021? ☐ ☐

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Cash wages subject to additional Medicare tax withholding

Federal income tax withheld

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

2021 Amount	2020 Amount

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? ☐ Yes ☐ No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? ☐ ☐

State	Total Cash Wages Subject to FUTA	2020 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 18, 2022

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2020 Amount



2021

Federal Tax Payments

Refund Application:

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

Refunded ☐ Yes ☐ No
Applied to your 2022 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2021 1st Quarter Estimate (Due 04-15-2021)
2021 2nd Quarter Estimate (Due 06-15-2021)
2021 3rd Quarter Estimate (Due 09-15-2021)
2021 4th Quarter Estimate (Due 01-18-2022)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2020 overpayment applied to 2021 estimate

Tax Planning Information for Tax Year 2022:

Do you expect any of the following to occur in 2022?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.



2021

State and City Tax Payments

20A

State and City Estimated Tax Payments:

2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

If you have an overpayment of 2021 taxes, do you
want the excess applied to your 2022 estimated tax liability? ☐ Yes ☐ No

2020 overpayment applied to 2021 estimate
Balance of prior year(s)' tax paid in 2021 plus
amount paid with 2020 extensions
Estimated tax payments for 2020 paid in 2021

State and City Estimated Tax Payments:

2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

If you have an overpayment of 2021 taxes, do you
want the excess applied to your 2022 estimated tax liability? ☐ Yes ☐ No

2020 overpayment applied to 2021 estimate
Balance of prior year(s)' tax paid in 2021 plus
amount paid with 2020 extensions
Estimated tax payments for 2020 paid in 2021

State and City Estimated Tax Payments:

2021 1st Quarter Estimate
2021 2nd Quarter Estimate
2021 3rd Quarter Estimate
2021 4th Quarter Estimate

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

If you have an overpayment of 2021 taxes, do you
want the excess applied to your 2022 estimated tax liability? ☐ Yes ☐ No

2020 overpayment applied to 2021 estimate
Balance of prior year(s)' tax paid in 2021 plus
amount paid with 2020 extensions
Estimated tax payments for 2020 paid in 2021



2021

Foreign Employment Information

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General Information:

TS _____

Foreign address _____
.....
.....

Name of employer _____

Employer's U.S. address _____
.....
.....

Employer's foreign address _____
.....
.....

Employer type: Foreign entity, U.S. company,
Foreign affiliate of a U.S. company, Self _____

Enter the last year that Form 2555 was filed to
claim either of the exclusions _____

Type of exclusions revoked in prior years _____

Year exclusion revoked _____

If a separate foreign residence was maintained for your
family due to adverse living conditions, please provide
the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
housing expense

Tax Home History:

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home			
First previous tax home			
Second previous tax home			
Third previous tax home			