PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION

Name	SSI	N or ITIN	Date of Birth	Date of Death	Occupation	Blind	k	Disa	bled
Taxpayer]
Spouse									1
Street Address	Apt.	City or tow	'n	State	Zip Code	Cour	nty		_
Foreign country Foreign		gn province/s	tate		Foreign postal code	•			
E-mail Address(es)		Home Phor	ne	Mobile Phone					

2. FILING STATUS

Single	Check if parent (or someone else) can claim you as a dependent on their return.
Married Filing Joint	
Married Filing Separate	Check if you lived apart from your spouse for all of 2021.
Head of Household	
Qualifying Widow(er)	Year spouse died:

3. DEPENDENTS

	With You	01 10 1	Dependent's	
		Student	Gross Income	Expenses Paid

4. REFUND INFORMATION

1. Would you like to ha	ave any refunds directly deposited into your ba	nk account?	Yes No
Bank Account Ownership Type Bank name	☐ Taxpayer ☐ Spouse ☐ Joint ☐ Checking ☐ Savings	Bank Account Ownership Type Bank name	☐ Taxpayer ☐ Spouse ☐ Joint ☐ Checking ☐ Savings
Routing number Account number Account outside the	jurisdiction of the United States? Yes	Routing number Account number Account outside the	jurisdiction of the United States? Yes

5. IDENTIFICATION INFORMATION

Taxpayer		Spouse	
Type of ID:	Driver's license State-issued ID No ID	Type of ID:	Driver's license State-issued ID No ID
ID number Location of issuance Issue date Expiration date		ID number Location of issuance Issue date Expiration date	

6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

 Employer
 Government-Sponsored Marketplace
 Private Exchange (Individual Insurance Company)

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

1.	Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.	Taxpayer	Spouse
2.	Were you a victim of identity theft and have you been contacted by the IRS?	. 🗌 Yes	🗌 No
	If Yes, please furnish the 6-digit PIN issued to you by the IRS	·	
3.	Were you (or your spouse if filing jointly) a nonresident alien for any part of 2021?	. 🗌 Yes	🗌 No
	Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	. 🗌 Yes	🗌 No
5.	Do you have any children age 18 or under (or student under age 24) who had unearned income of more		
	than \$2,200?	· 🗌 Yes	🗌 No
6.	If any of your children are required to file a return, do you elect to report your child's interest and		
	dividends on your return?	· 🗌 Yes	🗌 No
	Did you give a gift of more than \$15,000 to one or more people?		🗌 No
8.	If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040?	? 🗌 Yes	🗌 No

8. COMMENTS

INCOME ORGANIZER

Please complete this Organizer before your appointment.

Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:		
Employer Name	Taxpayer	Spouse
	. 🔲	
Unreported tip income received:		

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statem	ents	
Payer Name	Taxpayer	Spouse
		Γ.
	· H	H
	-	H
	- 片	H
	- 片	H
	- 님	
	- 닏	
	- <u> </u>	

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth	Other		
Payer Name	IRA	IRA	Taxpayer	Spouse
		П	П	П
		H	H	H
		H	H	H
	- 片	H	H	H
	- []			
Attach SSA 1099 or RRB 109	9		Yes	No
Did you receive social secur	itv hen	efits?		
	ity bon	onto	· · · · □	
Did you receive railroad retir	rement	benefits	s?	

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home?	No
2. Did you earn any foreign income or pay any foreign taxes?]No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA?]No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)?	
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)?]No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?]No

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:		
Payer Name	Taxpayer	Spouse
-	\Box	

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:		
Payer Name	Taxpayer	Spouse

6. OTHER INCOME

Description	Amount
State income tax refund	
Alimony received	
Date of original divorce/separation agreement	
Unemployment compensation	
Gambling winnings	
Jury pay	
Hobby income	
Scholarships (grants)	
NOL Carryforward	
Child support	

BUSINESS INCOME AND EXP	ENSES (Sche	dule C))				
		,		1.0			
Indicate the owner of this busine Business Name:	ss: 🔤 la	kpayer] Spouse	e 🗌 Joir	It	
Business product or service:							
Business Address:							
City, State, and Zip Code:							
Did you start or acquire this bus	inoce during 20	1212			<u></u>		
Accounting Method:					er (describe)		
Method used to value inventory:					narket 🗌 Othe	r (describe)	
Income and Cost of Goods So						2021 Amount	2020 Amount
Gross receipts or sales	Ju				·	2021 Amount	
Returns and allowances							
Other income (enclose descrip							
Inventory at beginning of year							
Purchases less cost of items v							
Cost of labor							
Materials and supplies							
Other costs							
Inventory at end of year							
Expenses	2021 Amount	2020 /	mount			2021 Amou	unt 2020 Amount
Advertising	2021 Amount	20207	linount	Wanes			
Commissions and fees					• • • • • • • • • • • •		
Contract labor				ounor.			
Employee benefits							
Insurance (other than health)							
Mortgage interest							
Other interest.							<u> </u>
Legal and professional fees							<u> </u>
Office expenses							
Pension and profit sharing							
Rent - Vehicle, machinery							
Rent - Other							
Repairs and maintenance						· · · · · · · · · · · · · · · · · · ·	
Supplies							
Taxes and licenses							
Meals and entertainment							
Utilities							
Ounties.							
Vehicle Information							
Vehicle description			Date nla	iced in s	ervice	Cost or b	asis
Business miles	Con	nmutina	n miles		Parking fees a	Other miles	
Actual expenses such as gas,	oil repairs et	n na an i	giinioo		Parking fees a	nd tolls	
		<u> </u>			r anning rooo a		
Sales, Purchases, and Dispos	ition of Asse	ts in 20)21 (New (clients encli	ose detailed listing of al	l depreciable assets)	
Asset description					Purchase price		Sales Price
			Datoa	oquirou	r drondoo priod		
<u> </u>							1
L						1	1
Business Use of Home							
Area used exclusively for busin	ness		Total are	ea of hor	me		
Was the home used as a day of					Date home place	- ed in service	
Casualty losses		rance				Rent	
Mortgage interest			d mainte	nance		FMV of home	
Real estate taxes paid						Value of land	
Carryover of unallowed expenses	to 2021	Yes		(if yes, ente	er amount)		

PROFIT OR LOSS FROM FAR	MING (Schedu	ıle F)							
Indicate the owner of this farm		er 🗌] Spouse	еП	Joint				
Principal product									
Accounting Method: Cash									
Did you materially participate i			s farm di	irina 20	21?	ΠN	0		
Did you materially participate i				20					
Income						2021	Amount	2020	Amount
Sales of livestock and other ite									
Cost of livestock and other iter									
Sales of livestock, produce, gr	ains, and other	· produ	cts you r	aised.					
Cooperative distributions									
Agricultural program payments	S								
Commodity Credit Corporation	i (CCC) Ioans r	eported	d under o	election					
Commodity Credit Corporation	(CCC) loans f	orfeited	d						
Crop insurance proceeds and	disaster payme	ents rec	eived in	2020.					
Custom hire									
Other income									
Inventory of livestock, produce	e, etc. at beginr	ning of	year (ac	crual m	ethod only)				
Cost of livestock, produce, etc	. purchased du	ring ye	ar (accru	ual meth	nod only)				
Inventory of livestock, produce	e, etc. at end of	year (accrual i	method	only)				
	1	i					-		
Expenses	2021 Amount	2020 /	Amount	- ·			2021 Amou	nt 202	0 Amount
Chemicals					and plants pure				
Conservation					e and warehou				
Custom hire				Suppli	es purchased .				
Employee benefits									
Feed purchased				Utilitie	S				
Fertilizers and lime.					nary and breedi				
Freight and trucking				Other					
Gasoline, fuel, and oil.									
Insurance									
Mortgage interest									
Other interest.									
Labor hired									
Pension and profit-sharing									
Vehicles and machinery rent									
Other rentals									
Repairs and maintenance									
Vehicle Information							O a at a a l	! .	
Vehicle description Business miles	Carro	ا	Date pla	ced in s	ervice		Cost or b		
Business miles Actual expenses such as gas,		muting	, mies _			Other	miles		
Actual expenses such as gas,	oii, repairs, etc				Parking rees	s and to	ms		
Sales, Purchases, and Dispo	sition of Asse	ets in 2	2021						
(New clients, enclose detailed listing of all de									
Asset description			Date ad	cquired	Purchase price	e [Date sold	Sale	es price
•					•				•

RENTAL AND ROYALTY INCOME AN	D EXPENSES	(Schedule E, p	og 1)			
ndicate the owner of this property:	Taxpayer	Spouse	•] Joint		
Description of property						
Location of property						
Did you or your family use this property	v during the tax	vear for perso	nal purpose	es for	more	
than the greater of: (a) 14 days, or	(b) 10% of the t	otal days rente	ed at fair ma	arket v	alue? 🗌 Ye	s 🗌 No
Did you meet the Active Participation r (To meet these requirements, you must have participation)	rticipated in making	management decis	ions or arrange		🗌 Ye	s 🗌 No
others to provide services in a significant and bo new tenants, deciding on rental terms, approving	na fide sense. Such g repair expenditures	n management dec , or other similar d	isions include a ecisions)	approvin	g	
Was this property fully disposed of dur	ing 2021?				Ye	s 🗌 No
ncome					2021 Amount	2020 Amount
Rents received						
Royalties received	<u></u>			•••		
Expenses					2021 Amount	2020 Amount
Advertising						2020 Amount
Cleaning and maintenance						
		••••		· · · -		
Insurance						
Legal and other professional fees						
Management fees						
Mortgage interest paid to banks						
Other interest						
Repairs						
Supplies						
Taxes.						
Utilities						
Other				Γ		
				— F		
				— F		
Amortization.				— F		
Section 481(a) adjustment						
/ehicle Information						
Vehicle description Business miles Actual expenses such as gas, oil, rep	D	ate placed in s	ervice		Cost or ba	asis
Business miles	Commuting mi	les		Othe	er miles	
Actual expenses such as gas, oil, rep	pairs, etc		Parking	fees a	and tolls	
Travel expenses			_ 0			
•	_					
Sales, Purchases, and Disposition of New clients, enclose detailed listing of all depreciable as		1				
Asset description		Date acquired	Purchase	price	Date sold	Sales price
			1 41011400	<u>r00</u>		
						
					ļ	

FARM RENTAL INCOME AND	EXPENSES (Form 4835)					
Indicate the owner of this farm I	rental:] Taxpayer	Sp	ouse	🗌 Joir	nt	
Property description:							
Did you actively participate in th	ne operation of	this farm renta	l during	2021?	Yes	🗌 No	
Income					2021	Amount	2020 Amount
Income from the production of							
Total cooperative distributions Agricultural program payments							
Commodity Credit Corporation							
Commodity Credit Corporation							
Crop insurance proceeds and f							
Other income	·						
Expenses Chemicals	2021 Amount	2020 Amount	Soodo	and plants pur	chacad	2021 Amoun	t 2020 Amount
Conservation				and plants pure ge and warehou			
Custom hire			Suppli	es purchased .	sing		
Employee benefits							
Feed purchased							
Fertilizers and lime				nary and breedi			
Freight and trucking							
Gasoline, fuel, and oil			0 1101				
Mortgage interest.							
Other interest							
Labor hired							
Pension and profit-sharing							
Vehicles and machinery rent				ization			
Other rentals				Preproductive e			
Repairs and maintenance.			Sec. 4	81(a) exp			
Vehicle Information							
Vehicle description		Date place	ed in se	rvice		Cost or bas	sis
Business miles	Com	muting miles		(Other m	iles	
Actual expenses such as gas,	oil, repairs, etc			Parking fees	and tolls	s	
Sales, Purchases, and Dispos		s in 2021					
(New clients, enclose detailed listing of all d	lepreciable assets.)	Data		Durations and		ate a stat	Oslassias
Asset description		Date a	cquired	Purchase pric		ate sold	Sales price
				<u> </u>			
		I		I	1		

DEDUCTIONS ORGANIZER Please complete this Organizer before your appointment. Itemized Deduction Organizers are on separate pages.

1. EDUCATION						
· · · · · · · · · · · · · · · · · · ·						
Attach 1098-Ts, 1098-E's Student Name	and 1099-Q's: Educational Institution	Fr So Jr	r Sr Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment 529 Plan
2. JOB-RELATED MC	OVING EXPENSES		4. 0	THER DEDUC	CTIONS	
Gas and Oil	Amount		Educ Alimo Dat Healt Arche Jury o Forei Contr Qualifi	ony paid Rec. e of original divorce/sep h Savings Acco er Medical Savir duty repayment gn qualified hou ributions to Coll- ied business net (l	SSN: paration ngs Account con to employer . using expenses. ege 529 Savings oss) carryover from	Amount S
	Amount onal IRA IRA					
5. MISCELLANEOUS	DEDUCTION QUESTIONS					
	em(s) during 2021 for which you p					

ledical and Dental Ex	penses (not including r	eimbursements)		2	021	2020
	•				nount	Amount
Medical/dental care ins						
Medicare B and D pren						
Qualified long-term car Doctor, dentist, and ho						
Prescription medicines						
Medical aids such as e	veglasses contact len	ses and hearing	aids			
Total transportation ex						
Other medical and den						
	•					
			T			
axes Paid					021	2020
State and least income		An	nount	Amount		
State and local income Actual state and local						
State and local real estat						
Personal state/local prop						
r oroonar otato, locar prop						
nterest Paid					021	2020
				An	nount	Amount
Home mortgage intere						
Homo mortagas inters						
Home mortgage intere	si palu lo individual.		· · · · · · · · · · · ·			
Individual's name						
Individual's name Individual's address	•					
Individual's name Individual's address Individual's ID number						
Individual's name Individual's address Individual's ID number Qualified mortgage ins	urance premiums (VA	A, FHA, RHS, or p				
Individual's name Individual's address Individual's ID number	urance premiums (VA	A, FHA, RHS, or p				
Individual's name Individual's address Individual's ID number Qualified mortgage ins	urance premiums (VA	A, FHA, RHS, or p				
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex	surance premiums (VA	A, FHA, RHS, or p				
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex	surance premiums (VA pense	A, FHA, RHS, or p		tions		
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex	surance premiums (VA pense	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Sifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Sifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Sifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Sifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Sifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV
Individual's name Individual's address Individual's ID number Qualified mortgage ins Investment interest ex Gifts to Charity (If additi Contributions of cash of	surance premiums (VA pense onal lines are needed, attach	A, FHA, RHS, or p	rivate)		Date give	en FMV

Enclose supporting documentation of what is (If additional losses were incurred, please a	s written here, i.e. ir	insurance reimb	oursem		of repairs.				
Location of property:					Residential property Business property				
Description of property:					Federal Disaster				
Date of loss:					FEMA disaster declaration #				
Amount of damage	Cost bas	sis of proper	rtv		Renair Costs				
Amount of damage Cost basis of pro- Insurance reimbursement FMV of property b					Other				
Federal monies received FMV of property det			loss	·	Other				
Unreimbursed Employee Business (if any depreciable assets were sold (including the veh		rksheet below)							
Deces (male to date to b)			viclo	Information					
Subscriptions related to your work				description					
Toolo and supplies used in your wor	6	Da	ale pi	aced in service					
Tools and supplies used in your work Work clothes, uniforms if required	к		USL OF	Dasis _					
Medical exams required by your employ	/er		Miles	of vehicle					
Work related education (books, tuition)			Bus	iness miles					
				nmuting miles					
Job search expenses (current occupatio	n)			er miles					
*In home office:				-					
Total square footage		E	Exper	ises					
Office square footage			Actual expenses (gas, oil, repairs, etc) Parking fees and tolls						
Office square toolage									
Rent									
			Travel expenses						
			Trav	el expenses /					
			Trav	el expenses					
Utilities			Trav	·					
Utilities		y losses were a	Trav	·					
Insurance Itilities Utilities Itilities Repairs/Maintance	taxes, and casualty		Trav	·					
Utilities Repairs/Maintance *Questions relating to mortage interest, the Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable	taxes, and casualty	2021	Trav asked p	reviously					
Utilities	taxes, and casualty	2021	Trav asked p	·	Date sold	 Sales price			
Utilities Repairs/Maintance *Questions relating to mortage interest, the Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable	taxes, and casualty	2021	Trav asked p	reviously	Date sold				
Utilities Repairs/Maintance *Questions relating to mortage interest, the Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable	taxes, and casualty	2021	Trav asked p	reviously	Date sold				
Utilities Repairs/Maintance *Questions relating to mortage interest, the Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable	taxes, and casualty	2021	Trav asked p	reviously	Date sold				
Utilities Repairs/Maintance *Questions relating to mortage interest, the Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable	taxes, and casualty	2021	Trav asked p	reviously	Date sold				
Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable S Asset description	taxes, and casualty	2021 Date acqui	ired	reviously					
Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable S Asset description Investment Related Expenses	taxes, and casualty	2021 Date acqui	Trav osked p ired	Purchase price	ons	Sales price			
Utilities	taxes, and casualty	2021 Date acqui	Trav osked p ired Othe	Purchase price	ons	Sales price			
Utilities Utilities Repairs/Maintance *Questions relating to mortage interest, t Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable S Asset description Investment Related Expenses Tax preparation fees Safe deposit box	taxes, and casualty	2021 Date acqui	Trav asked p ired Gamb Estate	Purchase price	ons	Sales price			
Tax preparation fees Safe deposit box Custodial, trust admin fees	taxes, and casualty of Assets in 2 assets.)	2021 Date acqui	Trav asked p ired ired Gamb Estate Portfo	Purchase price	ons	lent)			
Insurance Utilities Repairs/Maintance *Questions relating to mortage interest, t Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable S Asset description Investment Related Expenses Tax preparation fees Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends	taxes, and casualty of Assets in 2 assets.)	2021 Date acqui	Trav asked p ired ired Other Gamber State Portfor Unrec	Purchase price Purchase price Misc. Deduction Ing losses tax deduction (Indic from Schedu Dovered investment	ons in respect of a decea le K-1 in a pension	lent)			
Tax preparation fees Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment incor	taxes, and casualty of Assets in 2 assets.)	2021 Date acqui	Trav asked p ired ired Othe Gamb Estate Portfo Unrec Amort	Purchase price Purchase price Misc. Deduction Ing losses tax deduction (i blio from Schedu overed investment izable premium or	in respect of a decear le K-1 in a pension taxable bonds	lent)			
Insurance Utilities Repairs/Maintance *Questions relating to mortage interest, to Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable S Asset description Investment Related Expenses Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment incor Legal fees related to producing taxable income	taxes, and casualty of Assets in 2 assets.)	2021 Date acqui	Trav asked p ired Gamb Estate Portfo Unrec Amort Disable	Purchase price Purchase price Misc. Deduction Ing losses tax deduction (i blio from Schedu overed investment izable premium or id persons work expendence	in respect of a decear le K-1 in a pension taxable bonds	lent)			
Insurance Utilities Repairs/Maintance *Questions relating to mortage interest, to Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable S Asset description Investment Related Expenses Tax preparation fees Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment incor Legal fees related to producing taxable income Other	taxes, and casualty of Assets in 2 assets.)	2021 Date acqui	Trav asked p ired ired Gamb Estate Portfc Unrec Amort Disable Other	Purchase price Purchase price Misc. Deduction Information Content Deling losses Deling losses Deling from Schedu Delio from Schedu	in respect of a decear le K-1 in a pension taxable bonds	lent)			
Insurance Utilities Repairs/Maintance *Questions relating to mortage interest, to Sales, Purchases, and Disposition (New clients, enclose detailed listing of all depreciable S Asset description Investment Related Expenses Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment incor Legal fees related to producing taxable income	taxes, and casualty of Assets in 2 assets.)	2021 Date acqui	Trav asked p ired Gamb Estate Portfo Unrec Amort Disable	Purchase price Purchase price Misc. Deduction Inglosses tax deduction (i blio from Schedu overed investment izable premium or id persons work experient	in respect of a decear le K-1 in a pension taxable bonds	lent)			

CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

1. REBATE RECOVERY CREDIT - ECONOMIC	C IMPACT PAY	MENT RECEIVEI	D		
Taxpayer	· · · · · · · · · · · · · ·			· · · · · · · ·	
2. ADVANCE CHILD TAX CREDIT - PAYMENT	Γ AMOUNT RE	CEIVED			
	gust /ember ·				
3. CHILD CARE CREDIT					
Attach Daycare Provider Statement(s): Care Provider Name Address		Tax-Exempt	Telephone Number	Identification Number	Amount Paid
4. RESIDENTIAL ENERGY CREDIT					
Solar electric property	ome in the United		and skylights . p or central ai ane or oil wate e ane or oil furna ir circulating fa	r conditioner.	
5. MISCELLANEOUS CREDIT QUESTIONS					
 Did you pay any expenses related to the adoption of 2. Are you currently repaying the First-Time Homebuy 3. Do you (and your spouse) have a social security nu 4. Were you issued a Mortgage Credit Certificate (MCC) 	er Credit? mber that allows	you to work and is v	valid?		. □ Yes □ No □ Yes □ No
6. ESTIMATED TAX PAYMENTS					
Federal estimated payments Applied from 2020 federal refund 1st quarter payment 2nd quarter payment 3rd quarter payment 4th quarter payment	· · · · · · · · · · · · ·	· · · · · · · · · · · · · ·	· · · ·		Amount Paid
State estimated payments Date Paid A Applied from 2020 state refund	A	Local estimated pay Applied from 2020 lo st quarter payment and quarter payment and quarter payment th quarter payment Locality Name	bcal refund		