

**PERSONAL INFORMATION ORGANIZER**  
Please complete this Organizer before your appointment.

**1. PERSONAL INFORMATION**

|                    |  |                        |               |               |                     |                          |                          |
|--------------------|--|------------------------|---------------|---------------|---------------------|--------------------------|--------------------------|
| Name               |  | SSN or ITIN            | Date of Birth | Date of Death | Occupation          | Blind                    | Disabled                 |
| Taxpayer           |  |                        |               |               |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse             |  |                        |               |               |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Street Address     |  | Apt.                   | City or town  | State         | Zip Code            | County                   |                          |
| Foreign country    |  | Foreign province/state |               |               | Foreign postal code |                          |                          |
| E-mail Address(es) |  |                        |               | Home Phone    | 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**

| Name | Relationship | Date of Birth | SSN or ITIN | Months Lived With You | Disabled                 | Full Time Student        | Dependent's Gross Income | Child Care Expenses Paid |
|------|--------------|---------------|-------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|      |              |               |             |                       | <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"/> |                          |                          |

**4. REFUND INFORMATION**

1. Would you like to have any refunds directly deposited into your bank account? . . . . .  Yes  No

|   |   |
|---|---|
| <p><b>Bank Account</b><br/>                 Ownership      <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint<br/>                 Type              <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br/>                 Bank name _____<br/>                 Routing number _____<br/>                 Account number _____<br/>                 Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p> | <p><b>Bank Account</b><br/>                 Ownership      <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint<br/>                 Type              <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br/>                 Bank name _____<br/>                 Routing number _____<br/>                 Account number _____<br/>                 Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p> |
|---|---|

**5. IDENTIFICATION INFORMATION**

|  |  |
|--|--|
| <p><b>Taxpayer</b><br/>                 Type of ID:      <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID<br/>                                          <input type="checkbox"/> No ID<br/>                 ID number _____<br/>                 Location of issuance _____<br/>                 Issue date _____<br/>                 Expiration date _____</p> | <p><b>Spouse</b><br/>                 Type of ID:      <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID<br/>                                          <input type="checkbox"/> No ID<br/>                 ID number _____<br/>                 Location of issuance _____<br/>                 Issue date _____<br/>                 Expiration date _____</p> |
|--|--|

**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**  
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**7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS**

|  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| 1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.  | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse |
| 2. Were you a victim of identity theft and have you been contacted by the IRS? . . . . .   | <input type="checkbox"/> Yes      | <input type="checkbox"/> 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? . . . . .   | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? . . . . .                                   | <input type="checkbox"/> Yes      | <input type="checkbox"/> 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? . . . . .                  | <input type="checkbox"/> Yes      | <input type="checkbox"/> 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? . . . . . | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 7. Did you give a gift of more than \$15,000 to one or more people? . . . . .  | <input type="checkbox"/> Yes      | <input type="checkbox"/> 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? . . . . .                          | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |

**8. COMMENTS**

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## 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                   |
|---------------|--------------------------|--------------------------|
| _____         | <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"/> |

Unreported tip income received: . . . . . \_\_\_\_\_

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

Attach K-1s:

| Payer Name | Taxpayer                 | Spouse                   |
|------------|--------------------------|--------------------------|
| _____      | <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"/> |

### 2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

| Payer Name | Taxpayer                 | Spouse                   |
|------------|--------------------------|--------------------------|
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |

### 5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

| Payer Name | Taxpayer                 | Spouse                   |
|------------|--------------------------|--------------------------|
| _____      | <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"/> |

### 3. RETIREMENT DISTRIBUTIONS

| Attach 1099-R & 5498 | Roth                     | Other                    | Taxpayer                 | Spouse                   |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Payer Name           | IRA                      | IRA                      |                          |                          |
| _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Attach SSA 1099 or RRB 1099

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Did you receive social security benefits? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive railroad retirement benefits? . . . | <input type="checkbox"/> | <input type="checkbox"/> |

### 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                                 | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |

### 7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . .  Yes  No
2. Did you earn any foreign income or pay any foreign taxes? . . . . .  Yes  No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? . . . . .  Yes  No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? . . . . .  Yes  No  
 If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2021? . . . . .  Yes  No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . .  Yes  No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .  Yes  No

**BUSINESS INCOME AND EXPENSES (Schedule C)**

Indicate the owner of this business:  Taxpayer  Spouse  Joint

Business Name: \_\_\_\_\_

Business product or service: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

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

Accounting Method:  Cash  Accrual  Other (describe) \_\_\_\_\_

Method used to value inventory:  Cost  Lower of cost or market  Other (describe) \_\_\_\_\_

| Income and Cost of Goods Sold                                     | 2021 Amount | 2020 Amount |
|---|-------------|-------------|
| Gross receipts or sales . . . . .                                 |             |             |
| Returns and allowances . . . . .                                  |             |             |
| Other income (enclose description) . . . . .                      |             |             |
| Inventory at beginning of year . . . . .                          |             |             |
| Purchases less cost of items withdrawn for personal use . . . . . |             |             |
| Cost of labor . . . . .   |             |             |
| Materials and supplies . . . . .                                  |             |             |
| Other costs . . . . .   |             |             |
| Inventory at end of year . . . . .                                |             |             |

| Expenses                                | 2021 Amount | 2020 Amount | Expenses        | 2021 Amount | 2020 Amount |
|---|-------------|-------------|-----------------|-------------|-------------|
| Advertising . . . . .                   |             |             | Wages . . . . . |             |             |
| Commissions and fees . . . . .          |             |             | Other: _____    |             |             |
| Contract labor . . . . .                |             |             | _____           |             |             |
| Depletion . . . . .                     |             |             | _____           |             |             |
| Employee benefits . . . . .             |             |             | _____           |             |             |
| Insurance (other than health) . . . . . |             |             | _____           |             |             |
| Mortgage interest . . . . .             |             |             | _____           |             |             |
| Other interest . . . . .                |             |             | _____           |             |             |
| Legal and professional fees . . . . .   |             |             | _____           |             |             |
| Office expenses . . . . .               |             |             | _____           |             |             |
| Pension and profit sharing . . . . .    |             |             | _____           |             |             |
| Rent - Vehicle, machinery . . . . .     |             |             | _____           |             |             |
| Rent - Other . . . . .                  |             |             | _____           |             |             |
| Repairs and maintenance . . . . .       |             |             | _____           |             |             |
| Supplies . . . . .                      |             |             | _____           |             |             |
| Taxes and licenses . . . . .            |             |             | _____           |             |             |
| Travel . . . . .                        |             |             | _____           |             |             |
| Meals and entertainment . . . . .       |             |             | _____           |             |             |
| Utilities . . . . .                     |             |             | _____           |             |             |

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2021** (New clients, enclose detailed listing of all depreciable assets.)

| Asset description | Date acquired | Purchase price | Date sold | Sales Price |
|-------------------|---------------|----------------|-----------|-------------|
|                   |               |                |           |             |
|                   |               |                |           |             |
|                   |               |                |           |             |

**Business Use of Home**

Area used exclusively for business \_\_\_\_\_ Total area of home \_\_\_\_\_

Was the home used as a day care facility?  Yes  No Date home placed in service \_\_\_\_\_

Casualty losses \_\_\_\_\_ Insurance \_\_\_\_\_ Rent \_\_\_\_\_

Mortgage interest \_\_\_\_\_ Repairs and maintenance \_\_\_\_\_ FMV of home \_\_\_\_\_

Real estate taxes paid \_\_\_\_\_ Utilities and other expenses \_\_\_\_\_ Value of land \_\_\_\_\_

Carryover of unallowed expenses to 2021  Yes  No (if yes, enter amount) \_\_\_\_\_



**RENTAL AND ROYALTY INCOME AND EXPENSES** (Schedule E, pg 1)

Indicate the owner of this property:     Taxpayer     Spouse     Joint

Description of property \_\_\_\_\_  
 Location of property \_\_\_\_\_

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value?     Yes     No

Did you meet the Active Participation requirements for this property?     Yes     No  
(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during 2021?     Yes     No

| Income                       | 2021 Amount | 2020 Amount |
|------------------------------|-------------|-------------|
| Rents received . . . . .     |             |             |
| Royalties received . . . . . |             |             |

| Expenses                                    | 2021 Amount | 2020 Amount |
|---|-------------|-------------|
| Advertising . . . . .                       |             |             |
| Cleaning and maintenance . . . . .          |             |             |
| Commissions . . . . .                       |             |             |
| Insurance . . . . .                         |             |             |
| Legal and other professional fees . . . . . |             |             |
| Management fees . . . . .                   |             |             |
| Mortgage interest paid to banks . . . . .   |             |             |
| Other interest . . . . .                    |             |             |
| Repairs . . . . .                           |             |             |
| Supplies . . . . .                          |             |             |
| Taxes . . . . .                             |             |             |
| Utilities . . . . .                         |             |             |
| Other _____                                 |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| Amortization . . . . .                      |             |             |
| Section 481(a) adjustment . . . . .         |             |             |

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

Travel expenses \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2021**  
(New clients, enclose detailed listing of all depreciable assets.)

| Asset description | Date acquired | Purchase price | Date sold | Sales price |
|-------------------|---------------|----------------|-----------|-------------|
|                   |               |                |           |             |
|                   |               |                |           |             |
|                   |               |                |           |             |
|                   |               |                |           |             |
|                   |               |                |           |             |



## DEDUCTIONS ORGANIZER

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

### 1. EDUCATION

| Attach 1098-Ts, 1098-E's and 1099-Q's: |                         |                          |                          |                          |                          |                          | Student Loan   | Books, Supplies |                                |
|--|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|-----------------|--------------------------------|
| Student Name                           | Educational Institution | Fr                       | So                       | Jr                       | Sr                       | Oth                      | Tuition & Fees | Interest Paid   | & Equipment 529 Plan           |
| _____                                  | _____                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____           | _____ <input type="checkbox"/> |
| _____                                  | _____                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____           | _____ <input type="checkbox"/> |
| _____                                  | _____                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____           | _____ <input type="checkbox"/> |
| _____                                  | _____                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____           | _____ <input type="checkbox"/> |
| _____                                  | _____                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____          | _____           | _____ <input type="checkbox"/> |

### 2. JOB-RELATED MOVING EXPENSES

| Description                                    | Amount   |
|--|--|
| Lodging . . . . .                              | _____  |
| Gas and Oil. . . . .                           | _____  |
| Mileage . . . . .                              | _____  |
| Other . . . . .                                | _____  |
| Miles from old home to your new workplace      | _____  |
| Miles from old home to old workplace . . . . . | _____  |
| Member of the Armed Forces? . . . . .          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### 4. OTHER DEDUCTIONS

| Description   | Amount |
|---|--------|
| Educator expenses. . . . .                            | _____  |
| Alimony paid Rec. SSN: _____                          | _____  |
| Date of original divorce/separation _____             |        |
| Health Savings Account contributions . . . . .        | _____  |
| Archer Medical Savings Account contributions _____    | _____  |
| Jury duty repayment to employer . . . . .             | _____  |
| Foreign qualified housing expenses. . . . .           | _____  |
| Contributions to College 529 Savings Plan. . . . .    | _____  |
| Qualified business net (loss) carryover from 2020     | _____  |
| Qualified REIT dividends and PTP net (loss) carryover | _____  |
| _____   | _____  |
| _____   | _____  |
| _____   | _____  |

### 3. IRA CONTRIBUTIONS

| Description                                 | Amount |
|---|--------|
| Contributions to a Traditional IRA. . . . . | _____  |
| Contributions to a ROTH IRA. . . . .        | _____  |

### 5. MISCELLANEOUS DEDUCTION QUESTIONS

|  |  |
|--|--|
| 1. Did you purchase an item(s) during 2021 for which you paid a large amount of sales tax? . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did you refinance a mortgage during 2021? . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No |





**ITEMIZED DEDUCTIONS (continued)**

**Casualty and Theft Losses** (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.  
 (If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: \_\_\_\_\_ Residential property  Business property   
 Description of property: \_\_\_\_\_ Federal Disaster   
 Date of loss: \_\_\_\_\_ FEMA disaster declaration # \_\_\_\_\_

Amount of damage \_\_\_\_\_ Cost basis of property \_\_\_\_\_ Repair Costs \_\_\_\_\_  
 Insurance reimbursement \_\_\_\_\_ FMV of property before loss \_\_\_\_\_ Other \_\_\_\_\_  
 Federal monies received \_\_\_\_\_ FMV of property after loss \_\_\_\_\_ Other \_\_\_\_\_

**Unreimbursed Employee Business Expenses**

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) \_\_\_\_\_  
 Subscriptions related to your work \_\_\_\_\_  
 Licenses and regulatory fees \_\_\_\_\_  
 Tools and supplies used in your work \_\_\_\_\_  
 Work clothes, uniforms if required \_\_\_\_\_  
 Medical exams required by your employer \_\_\_\_\_  
 Work related education (books, tuition) \_\_\_\_\_  
 Legal fees related to your job \_\_\_\_\_  
 Job search expenses (current occupation) \_\_\_\_\_

**Vehicle Information**

Vehicle description \_\_\_\_\_  
 Date placed in service \_\_\_\_\_  
 Cost or basis \_\_\_\_\_

**Miles of vehicle**

Business miles \_\_\_\_\_  
 Commuting miles \_\_\_\_\_  
 Other miles \_\_\_\_\_

**\*In home office:**

Total square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Rent . . . . . \_\_\_\_\_  
 Insurance . . . . . \_\_\_\_\_  
 Utilities . . . . . \_\_\_\_\_  
 Repairs/Maintance \_\_\_\_\_

**Expenses**

Actual expenses \_\_\_\_\_  
 (gas, oil, repairs, etc)  
 Parking fees and tolls \_\_\_\_\_  
 Travel expenses \_\_\_\_\_

\*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

**Sales, Purchases, and Disposition of Assets in 2021**

(New clients, enclose detailed listing of all depreciable assets.)

| T S | Asset description | Date acquired | Purchase price | Date sold | Sales price |
|-----|-------------------|---------------|----------------|-----------|-------------|
|     |                   |               |                |           |             |
|     |                   |               |                |           |             |
|     |                   |               |                |           |             |
|     |                   |               |                |           |             |
|     |                   |               |                |           |             |

**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 income \_\_\_\_\_  
 Legal fees related to producing taxable income \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Other Misc. Deductions**

Gambling losses . . . . . \_\_\_\_\_  
 Estate tax deduction (in respect of a decedent) \_\_\_\_\_  
 Portfolio from Schedule K-1 \_\_\_\_\_  
 Unrecovered investment in a pension \_\_\_\_\_  
 Amortizable premium on taxable bonds \_\_\_\_\_  
 Disabled persons work expenses \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**CREDITS AND PAYMENTS ORGANIZER**  
Please complete this Organizer before your appointment.

**1. REBATE RECOVERY CREDIT - ECONOMIC IMPACT PAYMENT RECEIVED**

Taxpayer . . . . . \_\_\_\_\_  
Spouse . . . . . \_\_\_\_\_

**2. ADVANCE CHILD TAX CREDIT - PAYMENT AMOUNT RECEIVED**

July . . . . . \_\_\_\_\_ August . . . . . \_\_\_\_\_ September . . . . . \_\_\_\_\_  
October . . . . . \_\_\_\_\_ November . . . . . \_\_\_\_\_ December . . . . . \_\_\_\_\_

**3. CHILD CARE CREDIT**

| Attach Daycare Provider Statement(s): |         | Tax-Exempt               | Telephone Number | Identification Number | Amount Paid |
|---------------------------------------|---------|--------------------------|------------------|-----------------------|-------------|
| Care Provider Name                    | Address |                          |                  |                       |             |
| _____                                 | _____   | <input type="checkbox"/> | _____            | _____                 | _____       |
| _____                                 | _____   | <input type="checkbox"/> | _____            | _____                 | _____       |
| _____                                 | _____   | <input type="checkbox"/> | _____            | _____                 | _____       |
| _____                                 | _____   | <input type="checkbox"/> | _____            | _____                 | _____       |
| _____                                 | _____   | <input type="checkbox"/> | _____            | _____                 | _____       |

**4. RESIDENTIAL ENERGY CREDIT**

|   |   |
|---|---|
| Solar electric property . . . . . _____ | Metal or asphalt roof . . . . . _____                         |
| Solar water heating . . . . . _____     | Exterior windows and skylights . . . . . _____                |
| Small wind energy . . . . . _____       | Electric heat pump or central air conditioner . . . . . _____ |
| Geothermal heat pump . . . . . _____    | Natural gas, propane or oil water heater . . . . . _____      |
| Fuel cell property . . . . . _____      | Biomass fuel stove . . . . . _____                            |
| Insulation material . . . . . _____     | Natural gas, propane or oil furnace . . . . . _____           |
| Exterior doors . . . . . _____          | Advanced main air circulating fan . . . . . _____             |

1. Were the qualified improvements for your main home in the United States? . . . . .  Yes  No  
2. Were any of the improvements related to the construction of this main home? . . . . .  Yes  No

**5. MISCELLANEOUS CREDIT QUESTIONS**

1. Did you pay any expenses related to the adoption of an eligible child? . . . . .  Yes  No  
2. Are you currently repaying the First-Time Homebuyer Credit? . . . . .  Yes  No  
3. Do you (and your spouse) have a social security number that allows you to work and is valid? . . . . .  Yes  No  
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? . . . . .  Yes  No

**6. ESTIMATED TAX PAYMENTS**

| Federal estimated payments                       |  | Date Paid | Amount Paid |
|--|--|-----------|-------------|
| Applied from 2020 federal refund . . . . . _____ |  | _____     | _____       |
| 1st quarter payment . . . . . _____              |  | _____     | _____       |
| 2nd quarter payment . . . . . _____              |  | _____     | _____       |
| 3rd quarter payment . . . . . _____              |  | _____     | _____       |
| 4th quarter payment . . . . . _____              |  | _____     | _____       |

  

| State estimated payments             | Date Paid | Amount Paid | Local estimated payments             | Date Paid | Amount Paid |
|--------------------------------------|-----------|-------------|--------------------------------------|-----------|-------------|
| Applied from 2020 state refund _____ |           | _____       | Applied from 2020 local refund _____ |           | _____       |
| 1st quarter payment . . . . . _____  | _____     | _____       | 1st quarter payment . . . . . _____  | _____     | _____       |
| 2nd quarter payment . . . . . _____  | _____     | _____       | 2nd quarter payment . . . . . _____  | _____     | _____       |
| 3rd quarter payment . . . . . _____  | _____     | _____       | 3rd quarter payment . . . . . _____  | _____     | _____       |
| 4th quarter payment . . . . . _____  | _____     | _____       | 4th quarter payment . . . . . _____  | _____     | _____       |
| State Name . . . . . _____           | _____     | _____       | Locality Name . . . . . _____        | _____     | _____       |