

ITALIANO TAX SOLUTIONS, INC.

Dbá Lacy Italiano, EA
7851 University Ave Ste 208
La Mesa, CA 91942
(619) 460-4790
Lacy@LacyItaliano.com

January 10, 2022

Dear New Client:

Happy New Year! We hope this letter finds you healthy and safe, with brighter days to come. As we head into the 2021-2022 tax season, we have a few important announcements for all our current and new clients.

Please read this letter thoroughly, sign the attached engagement letter, and use the included organizer to help you gather all the documents necessary for us to prepare your tax returns (w2s, 1099s, K-1 etc). Please be sure to complete the check box questions in their entirety. New clients, only complete the sections applicable to your tax situation. Due to the increasing complexity of the tax laws and our responsibility as licensed tax professionals, we may be requesting more documentation and asking more questions than in past years.

We are pleased to announce that our office has MOVED, but we are not far from our old location. We are now located at **7851 University Ave. Ste 208, La Mesa, CA 91942**. All drop-offs, mail-in and in-person appointments will be at this address. **There is a lift for those unable to use the stairs. If you need to use the lift, please call our office to make arrangements in advance of your arrival, and we will be happy to assist you.**

As everyone continues to navigate our new normal, we have made a few changes to our appointment procedures. Due to tax law changes, software updates, and ongoing Covid-19 concerns, **in-person appointments will be limited to absolute necessity and will only be 15 minutes in duration**. We will not be completing the tax return while you wait. **We are encouraging clients to drop-off, mail-in or upload your documents via our secure client portal.** If you would like more information on using our secure client portal, please contact the office. You do not need an appointment to drop-off your tax documents.

2021 Tax Updates

Standard Deductions: For 2021, the standard deduction amounts are \$12,550 for singles and those who use Married Filing Separate (MFS) status, \$25,100 for Married Filing Joint (MFJ) couples, and \$18,800 for Heads of Household (HOH).

Health Insurance: If you purchased health insurance through the Healthcare Marketplace (Covered California), you **MUST** provide us with the federal form 1095-A and California form 3895. The marketplace will send these forms to you. We cannot file an accurate tax return without these forms. ***This only applies if you were insured through the marketplace.***

Stimulus Payments and Advanced Child Tax Credits: Beginning January 19th, 2022, the IRS will be sending out letters 6475 for Stimulus Payments and 6419 for Advanced Child Tax Credit payments. If you do not receive these letters, you will need to verify dates and amounts received on your bank statements, or you can create an online account at www.irs.gov to obtain this information. If you opted out, please include the date you opted out, and any payments received prior to opting out.

PPP, EIDL Loans and Business Grants: Please include all documentation you have showing type of funds, disbursement dates, and proof of any forgiveness. We may request additional documentation later.

We **highly recommend** that you sign up for personal online accounts with the IRS and FTB (State of California Franchise Tax Board). This offers many benefits to you, including, but not limited to having the ability to monitor your federal and state tax accounts. It also assures that we have the most accurate information regarding stimulus and Advanced Child Tax Credit payments. Failure to provide this information or providing incorrect information could result in substantial delays in the processing of your tax return and issuance of any refunds. You may sign up for these accounts online at

<https://www.irs.gov/payments/your-online-account>
<https://www.ftb.ca.gov/myftb/index.asp>

To our current clients, thank you for your continued support. We truly appreciate your business, and we are grateful for the trust you have placed in us over the years. Without you, we would not be where we are today. To our new clients, we are excited to have you and look forward to working with you this year and for many years to come.

If you have any additional questions or concerns, please feel free to reach out via phone or email.

Sincerely,
Lacy Italiano, EA
Marie Larsen-Mance, CRTP
(619) 460-4790

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7851 University Ave Ste 208

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January 10, 2022

ENGAGEMENT AGREEMENT & PRIVACY POLICY

Dear New Client,

This letter is to confirm our understanding of the terms of our agreement and outline the nature and extent of services we will provide. Based upon the information you furnish to me, I will prepare your federal and applicable state income tax returns for 2021.

I will not audit or verify the data you submit to me, although I may ask for clarification when necessary. All the information you submit to me will, to the best of your knowledge, be correct and complete and include all other information necessary for the completion of your tax return.

I will also prepare estimated tax vouchers if required, based on your income or withholding taxes for 2022. If you anticipate a substantial change in income or withholding please advise me as soon as possible. I will then determine whether an adjustment should be made to your tax estimates.

Your returns are subject to review by the taxing authorities. Any items that may be resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, I will be available upon request to represent you, or to review the results of any examination. Billing for these additional services will be at my standard rates.

You, as the taxpayer, have the final burden of responsibility for your income tax returns. Please review them carefully for any errors or omissions before you sign and file them.

Privacy Policy, Compliance with the Gramm-Leach-Bliley Act, Public Law 106-102 (FTC 16 CFR Part 313)

The privacy of your client information has always been important to me, and I have always been bound by professional standards of confidentiality. However, I am required by law to formally inform you of our privacy policy.

I collect nonpublic personal information about you that is provided by you or obtained by me with your authorization. This information may come from various sources, including information I receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you.

I do not disclose any nonpublic personal information about my clients or former clients to anyone, except as permitted or required by law, or when necessary to process transactions requested by a client.

I restrict access to nonpublic personal information about you to members of my firm who need to know that information in order to provide you professional services. I retain records relating to the professional services that I provide you in accordance with accounting and government standards.

I employ physical, electronic, and procedural security safeguards to protect your nonpublic personal information.

Your confidence and trust are important to me. If you have any questions or concerns regarding the privacy of your nonpublic personal information, please contact me.

By signing this, I affirm that I have read, understand and accept the terms of the engagement and privacy policy as detailed above:

Sincerely,
Lacy Italiano, EA
Marie Larsen-Mance, CRTP

Accepted by:

Client #1 signature

Date

Client #2 signature

Date



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2021 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2021 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2020 information is included for your reference. You do not need to make any 2020 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2020 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 and K-3 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, or Form 1099-NEC.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

Lacy Italiano, EA
7851 University Ave Ste 208
La Mesa, CA 91942
Telephone: (619) 460-4790 Fax: (619) 789-6567
E-mail: Lacy@LacyItaliano.com

General Questions

ORG3

PERSONAL INFORMATION		
1	Did you receive an Economic Impact (Stimulus) Payment?	Yes No
	If yes, how much did you receive?	
2	Did your marital status change during 2021?	Yes No
	If yes , explain	
3	Do you want to allow your tax preparer to discuss this year's return with the IRS?	Yes No
	If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy.	
	Designee's Name ▶	
	Phone Number ▶ Personal Identification Number (5 digit PIN) ▶	
4	Do you or your spouse plan to retire in 2022?	Yes No
5	Were you or your spouse permanently and totally disabled in 2021?	Yes No
6	Enter date of death for taxpayer or spouse (if during 2021 or 2022): Taxpayer: Spouse:	
7	Were you or your spouse a member of the U.S. Armed Forces during 2021?	Yes No
DEPENDENT INFORMATION		
8 a	Do you have dependents who must file?	Yes No
	b If yes , do you want us to prepare the return(s)?	Yes No
9 a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200?	Yes No
	b If yes , do you want to include your child's income on your return?	Yes No
10	Are any of your dependents not U.S. citizens or residents?	Yes No
11	Did you provide over half the support for any other person during 2021?	Yes No
12	Did you incur adoption expenses during 2021?	Yes No
13	Did you receive any Advanced Child Tax Credit payments?	Yes No
	If yes , how much did you receive?	
IRA, PENSION AND EDUCATION SAVINGS PLANS		
14	Did you take a retirement account distribution related to the corona virus or a natural disaster?	Yes No
15	Did you receive payments from a pension or profit-sharing plan?	Yes No
16	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	Yes No
17 a	Did you convert all or part of a regular IRA into a Roth IRA?	Yes No
	b Did you roll over all or part of a qualified plan into a Roth IRA?	Yes No
18	Did you contribute to a Coverdell Education Savings Account?	Yes No
ITEMS RELATED TO INCOME/LOSSES		
19	Did you receive any disability payments in 2021?	Yes No
20	Did you receive tip income not reported to your employer?	Yes No
21 a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2021? (Attach copies of any escrow statements or Forms 1099.)	Yes No
	b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?	Yes No
	c Are you planning to purchase a home soon?	Yes No
22	Did you incur any casualty or theft losses during 2021?	Yes No
23	Did you incur any non-business bad debts?	Yes No
PRIOR YEAR TAX RETURNS		
24	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?	Yes No
	If yes , enclose agent's report or notice of change.	
25	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?	Yes No

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
26 Did you have foreign income or pay any foreign taxes in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
27 a At any time during 2021, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2021 ? Report all interest income on Org 11	<input type="checkbox"/>	<input type="checkbox"/>
28 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
29 Did you at any time during 2021, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
30 Did you receive Form 1095-A (Health Coverage)? If so, please attach	<input type="checkbox"/>	<input type="checkbox"/>
31 a Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
32 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	Yes	No
34 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021 ? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
35 Did you start paying mortgage insurance premiums in 2021 ? If yes, please attach details	<input type="checkbox"/>	<input type="checkbox"/>
36 Did you purchase a motor vehicle or boat during 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing sales tax paid.		
37 Did you purchase an energy efficient vehicle in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter year, make, model, and date purchased:		
38 Did you donate a vehicle in 2021 ? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
39 What was the sales tax rate in your locality in 2021 ? _____ % State ID		
40 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
41 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
42 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach details.		
43 Did you or your spouse participate in a medical savings account in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
44 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you pay any individual for domestic services in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
47 Did you, your spouse, or your dependents attend post-secondary school in 2021 ?	<input type="checkbox"/>	<input type="checkbox"/>
48 Did a lender cancel any of your debt in 2021 ? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
49 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach information.		
50 At any time during 2021, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..	<input type="checkbox"/>	<input type="checkbox"/>
51 a Did you obtain a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, has any portion of that loan been forgiven?	<input type="checkbox"/>	<input type="checkbox"/>
52 a Do you want to change the language with which the IRS communicates with you?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, which language?		

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
53 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
54 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Caution: Review transferred information for accuracy.		
55 If yes, please provide the following information:		
a Name of your financial institution		
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)		
c Account number		
d What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
<input checked="" type="checkbox"/> Please attach a voided check (not a deposit slip) if your bank account information has changed.		

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI Suffix	MI Suffix
Social security number	_____	_____
Occupation	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Driver's License/Id issuing state	_____	_____
License /Id number	_____	_____
License/Id issue date	_____	_____
License/Id expiration date	_____	_____
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number
City	State	ZIP code
Home phone	Foreign country	_____
Fax	Foreign phone	_____

FILING STATUS

☐ **1** Single
☐ **2** Married filing jointly
☐ **3** Married filing separately

Check this box if you **did not** live with spouse at any time during the year ☐
 Check this box if you are eligible to claim spouse's exemption ☐
 Check this box if your spouse itemizes deductions ☐

☐ **4** Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... Child's social security number.....

☐ **5** Qualifying widow(er)
 Check the box for the year the spouse died 2019 ☐ 2020 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)				Social Security Number	**Code	Not qualified credit	Date of Birth	2021 Child Care Expense
				Relationship	+Months in U.S.	Other dep	*Not Citizen	2020 Child Care Expense
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

** For the Dependent Code, enter the following:

L = dependent child who lived with you

N = dependent child who didn't live with you due to divorce or separation

O = other dependent

Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

1099-MISC Income and 1099-NEC Income

ORG8

Copy 1

MISCELLANEOUS INCOME

☒ Attach all copies of 1099-MISC and 1099-NEC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Rents			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
1	Nonemployee compensation (Form 1099-NEC)			
8	Substitute payments			
10	Crop insurance proceeds			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld – 1st state			
17	State name – two letters – 1st state			
	Payer's state number – 1st state			
18	State income – 1st state			
16	State tax withheld – 2nd state			
17	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
18	State income – 2nd state			
	FATCA filing requirement	<input type="checkbox"/>		

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME



Attach all copies of your Form 1099-INTs here.

**Type of Interest

blank = Regular taxable interest

ME1 = ME bond interest in federal income

MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest

NH1 = NH nontaxable interest — taxable federal

NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest

TN1 = TN nontaxable interest — taxable federal

WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2021 Box 1 Interest	Type of Interest**	2021 Box 3 US/Treasury Interest	2021 Box 8 Tax Exempt	State	2020 Box 1 + 3

X* Check if you did not receive income from this account in 2021 .

DIVIDEND INCOME



Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2021 Box 1a Ordinary Dividends	2021 Box 1b Qualified Dividends	2021 Box 2a Capital Gains	State	2020 Box 1a + 2a

X* Check if you did not receive income from this account in 2021 .

Medical and Tax Expenses**ORG13**

MEDICAL AND DENTAL EXPENSES		2021	2020
1	Prescription medications		
2	Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3	Qualified long-term care premiums		
a	Taxpayer's gross long-term care premiums		
b	Spouse's gross long-term care premiums		
c	Dependent's gross long-term care premiums		
4	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5	Insurance reimbursement.....		
6	Doctors, dentists, etc		
7	Hospitals, clinics, etc		
8	Lab and X-ray fees.....		
9	Expenses for qualified long-term care		
10	Eyeglasses and contact lenses		
11	Medical equipment and supplies		
12	Miles driven for medical purposes.....		
13	Ambulance fees and other medical transportation costs		
14	Lodging.....		
15	Other medical and dental expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
f	_____		
g	_____		
h	_____		
i	_____		
j	_____		
TAXES		2021	2020
Enter state and local income taxes on ORG7 , ORG8 , ORG10 , and ORG40 .			
16	Real estate taxes paid on principal residence		
17	Real estate taxes paid on additional homes or land		
18	Auto registration fees based on the value of the vehicle		
19	Other personal property taxes		
20	Other taxes:		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID

Lender's Name	Check if NOT on Form 1098	2021	2020
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME

Lender's Name	Check if NOT on Form 1098	2021
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE

Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098

Form 1098 Recipient's Name	Address

OTHER POINTS

Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.

Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2020 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS

	2021	2020
Premiums paid in 2021 for qualified mortgage insurance not from Form 1098 import		

	2021	2020
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc).....		

If the mortgage meets the following reasons during 2021 complete the following:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was not used to buy, build or substantially improve the home that secures the loan

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2021					
Points paid in 2021					
Months loan outstanding					
Principal pd on loan in 2021..					

b Was all proceeds of this loan used to buy, build, or substantially improve the home?
 Yes: ☐ No: ☐ Yes: ☐ No: ☐ Yes: ☐ No: ☐ Yes: ☐ No: ☐ Yes: ☐ No: ☐

2 Home Debt Origination on or after December 15, 2017

Beginning of year balance ..					
Additional borrowed in 2021					

Enter the amount of debt not used to buy, build, or substantially improve the home:

--	--	--	--	--

3 Home Debt Origination after October 13, 1987 and Before December 15, 2017

Beginning of year balance ..				
------------------------------	--	--	--	--

Enter the amount of debt not used to buy, build, or substantially improve the home:

--	--	--	--

4 Grandfathered debt: (before 10/14/1987)

Beginning of year balance ..				
------------------------------	--	--	--	--

Enter the amount of debt not used to buy, build, or substantially improve the home:

--	--	--	--

Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2021	2020
	<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"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

***Methods of determining FMV:**

Appraisal
Average share
Catalog

Capitalization of income
Comparative sales
Consignment shop

Present value
Replacement cost
Reproduction cost

Thrift shop

****Type of Donated Property**

Household/clothing items
Motor vehicle, boat or airplane
Art, other than self-created
Art, self-created
Collectibles

Business equipment
Business inventory
Stock, publicly traded
Stock, other than publicly traded
Securities, other than stock

Intellectual property
Real property, conservation property
Real property, other than conservation
Other personal property
Other intangible property

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2021	2020
Employee Business Expenses		
Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a		
b		
c		
d		
e		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No		
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Check to code assets as Investment Expense <input type="checkbox"/>		
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 a Government unemployment benefits repaid in 2021 <input type="checkbox"/>		
b Other expenses (list):		
.....		
.....		
.....		
.....		
.....		
OTHER MISCELLANEOUS DEDUCTIONS	2021	2020
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		
17 Ordinary loss attributable to certain debt instruments		

Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for: ORG19

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle.....	2020		
2 a Date placed in service.....			
b Date acquired, if different from line 2a.....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading.....			
b Beginning mileage reading.....			
c Total miles for the year (line 3a less line 3b).....			
4 Business miles.....			
5 Total commuting miles.....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc.....			
9 Vehicle registration fee (excluding property tax).....			
10 Vehicle lease or rental fee.....			
11 Inclusion amount (Preparer Use Only).....			
12 Depreciation (Preparer Use Only).....			
13 Parking fees, tolls, and local transportation.....			
14 Portion of vehicle registration fee based on value.....			
15 Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis.....			
17 Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use).....			
20 Section 179 expense (Preparer Use).....			
21 Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold.....			
29 Sales price.....			
30 Expense of sale.....			
31 Gain/loss basis, if different (Preparer Use).....			
32 AMT gain/loss basis, if different (Preparer Use).....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
33 Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34 Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
37 If yes, is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses**ORG19****GENERAL INFORMATION**

Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No

1 Check ownership ☒ **Taxpayer** ☐ **Spouse** ☐ **Joint**

2 Business name

3 a Business street address.....

b 1 City, State and Zip Code, or

2 Foreign country..... (not applicable)

4 Principal business/profession

5 Employer ID number.....

6 Business code (Preparer Use Only) Yes No

7 Was this business fully disposed of in a fully taxable transaction during 2021 ? ☐ Yes ☐ No

8 Accounting method:
Cash ☐ Accrual ☐ Other (specify) ☐

9 Method used to value closing inventory:
Cost ☐ Lower of cost or market ☐ Other (explain) ☐

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) Yes No

11 Did you materially participate in the operation of this business during 2021 ? Yes No

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

13 a Did you make any payments in 2021 that require you to file Forms 1099? Yes No

b If yes, did you or will you file all the required Forms 1099? Yes No

14 At-risk determination:
a Is all of the investment in this activity at risk? Yes No

b Is some of the investment in this activity not at risk? Yes No

15 Did you have unallowed passive losses in 2020 ? Yes No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular ☐ Extension ☐ No ☐

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

d Was this business located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2021	2020
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2021	2020
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year.....		

Business Income and Expenses (continued)**ORG19**

EXPENSES	2021	2020
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only)		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Business Use of Home

ORG20

for: ORG19

copy: 1

Simplified method election for Home Office expenses: Elect the simplified method in 2020 instead of entering actual expenses

☐

Elected the simplified method in 2019 instead of entering actual expenses

☐

GENERAL INFORMATION		2021	2020
1	Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2	Area used only partly for day care (square footage)		
3	Total area of home (square footage)		
4	Daycare hours		
a	Number of weeks used for day care, if less than full year		
b	Number of days used for day care each week		
c	Number of days closed for holidays, vacations, etc		
d	Number of hours used for day care each day		
e	Total hours used for day care		
f	Total hours available for use		8,784
5	Enter the date you began using this home office for this business		
6	If part of your income is from a place of business other than this home, enter % of gross income from business use of this home		
7	Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
8	Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2021		2020	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Total mortgage interest/points				
11 Mortgage interest/points on Form 1098				
12 Interest not on Form 1098				
13 Points not of Form 1098				
14 Real estate taxes				
15 Excess mortgage interest (Preparer Use)				
16 Excess real estate taxes (Preparer Use)				
17 Qualified mortgage insurance				
18 Other insurance				
19 Rent				
20 Repairs and maintenance				
21 Utilities				
22 Other expenses (e.g., rent)				
23 Carryover of operating expenses				
24 Excess casualty losses (Preparer Use Only)				
25 Depreciation of your home (Preparer Use Only)				
26 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
27	Enter the land value included in cost for residence			

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: _____
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: _____ Foreign Country: (not applicable) _____

Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No

- 1 Check property owner ☐ Taxpayer ☐ Spouse ☐ Joint Yes No
- 2 a Did you make any payments that would require you to file Form(s) 1099? ☐ ☐
- b If yes, did you or will you file all required Forms(s) 1099? ☐ ☐
- 3 a Enter the ownership percentage (if not 100%) _____
- b If not 100%, are you reporting 100% of the income and expenses? ☐ ☐
- 4 Is this a rental property? (If yes, answer questions 5 through 11; if no, skip to question 12.) ☐ ☐
- 5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? ☐ ☐
- 6 For all rental properties, enter the number of days during 2021 that:
- a The property was rented at fair rental value _____
- b The property was used personally or rented at less than fair rental value _____
- c You owned the property, if not the entire year _____
- 7 a Does this rental have multiple living units and you live in one of the units? ☐ ☐
- b If yes, enter percentage of rental use _____
- 8 Did you actively participate in this property's management during 2021 ? ☐ ☐
- 9 Did you materially participate in this property's management during 2021 ? ☐ ☐
- 10 Do you want to treat this property as non-passive? ☐ ☐
- 11 Did this property have unallowed passive losses in 2020 ? ☐ ☐
- 12 Did you dispose of this property in a fully taxable transaction? ☐ ☐
- 13 Check this box if some of this investment was not at-risk ☐
- 14 a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ ☐
- b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular ☐ Extension ☐ No ☐
- c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ ☐
- d Was this activity located in a Qualified Disaster Area? ☐ ☐

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME		2021	2020
15	Rents or royalties received		
<div><div>* Property Types:</div><div><div>1 Single family residence</div><div>2 Multi-family residence</div><div>3 Vacation/short-term rental</div><div>4 Commercial</div></div><div><div>5 Land</div><div>6 Royalties</div><div>7 Self-rental</div><div>8 Other</div></div></div>			

Rent and Royalty Income and Expenses (continued)**ORG25**

EXPENSES		2021	2020
	Property location		
16	Advertising		
17a	Automobile (complete ORG18 for autos).....		
b	Travel.....		
18	Cleaning and maintenance		
19	Commissions.....		
20a	Mortgage insurance premiums — qualified		
b	Other insurance		
21	Legal and professional fees		
22	Management fees		
23a	Mortgage interest paid to banks — qualified.....		
b	Mortgage interest paid to banks — other.....		
24	Other interest		
25	Repairs.....		
26	Supplies.....		
27a	Real estate taxes.....		
b	Other taxes		
28	Utilities		
29	Other expenses:		
a		
b		
c		
d		
e		
30a	Depreciation and Section 179 deduction (Preparer Use Only)		
b	Depletion (Preparer Use Only)		

Tax Payments

ORG40

2021 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/15/21								
2 Qtr 2 due by 06/15/21								
3 Qtr 3 due by 09/15/21								
4 Qtr 4 due by 01/15/22								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2020 overpayment applied to 2021			
7 Balance due paid with 2020 return			
8 a 2020 Quarter 4 payments paid in 2021			
b 2020 extension payments paid in 2021			
9 Other taxes paid in 2021 for prior years (include explanation)			

2022 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2022, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	
	Spouse.....	
11 Self-Employment Income	Taxpayer	
	Spouse.....	
12 Capital Gains (sale of stock, real estate, etc).....		
13 Other Income:		
Description		

Deductions

14 Allowable Itemized Deductions	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	
16 Federal Withholding	
17 Number of personal exemptions expected for 2022	

ADDITIONAL INFORMATION

18 Check to use your 2021 tax amount for your 2022 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2021 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	
21 Number of installments for estimated tax (1 - 4)	