

2021

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and if "YES" provide additional information where necessary. (For Example: Escrow statements for purchase or refinancing, foreign account statements, new dependents, social security number, 1099's, k-1's)

TAX RETURN DELIVERY AND TAX PAYMENT OPTIONS

Yes

No

DocuSign: Would you like to receive your returns and e-file authorization forms by DocuSign online service? This is our preferred delivery method for safe and secure processing. (You may also request a hard paper copy or PDF copy of your returns).

Email PDF: Would you like to receive your returns and e-file authorization forms by email as secure PDF downloads?

Hard Copy: Would you like to receive your returns and e-file authorization forms in paper by mail or pick up at our office?

Did your bank account information change within the last twelve months? If so, please provide the updated account information (voided check) for direct deposit and electronic payment purposes.

If you have a balance due do you want to pay electronically or, if you have an overpayment, do you want it directly deposited into your bank?

CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)

Yes

No

Did you receive advance payments of the child tax credit? If so, please provide amounts and dates of receipt.

Did you receive an economic impact payment? If so, please provide amount and date of receipt.

Did your business receive a PPP loan? If so please provide the loan agreement. If any of the funds have been forgiven please provide documentation and dates

If you received a distribution from a retirement plan because of COVID, did you or do you intend to repay the distribution? Please provide supporting details.

Did you claim the Employee Retention Credit? If so, please provide the quarterly payroll tax returns for the entire year (Forms 941 and 940) for your business.

Did you receive unemployment compensation during the year? If so, Please provide 1099-G.

FOREIGN TRANSCATIONS

Yes

No

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? If yes, please provide details about all such accounts including bank name and account number, highest balance in the account during the year, and your interest in the account (i.e. account owner, trustee, signature authority, etc).

Do you own any part of a foreign company? If yes, please provide details.

Did you have any foreign income or pay any foreign taxes? If yes, please describe.

Did you receive over \$100,000 during 2021 from foreign sources (for example: gift, or inheritance, or sale of property or investment)? If yes, please provide all details.

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If yes, please provide details including amounts and dates of distributions and where distributions were received from.

2021

1040

US

Miscellaneous Questions

PERSONAL INFORMATION

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? If so, please provide details of this change plus the last 3 years of Tax Returns for the new spouse, where appropriate. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? If so, please provide details of this change. |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2021? If yes, please explain. |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? If so, please provide details of this change (First and Last Name, SSN, Birthdate, Relationship). |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2021, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? If so, please consult with us prior to those returns being prepared so that we may make sure that the appropriate tax rate is applied to your child's income tax return. |

INCOME

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? If yes, please provide information on source, amount, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have gross gambling income? If yes, please provide all the tax forms received, as well as a summary of your overall gains/losses. |

PURCHASES, SALES AND DEBT

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? If yes, please provide details, or a K-1 statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If yes, please identify. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2021? If yes, please provide information regarding these transactions. Such as complete 1099 forms from the brokerage, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you invest/trade in virtual currency (e.g. Bitcoin, Litecoin, Ethereum, etc) during the year? If so, please provide gain / loss reports covering the entire year. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2022? If yes, wash sale rules might apply. Please provide details regarding these transactions. |

2021

1040

US

Miscellaneous Questions

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive employer stock including restricted stock, stock options, exercise stock options or participate in an employee stock purchase program? Please provide copies of applicable statements regarding these programs and transactions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If yes, please provide final (closing) escrow statement (HUD-1). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a home in 2021 and you were overseas on official extended duty? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If so, please provide purchase details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new plug in electric drive motor vehicle in 2021? If yes, please provide a copy of the purchase statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? If yes, please provide a copy of form 1099-C and/or details of debt cancelled or forgiven. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone owe you money which has become uncollectible? If yes, please let us know details such as name of person, amount uncollectible and any other details. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you made any purchases of tangible personal property without paying sales tax (by purchasing online or from an out of state vendor), do you owe any use tax to the state of California? If so, provide details of purchase and use tax owed. |

RETIREMENT PLANS

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please provide a copy of Form 1099-R |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), SEP, SIMPLE, Qualified Plan, etc.)? If yes, please specify to what plan, the amount and date of contribution. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a deductible or non-deductible contribution to your IRA? If so, please provide amount and date made. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional IRA, SEP, or SIMPLE IRA to a Roth IRA? If yes, please provide a copy of form 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you either directly rollover an amount from one retirement plan to another or receive a distribution from a retirement plan that you deposited into another plan within 60 days? If yes, please provide supporting documentation for distribution and deposit. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a qualified charitable distribution from your IRA directly to a charity? If yes, please provide details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be turning 72 in 2022 and be required to take a required minimum distribution from a retirement plan? |

EDUCATION

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If yes, please provide a copy of form 1098-Q. Also, please confirm whether or not the funds were used entirely for education purposes or something different. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses to attend a college, university, or vocational school? If yes, please provide a copy of form 1098-T along with a detailed listing of books and supplies. |

2021	1040	US	Miscellaneous Questions
-------------	-------------	-----------	--------------------------------

HEALTH CARE COVERAGE

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have healthcare coverage for the full year? If so, please provide copies of Forms 1095-A, 1095-B, or 1095-C (whichever you may have received). |
| <input type="checkbox"/> | <input type="checkbox"/> | If you or your dependents did not have health care coverage for the entire the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? Please provide additional details regarding the exempt status. If you received an exemption certificate, please provide a copy of all such documents. |
| <input type="checkbox"/> | <input type="checkbox"/> | For 2021 and / or 2022, if you applied for and will be getting health insurance via the health insurance marketplace (i.e. healthcare.gov or coveredca.com), did you apply for a premium assistance tax credit? If so, please provide information about the credit you will be receiving. |
| <input type="checkbox"/> | <input type="checkbox"/> | If self-employed, please provide the total amount of premiums paid for health, dental, vision and for long term care insurance during the year? |

ITEMIZED DEDUCTIONS

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make charitable contributions by check, credit cards or cash? If so, be aware that tougher documentation standards for all donations now require a cancelled check, charge receipt or acknowledgement from the charitable organization. An acknowledgement from the charity must be available for any donation of \$250 or more. If yes, please provide a listing of charitable donations and amounts. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make charitable donations of property (furniture, clothing, household items, electronic equipment) valued between \$250 and \$5,000? If yes, please provide a description of the donated property and a receipt from the charity. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make charitable donations of property (furniture, clothing, household items, electronic equipment) valued over \$5,000? If so, a qualified appraisal of the property must also be obtained which includes information about the property and the appraisal. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? If yes, please provide details about your loss including a description of the property, your original basis, how the loss came about (i.e. fire, theft, flood, etc), and any insurance reimbursements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? If yes, please provide the total miles driven for the year, and the total miles you drove for business and for which you were not reimbursed. Also provide the year, make and model of your car. |

ESTIMATED TAXES

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2020 taxes to your 2021 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any estimated tax payments for the 2021 tax year? If so, please provide date, amount and to whom they were paid. Be sure to include all payments made for the 2021 tax year, including those made in January 2022. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2021 taxes, do you want the excess applied to your 2022 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2022 taxable income and withholdings to be generally the same as 2021? If no, what do you expect to significantly change? |

MISCELLANEOUS

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |

2021	1040	US	Miscellaneous Questions
-------------	-------------	-----------	--------------------------------

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? If yes, please provide details about how your home was either rented or used for business, dates and income/expense amounts. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? If yes, please provide details including forms 1099-SA and 5498-SA. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA)? If yes, please provide details including forms 1099-SA and 5498-SA. |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? If yes, please provide details and supporting documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees and pay wages of \$1,900.00 or more in 2021? If yes, please provide details about how much was paid to each employee. |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If yes, please provide a copy of the notice(s) for our review. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust, such as a life insurance trust or an irrevocable trust? If yes, please provide details about the gifts including dates and amounts of gifts (by individual or trust). |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you or was any of your property located in a federally declared disaster area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse receive a pension or annuity in 2021 for services performed as an employee of the U.S., state or local government from work not covered by social security? If yes, please provide details about such income. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse elect to receive COBRA continuation health coverage? If yes, please provide the amounts you paid for such coverage during the year. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? |

PLEASE IDENTIFY WHICH OF THE FOLLOWING SERVICES MIGHT BE OF VALUE TO YOU. IF ANY OF THESE APPLY, PLEASE CONTACT US TO DISCUSS.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Tax planning for the year 2022 (proactive planning to uncover and identify tax strategies to help you reduce tax liability / increase tax refund) |
| <input type="checkbox"/> | <input type="checkbox"/> | Preparation of a personal financial statement (useful for estate and financial planning, retirement planning, for borrowing purposes, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial planning (planning, identifying and implementing wealth building strategies) |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement planning (near retirement and post retirement assessment and funding strategies) |
| <input type="checkbox"/> | <input type="checkbox"/> | IRA or Social Security Planning. Will you be collecting benefits soon? Will you be 70 soon? Are you trying to decide about collecting early? |
| <input type="checkbox"/> | <input type="checkbox"/> | Estate, legacy planning and update (preserving, directing and transferring wealth) |
| <input type="checkbox"/> | <input type="checkbox"/> | College education funding (funding, investment and distribution strategies) |
| <input type="checkbox"/> | <input type="checkbox"/> | Investment strategy (review of existing programs, development of investment policy and/or investment management) |

2021

1040

US

Miscellaneous Questions

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance (identifying and managing risk to preserve capital) |
| <input type="checkbox"/> | <input type="checkbox"/> | Banking (analyzing and solving personal banking issues) |
| <input type="checkbox"/> | <input type="checkbox"/> | Lending (analyzing capital needs and directing the right financing source i.e. personal, home, business loans and lines of credit) |

PLEASE SUBMIT THE FOLLOWING FORMS WITH THIS TAX ORGANIZER

Form W-2
Form 1099
Form 1098
Form 1098-T
Form K-1
Form 1095-A
Form 1095-B
Form 1095-C

All notices and correspondence from IRS, Franchise Tax Board or other State Tax Agencies.
Escrow statements for any real estate purchase, sale, or refinance.
Any other pertinent tax documentation that will assist us in preparing your return.

2021	1040	US	Client Information	1
------	------	----	--------------------	---

Wertz & Company LLP
5450 Trabuco Road
Irvine CA 92620
 Telephone number: **(949) 756-5000**
 Fax number: **(949) 756-1618**
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2019 or 2020)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

2021	1040	US	Client Information (continued)	1 p2
-------------	-------------	-----------	---------------------------------------	-------------

Please add, change or delete information for 2021.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone..... Work phone..... Work extension..... Daytime phone (table)..... Mobile phone..... Fax number..... E-mail address.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
Spouse Contact Information	Home phone..... Work phone..... Work extension..... Daytime phone (table)..... Mobile phone..... Fax number..... E-mail address.....		
Taxpayer Authentication	Driver's license no..... Driver's license state..... Issue date (m/d/y)..... Expiration date (m/d/y)..... Theft protection PIN.....		
Spouse Authentication	Driver's license no..... Driver's license state..... Issue date (m/d/y)..... Expiration date (m/d/y)..... Theft protection PIN.....		

2021	1040	US	Dependents	2
-------------	-------------	-----------	-------------------	----------

Please add, change or delete information for 2021.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying widow(er) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

Please enter all pertinent 2021 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2021 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2021

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2021 information.

APPLICATION OF 2021 OVERPAYMENT (7.1)

If you have an overpayment of 2021 taxes, do you want the excess refunded? or applied to 2022 estimate?

Other (please explain): _____

2022 ESTIMATED TAX INFORMATION

Do you expect your 2022 taxable income to be different from 2021? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2022 withholding to be different from 2021? Yes No

If "yes" explain any differences: _____

7.1

2021	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
-------------	-------------	-----------	---	-----------------------

Please enter all pertinent 2021 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2020 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/21	2020 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2020 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2021 Amount	TS		2020 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2021	1040	US	Interest & Dividend Income	11, 12
-------------	-------------	-----------	---------------------------------------	---------------

Please enter all pertinent 2021 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2020 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2020 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

2021	1040	US	Miscellaneous Income	14.1
-------------	-------------	-----------	-----------------------------	-------------

Please enter all pertinent 2021 amounts and attach all 1099-MISC, 1099-NEC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

	14.1
--	-------------

Please add, change or delete 2021 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2021 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer			
	1=spouse			
	Unemployment compensation:			
	Total received (Box 1)			
	2021 Overpayment repaid			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)			
	1=city or local income tax refund			
	Tax year for box 2 if not 2020 (Box 3)			
	Federal income tax withheld (Box 4)			
	RTAA payments (Box 5)			
	Taxable grants:			
	Federal taxable amount (Box 6)			
	State taxable amount, if different			
	Farm amounts:			
Agriculture payments (Box 7)				
1=agriculture payments are from conservation reserve program				
Market gain (Box 9)				
Number of farm				
1=box 2 is trade or business income (Box 8)				
State income tax withheld (Box 11)				

No. <input style="width:40px;" type="text"/>	Name of payer			
	1=spouse			
	Unemployment compensation:			
	Total received (Box 1)			
	2021 Overpayment repaid			
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)			
	1=city or local income tax refund			
	Tax year for box 2 if not 2020 (Box 3)			
	Federal income tax withheld (Box 4)			
	RTAA payments (Box 5)			
	Taxable grants:			
	Federal taxable amount (Box 6)			
	State taxable amount, if different			
	Farm amounts:			
Agriculture payments (Box 7)				
1=agriculture payments are from conservation reserve program				
Market gain (Box 9)				
Number of farm				
1=box 2 is trade or business income (Box 8)				
State income tax withheld (Box 11)				

2021	1040	US	Education Distributions (ESA's and QTP's)	14.3
-------------	-------------	-----------	--	-------------

Please enter all pertinent 2021 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

		2021 Amount	2020 Amount
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2021 contributions to this ESA		
Value of this account at 12/31/21 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/20			

No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2021 contributions to this ESA		
Value of this account at 12/31/21 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/20			

No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2021 contributions to this ESA		
Value of this account at 12/31/21 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/20			

2021	1040	US	ABLE Distributions	14.4
-------------	-------------	-----------	---------------------------	-------------

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

ABLE DISTRIBUTIONS / CONTRIBUTIONS

2021 Amount

2020 Amount

No. <input style="width:40px;" type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
Earnings on excess contributions			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
Earnings on excess contributions			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
Earnings on excess contributions			

2021	1040	US	Business Income (Schedule C)	No. <input style="width:30px;" type="text"/>	16
-------------	-------------	-----------	-------------------------------------	--	-----------

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, if different from Form 1040	
State, if different from Form 1040	
ZIP code, if different from Form 1040	
Foreign region	
Foreign postal code	
Foreign country	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower cost/market, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		
1=trader in financial instruments or commodities		

INCOME

	2021 Amount	2020 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2021 Amount	2020 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2021 1040 US Capital Gains & Losses (Schedule D) 17

If you sold any stocks, bonds, or other investment property in 2021, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

17

2021

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2021, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home

(* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2021 Amount	2020 Amount
Description of property		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

INCOME

	2021 Amount	2020 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2021

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2021 Amount	2020 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

2021	1040	US	Partnership and S corporation Information	20.1,20.2
------	------	----	---	-----------

Please add, change or delete 2021 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2021 Amount	2020 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2021 payments from 1/1/22 to 4/15/22				

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

	Taxpayer	Spouse
Alimony paid:		
Date of divorce or sep. agreement		
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2020 amt:	2020 amt:

2021	1040	US	Itemized Deductions	25
-------------	-------------	-----------	----------------------------	-----------

**Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2021 Amount	TS	2020 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2021 estimates are automatic.)

State income taxes - 1/21 payment on 2020 state estimate			
State income taxes - paid with 2020 state return extension			
State income taxes - paid with 2020 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/21 payment on 2020 city/local estimate			
City/local income taxes - paid with 2020 city/local extension			
City/local income taxes - paid with 2020 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2021 purchases			
Use taxes paid with 2020 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - held for investment :			

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...			
Foreign income taxes			
Other taxes:			

2021

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2021 Amount

TS

2020 Amount

Home mortgage interest not reported on Form 1098:

Payee's name.....	
Payee's SSN or FEIN.....	
Payee's street address.....	
Payee's city.....	
Payee's state.....	
Payee's ZIP code.....	
Payee's region.....	
Payee's postal code.....	
Payee's country.....	

Amount paid.....		
------------------	--	--

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

--	--	--

Investment interest (interest on margin accounts):

Passive interest.....

--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)		
Number of charitable miles		

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)		
Number of charitable miles		

25 p2

2021

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2021 Amount

TS

2020 Amount

Table with 3 columns: Description, 2021 Amount, TS, 2020 Amount. Includes 3 rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: Description, 2021 Amount, TS, 2020 Amount. Includes 3 rows for 30% limitation.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Table with 3 columns: Description, 2021 Amount, TS, 2020 Amount. Includes 3 rows for 30% capital gain property.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Table with 3 columns: Description, 2021 Amount, TS, 2020 Amount. Includes 3 rows for 20% capital gain property.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Table with 3 columns: Description, 2021 Amount, TS, 2020 Amount. Includes 3 rows for other unreimbursed employee expenses.

Investment expense:

Table with 3 columns: Description, 2021 Amount, TS, 2020 Amount. Includes 3 rows for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: Description, 2021 Amount, TS, 2020 Amount. Includes 2 rows for tax return preparation fee and safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Table with 3 columns: Description, 2021 Amount, TS, 2020 Amount. Includes 3 rows for miscellaneous deductions.

25 p3

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

	2021 Amount	TS	2020 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2021 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2021 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2021 Amount	TS	2020 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2021			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2021			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2021			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2021			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

2021 Amount	TS	2020 Amount
--------------------	-----------	--------------------

Lender's name

Form (see table)

Number of form

1=taxpayer, 2=spouse, blank=joint

Interest paid

Points paid

Total principal paid

Lump sum principal payment (if paid off)

Months outstanding (if not 12)

1=home acquisition debt incurred after 12/15/17

Home acquisition debt balance - beginning of year

Home acquisition debt borrowed in 2021

Home equity debt balance - beginning of year

Home equity debt borrowed in 2021

Grandfather debt balance - beginning of year

Loan #4

Lender's name

Form (see table)

Number of form

1=taxpayer, 2=spouse, blank=joint

Interest paid

Points paid

Total principal paid

Lump sum principal payment (if paid off)

Months outstanding (if not 12)

1=home acquisition debt incurred after 12/15/17

Home acquisition debt balance - beginning of year

Home acquisition debt borrowed in 2021

Home equity debt balance - beginning of year

Home equity debt borrowed in 2021

Grandfather debt balance - beginning of year

Form

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

If your total noncash contributions are in excess of \$500 in 2021, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input style="width: 40px;" type="text"/>	<div style="border: 1px solid black; padding: 2px;">Vehicle</div>	Name of charitable organization (donee)	<input style="width: 100%;" type="text"/>
		Street address	<input style="width: 100%;" type="text"/>
		City	<input style="width: 100%;" type="text"/>
		State	<input style="width: 100%;" type="text"/>
		ZIP code	<input style="width: 100%;" type="text"/>
		1=spouse, 2=joint	<input style="width: 100%;" type="text"/>
		Property description (other than vehicle)	<input style="width: 100%;" type="text"/>
		Identification number (VIN)	<input style="width: 100%;" type="text"/>
		Year (yyyy)	<input style="width: 100%;" type="text"/>
		Make and model	<input style="width: 100%;" type="text"/>
		Condition and mileage	<input style="width: 100%;" type="text"/>
		Date of contribution (m/d/y)	<input style="width: 100%;" type="text"/>
		Date acquired by donor (m/y)	<input style="width: 100%;" type="text"/>
How acquired by donor (Table 1 or describe)	<input style="width: 100%;" type="text"/>		
Donor's cost or basis	<input style="width: 100%;" type="text"/>		
Fair market value	<input style="width: 100%;" type="text"/>		
Method used to determine FMV (Table 2 or describe)	<input style="width: 100%;" type="text"/>		

No. <input style="width: 40px;" type="text"/>	<div style="border: 1px solid black; padding: 2px;">Vehicle</div>	Name of charitable organization (donee)	<input style="width: 100%;" type="text"/>
		Street address	<input style="width: 100%;" type="text"/>
		City	<input style="width: 100%;" type="text"/>
		State	<input style="width: 100%;" type="text"/>
		ZIP code	<input style="width: 100%;" type="text"/>
		1=spouse, 2=joint	<input style="width: 100%;" type="text"/>
		Property description (other than vehicle)	<input style="width: 100%;" type="text"/>
		Identification number (VIN)	<input style="width: 100%;" type="text"/>
		Year (yyyy)	<input style="width: 100%;" type="text"/>
		Make and model	<input style="width: 100%;" type="text"/>
		Condition and mileage	<input style="width: 100%;" type="text"/>
		Date of contribution (m/d/y)	<input style="width: 100%;" type="text"/>
		Date acquired by donor (m/y)	<input style="width: 100%;" type="text"/>
How acquired by donor (Table 1 or describe)	<input style="width: 100%;" type="text"/>		
Donor's cost or basis	<input style="width: 100%;" type="text"/>		
Fair market value	<input style="width: 100%;" type="text"/>		
Method used to determine FMV (Table 2 or describe)	<input style="width: 100%;" type="text"/>		

<p>1</p> <p style="text-align: center;">How Property was Acquired</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = Purchase</td> <td style="width: 50%;">3 = Inheritance</td> </tr> <tr> <td>2 = Gift</td> <td>4 = Exchange</td> </tr> </table>	1 = Purchase	3 = Inheritance	2 = Gift	4 = Exchange	<p>2</p> <p style="text-align: center;">Method Used to Determine FMV</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = Appraisal</td> <td style="width: 50%;">3 = Catalog</td> </tr> <tr> <td>2 = Thrift shop value</td> <td>4 = Comparable sales</td> </tr> </table> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>	1 = Appraisal	3 = Catalog	2 = Thrift shop value	4 = Comparable sales
1 = Purchase	3 = Inheritance								
2 = Gift	4 = Exchange								
1 = Appraisal	3 = Catalog								
2 = Thrift shop value	4 = Comparable sales								

2021

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2021 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2021 Amount	2020 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

2021

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	
1=minister's expenses.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2021 Amount	2020 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance).....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner
- 1=vehicle is available for off-duty personal use
- 1=no other vehicle is available for personal use
- 1=no evidence to support your deduction
- 1=no written evidence to support your deduction

2021 Amount	2020 Amount

VEHICLE 1

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E & F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)

VEHICLE 2

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E and F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)

2021	1040	US	Health Savings Accounts (8889)	32.1
-------------	-------------	-----------	---------------------------------------	-------------

Please enter all pertinent 2021 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2021, a high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$ 7,000 for self-only coverage or \$14,000 for family coverage.

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

	32.1
--	-------------

2021	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
-------------	-------------	-----------	--	------------------

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2021				
Employer-provided benefits forfeited in 2021				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Title or suffix			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2021		2020 amt:	
	1=disabled			
	1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Title or suffix			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2021		2020 amt:	
	1=disabled			
	1=spouse, 2=joint			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider			
	Street address			
	City			
	State			
	ZIP code			
	Foreign region			
	Foreign postal code			
	Foreign country			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2021		2020 amt:	
	1=spouse, 2=joint			

2021

1040

US

Education Credits / Tuition Deduction

No.

38

Please complete the information below if you paid qualified education expenses in 2021 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse
First name
Last name
Social security number
Number of years hope credit claimed
Number of prior years AOC claimed
1=student was NOT enrolled at least half-time for at least one academic period that began in 2021 (or the first 3 months of 2022 if the qualified expenses were made in 2021) at an eligible institution in a qualified program
1=student completed first four years of post-secondary education before 2021
1=student was convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance

Form grid for Student Information with shaded areas for 2021 and 2020 amounts.

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name
Street address
City
State
ZIP code
1=2021 Form 1098-T was NOT received
1=2021 Form 1098-T received with Box 2 & 7 completed
1=2020 Form 1098-T received with Box 2 & 7 completed
Federal ID number from Form 1098-T

Form grid for Educational Institution Attended (#1) with shaded areas for 2021 and 2020 amounts.

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name
Street address
City
State
ZIP code
1=2021 Form 1098-T was NOT received
1=2021 Form 1098-T received with Box 2 & 7 completed
1=2020 Form 1098-T received with Box 2 & 7 completed
Federal ID number from Form 1098-T

Form grid for Educational Institution Attended (#2) with shaded areas for 2021 and 2020 amounts.

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2021 (net of refund or assistance, & not entered elsewhere)
Books & supplies required to be purchased from institution
Books & supplies not entered above
Amount of prior year refund or assistance *

Table with columns for 2021 Amount and 2020 Amount for qualified education expenses.

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$ 2,300 or more in 2021; withheld federal income tax during 2021 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

	2021 Amount	2020 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$2,300 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/22		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		

Please enter all pertinent 2021 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name	<input style="width:95%;" type="text"/>
Last name	<input style="width:95%;" type="text"/>
Social security number	<input style="width:95%;" type="text"/>
Date of birth (m/d/y)	<input style="width:95%;" type="text"/>
1=nontaxable to federal	<input style="width:95%;" type="text"/>
1=nontaxable to state	<input style="width:95%;" type="text"/>

INTEREST INCOME (Form 1099-INT)

	2021 Amount	2020 Amount
Banks, credit unions, etc. (Box 1): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

DIVIDEND INCOME (Form 1099-DIV)

	2021 Amount	2020 Amount
Total ordinary dividends (Box 1a): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2021 Amount	2020 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		

2021

1040

US

Report of Foreign Bank & Fin. Accts.

No.

82.1 p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

INFORMATION ON FINANCIAL ACCOUNTS

1=spouse.....

Type of account: 1=bank account, 2=securities account, or specify.....

Maximum value of account (-1 if unknown).....

Financial institution:

Name of institution (Line 1) (mandatory).....

Name of institution (Line 2).....

Mailing address.....

Account number.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts owned jointly:

Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer).....

Principal joint owner:

Taxpayer identification number, if not joint filer.....

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....

Last name.....

First name.....

Middle initial.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts where filer has no financial interest:

Last name or org. name (mandatory).....

First name.....

Middle initial.....

Taxpayer identification number.....

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Filer's title.....

	2021 Amount	2020 Amount
1=spouse.....		
Type of account: 1=bank account, 2=securities account, or specify.....		
Maximum value of account (-1 if unknown).....		
Financial institution:		
Name of institution (Line 1) (mandatory).....		
Name of institution (Line 2).....		
Mailing address.....		
Account number.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts owned jointly:		
Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer).....		
Principal joint owner:		
Taxpayer identification number, if not joint filer.....		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....		
Last name.....		
First name.....		
Middle initial.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts where filer has no financial interest:		
Last name or org. name (mandatory).....		
First name.....		
Middle initial.....		
Taxpayer identification number.....		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Filer's title.....		

82.1 p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2021 Amount	2020 Amount
Description of asset		
Type of account: 1=deposit, 2=custodial		
Use financial institution information from Form 114		
Financial institution information (if not filing Form 114):		
Maximum value of account during year		
Name of institution		
Account number (mandatory for part I)		
Mailing address of institution		
City of institution		
State/province of institution		
Postal code of institution		
Country of institution		
1=account opened during year		
1=account closed during year		
1=account jointly owned with spouse		
1=no tax item in Part III with respect to this account		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which account is maintained		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II)		
Date asset acquired during year (m/d/y)		
Date asset disposed of during year (m/d/y)		
1=jointly owned with spouse		
1=no tax item in Part III with respect to this asset		
Maximum value of asset during year		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which asset is denominated		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		
Foreign entity information (complete if stock or interest):		
Name of entity		
Type of entity		
Mailing address of entity		
City of entity		
State/province of entity		
Postal code of entity		
Country of entity		

1

Type of Entity

1 = Partnership
 2 = Corporation
 3 = Trust
 4 = Estate

2021

1040

US

Foreign Reporting (8938) (continued)

No.

82.2 p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Issuer or counterparty (#2):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Issuer or counterparty (#3):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Issuer or counterparty (#4):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

2

Type of Issuer or Counterparty

1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

82.2 p2