BALCERZAK FINANCIAL SERVICES, LLC ED BALCERZAK 1385 S COLORADO BLVD, SUITE 700 DENVER, CO 80222

Organizer Mailing Slip

General Information Taxpayer Spouse Middle Initial Last Name Suffix Social Security Number . . . Date of Birth Date of Death Check ("X") which phone number to list on return. Home Phone Work Phone Cell Phone Fax Number Legally Blind Totally Disabled Claimed as a Dependent . . . Presidential Election Fund (\$3) Occupation E-mail address State of Residence as of 12/31 . . County of Residence as of 12/31. School District as of 12/31 . . <u>%____</u> Sales tax rate of locality in 2021 . to If Part Year, Period of Residency . Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster. Driver's license OR State Issued ID Driver's license OR State Issued ID ID number ID issuing state ID issue date _ ID expiration date Filing Status Status on 2020 return : Status as of 12/31/2021: Single Enter ("X") in the box 2 Married filing joint 3 Married filing separately (Enter spouse's name and SSN above) 4 Head of Household Non-dependent name: Non-dependent SSN: 5 Qualifying widow(er) with minor child Year spouse died Taxpayer's Address Street Apt/Suite : City State ____ Zip Code If address is in a foreign country, enter that country . . . Foreign province/county . . Foreign postal code If a bona fide resident of a U.S. territory, enter territory. **Preparer's Information** Preparer's name ED BALCERZAK Firm's name BALCERZAK FINANCIAL SERVICES, LLC Street 1385 S COLORADO BLVD, SUITE 700 Citv DENVER State Zip Code 80222 Attestation and Signature: To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records. Sign here Date

		Name
		Questions
Yes	No	Personal Information Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year? Did you purchase or sell your principal residence or did your address change? Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return? Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2021? Were either you or your spouse in the military or National Guard? Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?
Yes	No 1 2 3 4 5 6 7	Dependents Are there any changes in your dependents from last year? Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income? Did you pay education expenses for your dependent children? Did anyone in your family receive a scholarship of any kind during 2021? Did you pay any dependent care expenses for a child or a parent? Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent? Are all of your dependents either US residents or citizens?
Yes	No 1	Health Care Coverage Did you or a member of your family have minimum essential coverage in 2021? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)
Yes	No 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Income (In 2021, did you or your spouse have any of the following?) Wages? (include form(s) W-2) Non-employee compensation? (include form(s) 1099-NEC) Miscellaneous Income? (include form(s) 1099-MISC) Interest income? (include form(s) 1099-INT) Dividend income? (include form(s) 1099-DIV) Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account? Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses. Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099) Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) Disability income? (include form(s) W-2 or 1099) Unemployment compensation? (include form(s) 1099-G) Alimony? Did you receive tip income NOT reported to your employer? Did you receive payments from a Long-Term Care insurance contract? Did you barter your services for goods or services from someone else? Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? Did you receive employer-provided adoption benefits for a previous year? Did you make a loan to someone at an interest rate below market rate? Did you receive any income not reported in this Organizer? Did you receive any income not reported in this Organizer? Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)? Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
Yes	No 1 2 3	Foreign Reporting Did you have an interest in or signature authority over a financial account in a foreign country? Were you the grantor of or transferor to a foreign trust? Did you receive income from a foreign source or pay taxes to a foreign government?
Yes	No 1 2 3 4 5 6 7 8	Retirement & Other Plans Did you receive any distributions from a retirement plan? (Include form(s) 1099-R) Did you rollover a retirement plan distribution into another plan? Did you convert a traditional IRA to a Roth IRA? Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) Did you make any contributions to an HSA (Health Savings Account) in 2021? Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?

	9	Did you receive an early distribution for a qualified birth or adoption distribution?
Yes	No	Purchases, Sales, Gains and Losses
	1	Did you exchange any securities or investments for something other than cash?
	2	Do you have any short sales, commodity sales, or straddles?
	3	Did you receive Form 2439?
	4	Did you buy or sell any bonds?
	5	Did you receive stock from a stock bonus plan with your employer?
	6	Did you sell any other personal assets at a gain?
	7	Did you sell any real estate (other than your home) during the year?
	8	Did you sell any assets using the installment method?
	9	Did you receive proceeds from a prior year installment sale?
	10	Did you purchase a rental property?
	11	Did you exchange any property for other property?
	12	Did you incur a loss because of damaged or stolen property?
	13	Did you purchase a new vehicle, aircraft or boat?
	14	Did any security become worthless during 2021?
	15	Did any debts become uncollectible during 2021?
	16	Did you puchase any items acquired out of state, online or by mail order that did not include sales tax?
Yes	No	Business and Rental Property Income & Deductions
	1	If you own rental property, do you qualify as a Real Estate Professional?
	2	Did you start or acquire a new business?
	3	Did you sell any part of an existing business, or sell business assets?
	4	Did you cease operating any business or rental property?
	5	Did you remove any of your business assets for personal use?
	6	Did you use part of your home for business purposes?
	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2021?
	8	Do you pay for any health or long term care insurance through your business?
	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
	10	Did you purchase any furniture or equipment for your business?
	11	Did you make any improvements to your rental properties?
	12	Did you receive income from raising animals or crops?
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Yes	No	Other Deductions
	1	Did you use your car on the job (other than to and from work)?
	2	Did you work out of town for part of the year?
	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
	4	Did you incur any travel and entertainment expenses for business purposes?
	5	Did you pay expenses for the care of your child or other dependent so you could work?
	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2021?
	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021?
\vdash	8	Did you contribute less than an entire interest in any property to charity?
	9	Did you refinance a mortgage or take out a home equity loan during 2021?
	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
	11	Did you or your spouse pay any educational expenses for yourselves?
	12	Did you pay any student loan interest?
	13	Did you make any federal or state estimated payments?
	14	Did you pay alimony?
	15	Did you donate non-cash donations?
	16	Did you donate a vehicle?
L	10	bid you donate a venicle!
V	Ma	Missallanasus
Yes	No	Miscellaneous Did you make a fife of more than \$45,000 to any one of the second secon
—		Did you make gifts of more than \$15,000 to any one person?
\vdash	2	Did you engage the service of any household employees?
\vdash	3	Did your bank account information change within the last twelve months?
\vdash	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2021?

	7 8	Did you claim a First-time Homebuyer Credit for a home purch Was there a disposition or change in use of your main home f		redit?
Yes	No 1 2	Return preparation and filing Do you want to e-file your return? If you are due a refund, how do you want to receive it?		
		Check sent to you in the mail	Other quick refund via a bank product	
		Apply to next year's estimates		
		Direct deposit (please provide voided blank check)	Type of account: Checking	Savings
		If you owe taxes, how do you want to pay them?		
		Paper check sent with my return Credit card	Installment Agreement	
		Direct debit (please provide a voided blank check)	Type of account: Checking	Savings
	3	Do you want to allow your tax preparer to discuss this year's r If no, enter another person (if desired) to be allowed to discus		
		Designee's Phorname Num		

Name	SSN
Comments	

Name					SSN			
Federal, State and Local Estin	nated Taxes	Paid						
Federal Estimates								
Enter Payment Information			Filer and/or Joint Payments Date Paid Amount			Spouse Or Date Paid	nly Payments Amo	unt
1 Overpayment from last year			Amount					
2 First quarter payment					2			
3 Second quarter payment					3		*****	
4 Third quarter payment					4			
5 Fourth quarter payment					5			
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Enter two-letter state abbreviation	State _		State		State		State	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
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Local Estimates								
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Enter "X" if applicable
Full- time Paid Not a
Student or Education Dependent
Disabled Expenses this Year US Citizen Amount Paid for Dependent Care Expenses SSN Date of Birth Relationship No. of Months in Home in 2021 **Dependent Information** Last Name First Name

SSN

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Name	SSN	

Wages

W-2 Information

"X"	Box 1	Box 2	Box 16	Box 17
if	Wages, Tips	Federal Income	State	State Income
spouse Employer's Name	Other Comp	Tax Withheld	Wages	Tax Withheld
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Name	SSN
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Retirement Income

1099-R Information

"X" if spouse Payer's Na	ma	Box 1 Gross	Box 4 Federal Income	Box 16 State	Box 14 State Income
		Distribution	Tax Withheld	Distribution	Tax Withheld
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Interest Income Please provide copies of all Form 1099	-INT or other s	statements re	porting interes	st income.		
* F/S/J - enter ownership (F)iler, (S)pouse,	Taxable Inter	erest Income	Tax Exem	pt Interest		v Act Interest
or (J)oint. *F/S/J Payer	Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
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Dividend Income				<u> </u>		***************************************
Please provide copies of all Form 1099-	- <u>DIV or other s</u>	tatements re	porting divider	nd income.		
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse,	Ordinary	Dividends	Qualified	Dividends	Capital	
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.	OIV or other s Ordinary Current Year Amount	Dividends	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer	Ordinary Current Year	Dividends Prior Year	Qualified	Dividends		
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
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Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
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Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 12 13	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
Please provide copies of all Form 1099- * F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint. *F/S/J Payer 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Ordinary Current Year	Dividends Prior Year	Qualified Current Year	Dividends Prior Year	Current Year	Prior Year
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nterest Income							
Please provide copies of all Form 1099-	INT or other s	statements rep	orting interes	t income.			
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or (J)oint.	Current Year	1	Current Year	I	Current Year		
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Dividend Income Please provide copies of all Form 1099-DIV	/ or other state	ements repor	ting dividend i	ncome.		_
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F/S*		Recipient's Name	Recipient's SSN	Divorce or Sepa- ration Agreement	Current Year Amount	Prior Year Amount
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Business Assets Placed in Service in Prior Years

		Date Placed	_	Explain any assets no longer used by the business
Activity	Description	In Service	Cost	by the business
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Cal	F Employed Business Income and Eveness (School: Is C)				
Jei	f-Employed Business Income and Expenses (Schedule C)				
	Enter "X" in one box: Filer Spouse				
G	eneral Information				
		nter Soc	ial Security Num	ber)	
	Principal business or profession			arbet errormotoria emili emili di rormoni escici di accomoni escici a transcria de la constanta de proprio proprio	norman.
	Business name				*******
	Business address				********
	City	State		Zip	********
	Foreign Country	Poeta	l Code		
G	eneral Check Boxes (Enter "X" where applicable)	ı Osta	Code		
1	Accounting Method Cash Accrual Other - (Specif	y)			
2	Did you "materially participate" in this business? Yes No				
3	Check ('X') if you started or acquired this business in 2021.				
4	Did you make any payments in 2021 that would require you to file Form(s) 1099?		Yes	No	
В	usiness Income * Report statutory income as W-2 income.		Current Year	Prior Year	
	Gross receipts or sales not reported on Form 1099 or Form W-2		Amount	Amount	-
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17 18	Professional gambler winnings from Form W2-G	17			
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	ventory (Enter "X" where applicable)				
21	Method(s) used to value closing inventory Cost Lower of cost or	market	Other		
22	Any change in determining quantities, costs, or valuations between opening and closing	invento		Yes No	
			Current Year	Prior Year	\neg
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28	Inventory at end of year	28			
As	sets Placed in Service This Year Description:		Date Placed In Service	Purchase Amount	
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	Name	SSN		
	Business			
Sel	f-Employed Business Expenses Cont. (Schedule C)			
	- Employed Exemples Expended Contractions	ſ	Current Year	Prior Year
Expe	enses		Amount	Amount
29	Advertising	29		
30	Contract labor	30		
31	Commissions and fees	. 31		
32	Depletion	i i		
33	Employee benefit programs (other than on line 39)			
34	Insurance (other than health)	-		
	Interest:	34		
35	Mortgage (paid to banks, etc.)	. 35		
36				
-	Other			
37	Legal and professional services			
38	Office expense			
39	Pension and profit-sharing plans	39		
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40	Machinery rental or lease	-		
41	Equipment rental or lease	. 41		
42		42		
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	Other business property rental or lease	··· •		
45		45		
46		46		
47		47		
48	Repairs and maintenance			
49	Supplies (not included in inventory cost of goods sold)	49		
50		<u> </u>		
30	Taxes and licenses	50		
	Travel			
51		51		
52		52		
53		53		
54				
54	Meals	_ 54 _		
55	Enter "X" in the box if subject to DOT hours of service limits	EE		
	Line A militie box in subject to bot mouts of service limits	55 50		
56		- 56 -		
57		57		
58		_ 58 _		
59		59		
60	Utilities	60		
61	Wages	61		
	Other Expenses:			
62		62		
63		63		
64		64		
65		65		
66		· -		
67		66		
		67		
68		68		
69		69 l	I I	

	Name			SSN	
	Business				
Vel	nicle Information (Schedule C)				
		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year	Current Year	Prior Year
1	Date vehicle was placed in service 1	Amount	Amount	Amount	Amount
2	Cost of vehicle				
3	Total miles driven for the year				
4	Business miles driven during the year 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest				
8	Vehicle Personal Property tax 8				
Α	ctual Expenses				
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance				
11	Vehicle registration fees				
12	Vehicle lease or rental				
13	13				
		Vehicle -		Vehicle -	
	<u></u>	Current Year	Prior Year	Current Year	Prior Year
		Amount	Amount	Amount	Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest				
8 A	Vehicle Personal Property tax 8				
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance				
11	Vehicle registration fees				
12	Vehicle lease or rental				
13	13				

	Name		SSN		***************************************
	Home Office Number				
	Description of Home Office				
	Address			ert den verken besonder de som det verken de som de so	
	City		decormina	State Zip	
	Check ("X") box:	Daycare			
Hoi	ne Office Expenses				
	rea of Home			Current Year	Prior Year
1		lusively for business, regularly for daycare, or for storage		Amount	Amount
		lles	1		
2 D		Jsed Nonexclusively for Daycare	2		
3	Multiply days used for dayca	re during year by hours used per day	3		
4 E	Enter total hours home was xpenses related to entire ho	available for daycare during year	4		
5	Casualty losses		5		
6			i i		
7			7		
8	Insurance		8		
9	Rent		9		
10	·		10		
11			11		
12	Other Expenses:		Г		T
a			12a		
b			12b		
C			12c	<u> </u>	
d			12d		
е			12e [
В	usiness Allocation:			Current Year Allocation %	Prior Year Allocation %
_	Business 1:			Allocation 78	Allocation 76
	Rusiness 2:		ŀ		
	Business 3:				
	Business 4:		ľ	, , , , , , , , , , , , , , , , , , ,	
	usiness:	business portion only (Direct)		Current Year	Prior Year
13	•		42	Amount	Amount
13					
15			- F		
16			16		
17			17		
18			18		
19	•		19		
20	Other Expenses:		<u>-</u>		
а			20a		
b			20b		
С			20c		
d			20d		
е			20e		

J - enter ownership (F)iler, (S)pouse,		Data Oald	Gross Sales Price (Less	Cost or
Description	Date Acquired	Date Sold	expenses of sale)	Other Ba
1				
2				
3			- The Annual Control of the Control	
4		et Will Print Medicine (Anies Anies		
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3	***************************************			
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	concretion with climate and the contract of th			
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	## 2004 Gen. 10 de 2004 De la compressión de 2004 Gen. 20 de 2004 De la compressión de 2004 Gen. 20 de 2004 De la compressión de 2004 De la compress			Samilard (1970)
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3		-4 MM (CE) and CE) - CE of CE)		

	Acceptable (All Indication Committee made)	######################################		
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5				

	Name	SSN	
Rea	al Estate Rentals and Royalties		
Р	Property Description		
	ddress	er e debu	
С	Sity State Zip	момент	
	oreign Country	encome.	
	oreign Province/StatePostal Code	political	
•	1 Ostai Oude		
		Current Year Info	Prior Year
1a	Owner of property (Enter Filer, Spouse, or Joint)		Info
		· L	
1b	Enter property type number (1 to 8)		
2 3	Enter "X" If you actively participated?		
	than 14 days or 10% of the total days rented?		
	3a If entered ("X"), enter the number of days of personal use?		
	3b If entered ("X"), enter the number of days rented?		
Inco			
mco	mile	Current Year Amounts	Prior Year Amounts
4	Royalty received	Amounts	Amounts
5	Rent received		
	a If rental real estate, enter the percent of ownership if less than 100% 5a		
	b Rental use percentage for property used partially for personal use only 5b		
6	Other Income		
-			
m	and a Parameter a		
	Derty Expense	Current Year Amounts	Prior Year Amounts
7	Advertising	1	ł .
7	Advertising	1	ł .
7 8 9	Advertising	Amounts	ł .
7 8 9 10	Advertising	Amounts	ł .
7 8 9	Advertising	Amounts	ł .
7 8 9 10	Advertising	Amounts	ł .
7 8 9 10	Advertising	Amounts	ł .
7 8 9 10 11	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12	Amounts	ł .
7 8 9 10 11	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a	Amounts	ł .
7 8 9 10 11 12	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13a	Amounts	ł .
7 8 9 10 11 12 13	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13b Other interest 14	Amounts	ł .
7 8 9 10 11 12 13	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13b Other interest 14 Repairs 15 Supplies 16	Amounts	ł .
7 8 9 10 11 12 13 14 15 16	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13a Other interest 14 Repairs 15 Supplies 16 a Real estate taxes 17a	Amounts	ł .
7 8 9 10 11 12 13 14 15 16	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13a Other interest 14 Repairs 15 Supplies 16 a Real estate taxes 17a	Amounts	ł .
7 8 9 10 11 12 13 14 15 16 17	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13b Other interest 14 Repairs 15 Supplies 16 a Real estate taxes 17a b Other Taxes 17b Utilities 18	Amounts	ł .
7 8 9 10 11 12 13 14 15 16 17	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13b Other interest 14 Repairs 15 Supplies 16 a Real estate taxes 17a b Other Taxes 17b	Amounts	ł .
7 8 9 10 11 12 13 14 15 16 17	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13b Other interest 14 Repairs 15 Supplies 16 a Real estate taxes 17a b Other Taxes 17b Utilities 18	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13b Other interest 14 Repairs 15 Supplies 16 a Real estate taxes 17a b Other Taxes 17b Utilities 18 Seets Placed in Service This Year Description:	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18 As	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13b Other interest 14 Repairs 15 Supplies 16 a Real estate taxes 17a b Other Taxes 17b Utilities 18 sests Placed in Service This Year Description: A	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18 As	Advertising 7 Cleaning and maintenance 8 Commissions 9 Insurance 10 Legal and other professional fees 11 Management fees 12 a Qualified mortgage interest paid to banks, etc. 13a b Other mortgage interest paid to banks, etc. 13b Other interest 14 Repairs 15 Supplies 16 a Real estate taxes 17a b Other Taxes 17b Utilities 18 sesets Placed in Service This Year B Description: A	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18 As B	Advertising	Amounts Date Placed	Purchase
7 8 9 10 11 12 13 14 15 16 17 18 As C	Advertising	Amounts Date Placed	Purchase

Name		SSN	
Property			
Other Expenses (Schedule E)			
Other Expenses:		Current Year	Prior Year
19	19	Current real	Filor real
20	20		
21	21		
22	22		
23	23		
24	24		
25	25		
26	26		
Travel Expenses:		Current Year	Prior Year
27	27	Current rear	Prior fear
28	28		
29	29		
30	30	AND THE PROPERTY OF THE PROPER	
31	31		
32	32		
33	33		
34	34		
Meals Expenses:		Current Year	Prior Year
35	35		
36	36		
37	37		
38	38		
39	39		
40	40		
41	41		
42	42		

	Name					
	Property					
Veh	nicle Information (Schedule E)					
	-	Vehicle -		Vehicle -		
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	
1	Date vehicle was placed in service 1	Amount	Amount	Amount	Amount	
2	Cost of vehicle	· · · · · · · · · · · · · · · · · · ·				
3	Total miles driven for the year 3					
4	Business miles driven during the year 4					
5	Commuting miles included on line 3 5					
6	Parking fees and tolls 6					
7	Vehicle Interest					
8 A	Vehicle Personal Property tax 8 ctual Expenses					
9	Gasoline, oil and repairs 9				21	
10	Vehicle Insurance					
11	Vehicle registration fees					
12	Vehicle lease or rental					
13	13					
		Vehicle - Current Year Amount	Prior Year Amount	Vehicle - Current Year Amount	Prior Year Amount	
1	Date vehicle was placed in service 1					
2	Cost of vehicle 2					
3	Total miles driven for the year 3					
4	Business miles driven during the year . 4					
5	Commuting miles included on line 3 5					
6	Parking fees and tolls 6					
7	Vehicle Interest					
8 A	Vehicle Personal Property tax 8					
9	Gasoline, oil and repairs 9					
10	Vehicle Insurance					
11	Vehicle registration fees					
12	Vehicle lease or rental					
13	13					

/J - enter ownership (F)iler, (S)pouse, or (J)oint. J Entity Name	Enter "P" if K1 (1065) Partr	eimburse iership E rrent Yea
	Line Linki (1041)	ileili lea
2	2	
	3	
4	4	
5	5	
6	6	
7	7	
8		
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12	12	
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21	21	
22	22	
23	23	
24	24	
25	25	
26		***************************************
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28	28	
29	29	
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31	31	-
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	All and the second seco	
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35 manufaction on the control of the	35	
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37	37	
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9	39	
	40	
1	41	
2	42	

SSN _____

Name _____

	Name	·		SSN		
Mis	cellaneous Income	File	> I.	٦г	Spouse	
		Current Year	Prior Year	7	Current Year	Prior Year
		Amount	Amount	4	Amount	Amount
1	Refund from state			- 1		
2	Unemployment compensation			2		
3	Prizes and awards			3		
4 5	Scholarships and fellowships			- 4 -		
Ū	not in the business of renting such property			5		
6	Net operating loss carryover (negative no.)			6		
7	Canceled debts (1065 K-1)			7		
8				8		
9				9 [
10				10		
11	Other income not provided for in this Organizer			_ 11 [
ιbΑ	stments to Income	File	r	7 7	Snor	100
uj c	and to modific	Current Year	Prior Year	1	Spou Current Year	Prior Year
		Amount	Amount	_	Amount	Amount
1	Educator expenses			1		
2	Certain business expenses of reservists, per- forming artists, and fee-basis government					
	officials			2		
3	Health Savings account deduction			∃ 3		
4	Moving expenses (members of armed forces) .			4		
5	Self-employed SEP, SIMPLE, or other			1 <u>.</u> [
6	qualified plans			5		
7	Penalty on early withdrawal of savings			7		
8	Alimony paid			8		
9	IRA contribution			9		
10	Student loan interest deduction			10		
	Tuition and fees (Total education expenses)			111		
Otne	r Adjustments to Income	File Current Year	r Prior Year	- I	Spou Current Year	Se Prior Year
		Amount	Amount		Amount	Amount
1	Foreign housing deduction			1		
2	Jury duty pay given to your employer			2		
3	Reforestation amortization			3		
4	Repayment of sub-pay under the Trade Act of 1974			4		
5	Contributions to Section 501(c)(18)(D) pension plans			5		
6	Attorney fees and court costs paid for actions			" -		
	involving certain unlawful discrimination					
	claims, but only to the extent of gross income from such actions					
7	Expenses from the rental of personal property			6		
	but were not in the business of renting such property			7		
8	Contributions by chaplains to section			┧ ′ ├-		
	403(b) plans			8		
	Archer MSA deduction			9		
10	nection with an award from the IRS for infor-					İ
	mation you provided that helped the IRS detect					
	tax law violations, up to the amount of the					
11	award includible in your gross income Nontaxable amount of the value of Olympic			10		**************************************
- •	and Paralympic medals and USOC prize					The state of the s
	money		***************************************	11		
40	Excess deductions on termination of an					
12	estate/trust - Section 67(e) expenses	1		121	l l	1
12 13	estate/trust - Section 67(e) expenses			12		
13	estate/trust - Section 67(e) expenses			12 13 14		

IRA	and Other Contribution Information			
Trad	itional IRA Contributions	,		
Filer			Current Year Amount	Prior Year Amount
1	Enter total traditional IRA contributions made for 2021	1	Amount	Amount
2	Enter contributions, on line 1, made after 12/31/2021 and before 04/15/2022	2		
3	Enter value of all traditional IRAs on 12/31/2021	3		
4	Enter amount of any outstanding traditional rollovers as of 1/1/2022	4		
Spor	· · · · · · · · · · · · · · · · · · ·			
5	Enter total traditional IRA contributions made for 2021	5		
6	Enter contributions, on line 5, made after 12/31/2021 and before 04/15/2022	6		
7	Enter value of all traditional IRAs on 12/31/2021	7		
8	Enter amount of any outstanding traditional rollovers as of 1/1/2022	8		
Roth	IRA Contributions			
Filer			Current Year Amount	Prior Year Amount
1	Enter 2021 Roth IRA contributions	1	Amount	Amount
2	Enter value of all Roth IRAs on 12/31/2021	2		
Spor		- L		
3	Enter 2021 Roth IRA contributions	3		
4	Enter value of all Roth IRAs on 12/31/2021	4		
SIMF	PLE IRA			
Filer			Current Year Amount	Prior Year Amount
1	Enter value of all SIMPLE IRAs on 12/31/2021	1	Amount	Amount
Spot		٠ ـ		
οροι 2	Enter value of all SIMPLE IRAs on 12/31/2021	2		
Educ	ation (Coverdell ESA)			
Filer			Current Year	Prior Year
1 1101	Enter 2021 Coverdell ESA contributions	1	Amount	Amount
2	Enter value of the Coverdell ESA on 12/31/2021	2		
– Spot		- L		
3 3	Enter 2021 Coverdell ESA contributions	3		
4	Enter value of the Coverdell ESA on 12/31/2021	4		
Othe	r	<u></u>		
		Γ	Current Year	Prior Year
Filer		-	Amount	Amount
1	Repayment of qualified reservist distributions	1 [
Spou	Repayment of qualified reservist distributions	г	1	

SSN ____

Name	SSN

Medical and Dental - Itemized Deductions

	aloar and Dental - hermized Deductions		Current Year	Prior Year
			Amount	Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes (up to \$50 per night per person)	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1) .	16		
17	Long Term Care insurance premiums - coverage est. under your business (2) .	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name	SSN
Taxes - Itemized Deductions	

		ſ	Current Year	Prior Year
	Real Estate Taxes		Amount	Amount
23	Principal residence	23		
24	Real estate taxes from Schedule E properties	24		
25		25		
26		26		
27		27		
28		28		
29		29		
	Real Estate Held For Investment			
30		30		
31		31		
32		32		
33		33		
34		34		
	Personal property taxes	г		1
35	Non-business portion of vehicle personal property taxes	35	***************************************	
36		36		
37		37		
38		38		
39		39		
40		40		
	Non-Personal Property Taxes	٦		
41	K1 (1065) - Other deductions/taxes	41		
42	K1 (1120S) - Other deductions/taxes	42	**************************************	
43	K1 (1041) - Other deductions/taxes	43		
44	Foreign Taxes	44		
45	From Schedule E properties	45		
46		46	·	
47		47		
48		40		

	Name		SSN	
Inte	erest - Itemized Deductions			
	Home Mortgage Interest and Points Reported on Form 1098		Current Year Amount	Prior Year Amount
49	Lender	49		
50	Lender	50		
51	Lender	51		
52	Lender	52		
	Home Mortgage Interest Not Reported on Form 1098			
53	Name:	53		
	Address:			
	SSN:			
54	Mortgage insurance premiums paid on 2021 acquisition indebtedness for			
	principal residence	54		
	Refinancing Points			- THE STATE OF THE
55	Description	55		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2021	. [
56	Description	56		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments	. [
	Number of payments made in 2021			
57	Description	57		
	Points paid			
	Date of loan	. [
	Total number of scheduled loan payments	. [
	Number of payments made in 2021	Ĺ		
58	Description	58		
	Points paid	Ĺ		
	Date of loan	. [
	Total number of scheduled loan payments	. [
	Number of payments made in 2021			
		[
59	Investment interest paid	59		

Uni	reimbursed Employee Expenses	- Itemized Dec	duction	s			
	List car, truck, transportation, meals and ente			ee E	xpenses	~	
(Sta	te use only)	Current Year	1 .	ior Ye		Spo Current Year	Prior Year
60 61 62 63 64 65 66 67 68 69	Union and professional dues 60 Professional subscriptions 61 Uniform and protective clothing 62 Job search costs 63	Amount		moul	nt	Amount	Amount
	tain Miscellaneous Deductions to the use only)	- Itemized Ded		vestn		Current Year	Prior Year
70	Tax preparation fees					Amount	Amount
70				ĖТ	. 70		
72	Certain attorney and accounting fees Safe deposit box rental			H	71 72		
73	IRA Custodial fees			Н	73		
74	Investment counsel and advisory fees			H	73 74		
75	Losses on deposits in insolvent or bankrupt fi			H	75		
76	Convenience fees paid with credit or debit ca			Н	76		
77	·			Н	77		
78				Н	78		
79				H	79		
80				H	80		
81				H	81		
82					82		
83	3604A-2604-44A-3044-65-600-600-600-600-600-600-600-600-600-		artinahan ingga akingtinahan kepada ang		83		
84				\vdash	84		
85				H	85		
86				Н	86		
	er Miscellaneous Deductions			L			
87	Federal estate tax on income in respect of a	decedent			. 87		
88	Amortizable bond premiums on bonds acquire	ed before 10/23/86 .			88		
89	Gambling losses (if gambling income)				. 89		
90	Repayment of income				. 90		
91	From K1 Input Worksheet (1065 & 1120S) - P	ortfolio deduction			91		
92	Certain unrecovered investment in a pension				92		
93	·				02		
94					04		
95					0.5		
96					00		
97					97		
98					98		

SSN _____

Name	SSN	

Current Year

Charity - Itemized Deductions

* Total contributions \$500 or less. See Non-Cash Charity if over \$500.	Current Year Amount	Prior Year Amount
Gifts To Charity Other Than By Cash or Check*		
Total Miles driven for charitable activities		
Parking fees, tolls and local transportation for charitable activities		
Gifts To Charity By Cash or Check		
1		
2		
3		
4		
5		
6		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
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37		
38 39		
40		
41 [

	Name						WWW.htm.htm.htm.		
		le Contributions	(Tota	al of Contr	ributio	ons n	nore tha	an \$500)	
Info	rmation on Donated			1		Т.		\	
		(a) Name and Add Donee Organi		ne			(E) Description of Dona	ited Property
1	Name	Donce Organi	Zation						
•	Address								
	City	Sta	te	Zip Code					
2	Name								
	Address								
	City	Sta	te	Zip Code					
3	Name			THE CONTRACT OF THE CONTRACT O			eti kooli dakkaa kilipati kalemaa aya aya aya aya		
	Address								
	City	Sta	to	Zip Code					
4	Name	Sla ************************************	ie	Zip Code			bi de did di falanti i mirani dia mandere madena manana ana		
4	Address					İ			
	City	Sta	te	Zip Code	C++100400+100000000000000000000000000000		animahrij canamorana maioromusanarovo anamana		
5	Name								
	Address								
	City	Sta	te	Zip Code					
Note	: If the fair market valu	ue for an item is \$500 o	r less, yo		to com	plete co	olumns (d),	(e), and (f),	
	(c) Date of the	(d) Date Acquired		(e) How			Cost or	(g) Fair Market Value	(h) Method Used to
	Contribution	mm/dd/yyyy		Acquired		Adjust	ed Basis	F. M. V.	Determine the F. M. V.
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	Name	SSN						
Emp	oloyee Business Expenses							
En	ter "X" in one box: Filer Spouse							
Oc	cupation in which you incurred the expenses							
En	ter "X" if expenses incurred while working as a reservist, performing artist or fee-based of	gov't d	official					
with	PRTANT: Per TCJA updates only reservists, qualified performing artists, impairment-related work expenses can deduct the following business expenses information below for certain applicable states that allow the deduction	cpen	pasis gov't officials, ses on the federal r	and employees eturn. All others,				
Me	als		Current Year	Prior Year				
1	Meals	1	Amount	Amount				
2	Enter "X" in the box if subject to DOT hours of service limits	2						
Tra	vel Expenses	NOW THE OWNER.						
3	Parking fees, tolls, and transportation, including train, bus, etc., that		<u> </u>					
4	DID NOT involve overnight travel or commuting to and from work	3						
	airplane, car rental, etc. DO NOT include meals	4						
Otl	ner Employment Related Expenses	************						
5	Business gifts	5						
6	Employment related education expenses	6						
7	Trade publications	7						
8		8						
9		9						
10		10						
11		11						
12		12						
Em	Employer Reimbursements							
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2	13						
14 15	Enter other employer reimbursements not reported to you in box 1 of Form W-2 Enter the total expense for meals and entertainment for the period covered by	14						
	the reimbursements	15						

	Oc	cupation in which you	incurred these exper	nses		
Vel	nicle Information - Unreimbursed	Employee Bus	iness Expense	98		
		Vehicle -	-	Vehicle -		
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	
1	Date vehicle was placed in service 1					
2	Cost of vehicle					
3	Total miles driven for the year 3					
4	Business miles driven during the year 4					
5 6	Commuting miles included on line 3 5 Average daily roundtrip commuting					
	miles					
7	Parking fees and tolls					
8	Vehicle Interest 8					
9 A	Vehicle Personal Property tax 9 ctual Expenses					
10	Gasoline, oil and repairs 10					
11	Vehicle Insurance					
12	Vehicle registration fees					
13	Vehicle lease or rental					
14	14					
15	Value of employer-provided vehicle					
	(if 100% is included in W-2) 15					
	_	Vehicle -		Vehicle -		
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	
1	Date vehicle was placed in service 1					
2	Cost of vehicle					
3	Total miles driven for the year 3					
4	Business miles driven during the year . 4					
5 6	Commuting miles included on line 3 5 Average daily roundtrip commuting					
	miles					
7	Parking fees and tolls					
8	Vehicle Interest 8					
9 Ad	Vehicle Personal Property tax 9					
10	Gasoline, oil and repairs 10					
11	Vehicle Insurance					
12	Vehicle registration fees					
13	Vehicle lease or rental					
14	14		······			
15	Value of employer-provided vehicle					
	(if 100% is included in W-2) 15					

SSN ____

Name SSN					SSN			
С	hild and E	Dependent C	are Expenses					
	1 Amount o	of dependent care	benefits forfeited		4			
	Amount of dependent care benefits forfeited							
						en over maket kine en en friede kommen en		
			s for dependents on the Or	ganizer dependent snee				
Fil	•		udent or Disabled					
	Check one box for each mon or partial month that the filer or spouse was a full-time		the filer	Filer's earned income for	Spouse's earned income for			
		udent or disabled.		each month	each month			
	FII	ler Spouse		Filer	Spouse			
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		December						
No	n-Dependent	t Information and	Qualifying Expenses					
						Amount incurred		
	First Name		Last Name	Birthdate	SSN	and paid in 2021		
1			647)-474888044400047979-0-440-4804804040-4604804040404040404040404040404040404040			valoti Landjoti i junika kada po koji posposova koji kada po koji kada posta kada kada kada kada kada kada kada ka		
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