

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



Organizer Mailing Slip

General Information

Taxpayer

First Name
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
Sales tax rate of locality in 2021 %
If Part Year, Period of Residency to

Spouse

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth
Date of Death

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
Sales tax rate of locality in 2021 %
If Part Year, Period of Residency to

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.

ID type ☐ 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 :
Enter ("X") in the box

- ☐ 1 Single
☐ 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
City DENVER State CO 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 _____ Date _____
here _____ Date _____

SSN _____

Personal Information

Yes	No	<u>Dependents</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you pay education expenses for your dependent children?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did anyone in your family receive a scholarship of any kind during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you pay any dependent care expenses for a child or a parent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	7 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	<u>Income (In 2021, did you or your spouse have any of the following?)</u>
		1 Wages? (include form(s) W-2)
		2 Non-employee compensation? (include form(s) 1099-NEC)
		3 Miscellaneous Income? (include form(s) 1099-MISC)
		4 Interest income? (include form(s) 1099-INT)
		5 Dividend income? (include form(s) 1099-DIV)
		6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
		7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
		8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
		9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
		10 Disability income? (include form(s) W-2 or 1099)
		11 Unemployment compensation? (include form(s) 1099-G)
		12 Alimony?
		13 Did you receive tip income NOT reported to your employer?
		14 Did you receive payments from a Long-Term Care insurance contract?
		15 Did you barter your services for goods or services from someone else?
		16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
		17 Did you receive employer-provided adoption benefits for a previous year?
		18 Did you cash in any U.S. savings bonds?
		19 Did you make a loan to someone at an interest rate below market rate?
		20 Did you receive a housing allowance for ministerial services you provided?
		21 Did you receive any income not reported in this Organizer?
		22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
		23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes	No	<u>Foreign Reporting</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	2 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes	No	<u>Retirement & Other Plans</u>
		1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
		2 Did you rollover a retirement plan distribution into another plan?
		3 Did you convert a traditional IRA to a Roth IRA?
		4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
		7 Did you make any contributions to an HSA (Health Savings Account) in 2021?
		8 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	<u>Purchases, Sales, Gains and Losses</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2 Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9 Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did any security become worthless during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	15 Did any debts become uncollectible during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	<u>Business and Rental Property Income & Deductions</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you make any contributions to a Keogh or a self-employed SEP plan for 2021?
<input type="checkbox"/>	<input type="checkbox"/>	8 Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9 If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you receive income from raising animals or crops?

Yes	No	<u>Other Deductions</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2021?
<input type="checkbox"/>	<input type="checkbox"/>	7 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9 Did you refinance a mortgage or take out a home equity loan during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	10 Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15 Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16 Did you donate a vehicle?

Yes	No	<u>Miscellaneous</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Did you make gifts of more than \$15,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4 Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5 Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2021?

- ☐ ☐ 7 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- ☐ ☐ 8 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes No Return preparation and filing

☐ ☐ 1 Do you want to e-file your return?

2 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 return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal grey lines running across the width of the page, typical of standard notebook or school paper. The background is white, and there are no margins, text, or other markings present.

Name _____

SSN _____

Federal, State and Local Estimated Taxes Paid**Federal Estimates**

Enter Payment Information

		Filer and/or Joint Payments				Spouse Only Payments	
		Date Paid	Amount			Date Paid	Amount
1	Overpayment from last year			1			
2	First quarter payment			2			
3	Second quarter payment			3			
4	Third quarter payment			4			
5	Fourth quarter payment			5			
6	_____			6			
7	_____			7			

State Estimates

Enter two-letter state abbreviation

State _____

State _____

State _____

State _____

Enter Payment Information

		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6	_____								
7	_____								
8	_____								

Local Estimates

Enter locality name

Locality _____

Locality _____

Locality _____

Locality _____

Enter Payment Information

		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6	_____								
7	_____								
8	_____								

Dependent Information

[illegible]

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
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<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Retirement Income

1099-R Information

<div>"X" if spouse</div>	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
<input type="checkbox"/>	1 _____				
<input type="checkbox"/>	2 _____				
<input type="checkbox"/>	3 _____				
<input type="checkbox"/>	4 _____				
<input type="checkbox"/>	5 _____				
<input type="checkbox"/>	6 _____				
<input type="checkbox"/>	7 _____				
<input type="checkbox"/>	8 _____				
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<input type="checkbox"/>	35 _____				
<input type="checkbox"/>	36 _____				
<input type="checkbox"/>	37 _____				
<input type="checkbox"/>	38 _____				
<input type="checkbox"/>	39 _____				
<input type="checkbox"/>	40 _____				
<input type="checkbox"/>	41 _____				
<input type="checkbox"/>	42 _____				
<input type="checkbox"/>	43 _____				

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
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	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
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	13						
	14						
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	16						
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	18						
	19						
	20						

Name _____

SSN _____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
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	43						
	44						

Name _____

SSN _____

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse,
or (J)oint.

*F/S/J Payer

		Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
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	44						

Name _____

SSN _____

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	1	
<input type="checkbox"/>	2 _____	_____	2	
<input type="checkbox"/>	3 _____	_____	3	
<input type="checkbox"/>	4 _____	_____	4	
<input type="checkbox"/>	5 _____	_____	5	
<input type="checkbox"/>	6 _____	_____	6	
<input type="checkbox"/>	7 _____	_____	7	
<input type="checkbox"/>	8 _____	_____	8	
<input type="checkbox"/>	9 _____	_____	9	

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	_____	1	
<input type="checkbox"/>	2 _____	_____	_____	2	
<input type="checkbox"/>	3 _____	_____	_____	3	
<input type="checkbox"/>	4 _____	_____	_____	4	
<input type="checkbox"/>	5 _____	_____	_____	5	
<input type="checkbox"/>	6 _____	_____	_____	6	
<input type="checkbox"/>	7 _____	_____	_____	7	
<input type="checkbox"/>	8 _____	_____	_____	8	
<input type="checkbox"/>	9 _____	_____	_____	9	

Name _____

SSN _____

Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
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42				
43				
44				

SSN

Enter "X" in one box: ☐ Filer ☐ Spouse

A		A	
B		B	
C		C	
D		D	
E		E	
F		F	
G		G	

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29 Advertising	29		
30 Contract labor	30		
31 Commissions and fees	31		
32 Depletion	32		
33 Employee benefit programs (other than on line 39)	33		
34 Insurance (other than health)	34		
Interest:			
35 Mortgage (paid to banks, etc.)	35		
36 Other	36		
37 Legal and professional services	37		
38 Office expense	38		
39 Pension and profit-sharing plans	39		
Rent or Lease:			
40 Machinery rental or lease	40		
41 Equipment rental or lease	41		
42 _____	42		
43 _____	43		
44 _____	44		
Other business property rental or lease			
45 _____	45		
46 _____	46		
47 _____	47		
48 Repairs and maintenance	48		
49 Supplies (not included in inventory cost of goods sold)	49		
50 Taxes and licenses	50		
Travel and Meals:			
Travel			
51 _____	51		
52 _____	52		
53 _____	53		
54 _____	54		
Meals			
55 Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>	<input type="checkbox"/>
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 _____	66		
67 _____	67		
68 _____	68		
69 _____	69		
70 _____	70		

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		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 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 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		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 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 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: ☐ Daycare

Home Office Expenses

Area of Home

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1

2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

3 Multiply days used for daycare during year by hours used per day 3

4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

5 Casualty losses 5

6 Excess mortgage interest 6

7 Excess real estate taxes 7

8 Insurance 8

9 Rent 9

10 Repairs and maintenance 10

11 Utilities 11

12 Other Expenses:

a _____ 12a

b _____ 12b

c _____ 12c

d _____ 12d

e _____ 12e

Business Allocation:

Business 1: _____

Business 2: _____

Business 3: _____

Business 4: _____

Business:

Additional expenses related to business portion only (Direct)

13 Casualty losses 13

14 Excess mortgage interest 14

15 Excess real estate taxes 15

16 Insurance 16

17 Rent 17

18 Repairs and maintenance 18

19 Utilities 19

20 Other Expenses:

a _____ 20a

b _____ 20b

c _____ 20c

d _____ 20d

e _____ 20e

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Current Year Amount	Prior Year Amount

Name _____

SSN _____

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
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	36				
	37				
	38				
	39				
	40				
	41				
	42				
	43				
	44				
	45				

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____

Address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)	1a	
1b Enter property type number (1 to 8) (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	1b	
2 Enter "X" if you actively participated?	2	
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	3	
3a If entered ("X"), enter the number of days of personal use?	3a	
3b If entered ("X"), enter the number of days rented?	3b	

Income

	Current Year Amounts	Prior Year Amounts
4 Royalty received	4	
5 Rent received	5	
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	6	

Property Expense

	Current Year Amounts	Prior Year Amounts
7 Advertising	7	
8 Cleaning and maintenance	8	
9 Commissions	9	
10 Insurance	10	
11 Legal and other professional fees	11	
12 Management fees	12	
13 a Qualified mortgage interest paid to banks, etc.	13a	
b Other mortgage interest paid to banks, etc.	13b	
14 Other interest	14	
15 Repairs	15	
16 Supplies	16	
17 a Real estate taxes	17a	
b Other Taxes	17b	
18 Utilities	18	

Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A _____	A	
B _____	B	
C _____	C	
D _____	D	
E _____	E	
F _____	F	
G _____	G	

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

25 _____

26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____

28 _____

29 _____

30 _____

31 _____

32 _____

33 _____

34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35 _____

36 _____

37 _____

38 _____

39 _____

40 _____

41 _____

42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle 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				
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 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		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 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 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Entity Name

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

Unreimbursed
Partnership Exp.
Current Year

	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	
	10		10	
	11		11	
	12		12	
	13		13	
	14		14	
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	35		35	
	36		36	
	37		37	
	38		38	
	39		39	
	40		40	
	41		41	
	42		42	
	43		43	

SSN _____

**Prior Year
Amount**

- | |
|----|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 8 |
| 9 |
| 10 |
| 11 |

**Prior Year
Amount**

- 1
2
3
4
5
6
7
8
9
10
11

**Prior Year
Amount**

- 1
2
3
4
5
6
7
8
9
10
11
12
13
14

Name _____

SSN _____

IRA and Other Contribution Information**Traditional IRA Contributions****Filer**

- 1 Enter total traditional IRA contributions made for 2021 1
- 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

Current Year Amount	Prior Year Amount

Spouse

- 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**

- 1 Enter 2021 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2021 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2021 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2021 4

SIMPLE IRA**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2021 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2021 2

--	--

Education (Coverdell ESA)**Filer**

- 1 Enter 2021 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2021 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2021 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2021 4

Other**Filer**

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

Name _____

SSN _____

Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year 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	

SSN _____

Taxes - Itemized Deductions

		Current Year Amount	Prior Year Amount
Real Estate Taxes			
23	Principal residence	23	
24	Real estate taxes from Schedule E properties	24	
Real Estate Not Held For Investment			
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			
35	Non-business portion of vehicle personal property taxes	35	
36		36	
37		37	
38		38	
39		39	
40		40	
Non-Personal Property Taxes			
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		48	

Name _____

SSN _____

Interest - 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**

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

58 Description 58

Points paid

Date of loan

Total number of scheduled loan payments

Number of payments made in 2021

59 Investment interest paid 59

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions*List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab*

(State use only)

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
60	Union and professional dues				
61	Professional subscriptions				
62	Uniform and protective clothing				
63	Job search costs				
64	_____				
65	_____				
66	_____				
67	_____				
68	_____				
69	_____				

Certain Miscellaneous Deductions - Itemized Deductions

(State use only)

		If investment related enter "X"	Current Year Amount	Prior Year Amount
70	Tax preparation fees			
71	Certain attorney and accounting fees			
72	Safe deposit box rental			
73	IRA Custodial fees			
74	Investment counsel and advisory fees			
75	Losses on deposits in insolvent or bankrupt financial institutions			
76	Convenience fees paid with credit or debit card for federal taxes in 2021			
77	_____			
78	_____			
79	_____			
80	_____			
81	_____			
82	_____			
83	_____			
84	_____			
85	_____			
86	_____			

Other Miscellaneous Deductions

87	Federal estate tax on income in respect of a decedent		
88	Amortizable bond premiums on bonds acquired before 10/23/86		
89	Gambling losses (if gambling income)		
90	Repayment of income		
91	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction		
92	Certain unrecovered investment in a pension		
93	_____		
94	_____		
95	_____		
96	_____		
97	_____		
98	_____		

Name _____

SSN _____

Charity - Itemized Deductions

* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

Current Year Amount	Prior Year Amount

- 1 Gifts To Charity Other Than By Cash or Check* 1
- 2 Total Miles driven for charitable activities 2
- 3 Parking fees, tolls and local transportation for charitable activities 3
- Gifts To Charity By Cash or Check**

1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
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36		36		
37		37		
38		38		
39		39		
40		40		
41		41		

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Employee Business ExpensesEnter "X" in one box: ☐ Filer ☐ Spouse

Occupation in which you incurred the expenses _____

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official ☐

IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).

Meals

		Current Year Amount	Prior Year Amount
1	Meals	1	
2	Enter "X" in the box if subject to DOT hours of service limits	2	<input type="checkbox"/> <input type="checkbox"/>

Travel Expenses

3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3	
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals	4	

Other 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	

Employer Reimbursements

13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2	13	
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2	14	
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements	15	

Name _____

SSN _____

Occupation in which you incurred these expenses _____

Vehicle Information - Unreimbursed Employee Business Expenses

		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 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	Average daily roundtrip commuting miles 6				
7	Parking fees and tolls 7				
8	Vehicle Interest 8				
9	Vehicle Personal Property tax 9				
Actual Expenses					
10	Gasoline, oil and repairs 10				
11	Vehicle Insurance 11				
12	Vehicle registration fees 12				
13	Vehicle lease or rental 13				
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 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	Average daily roundtrip commuting miles 6				
7	Parking fees and tolls 7				
8	Vehicle Interest 8				
9	Vehicle Personal Property tax 9				
Actual Expenses					
10	Gasoline, oil and repairs 10				
11	Vehicle Insurance 11				
12	Vehicle registration fees 12				
13	Vehicle lease or rental 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) 15				

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2020 and paid in 2021 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month
or partial month that the filer
or spouse was a full-time
student or disabled.

Filer's earned
income for
each month

Spouse's earned
income for
each month

Filer	Spouse		Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2021
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2021
1	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
2	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
3	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
4	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
5	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	