

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
<b>COVID-19 Information</b>		
Did you receive an Economic Impact Payment (EIP3) as reported on Notice 1444-C?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an adjustment to your refund or balance due for the exclusion of unemployment compensation and/or Advance Premium Tax Credit as a result of the American Rescue Plan Act (ARPA)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive advanced Child Tax Credit (CTC) payments in July, August, September, October, November, and December?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Do you have dependents who must file a tax return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) other than your dependent children during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked, looked for work, or while a full-time student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there any other person(s) who lived with you more than half the year but not claimed by you last year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any expenses related to the adoption of a child during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.           | <input type="checkbox"/> | <input type="checkbox"/> |

**Purchases, Sales and Debt Information**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you start a new business or purchase rental property during the year?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any assets used in your trade or business?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire a new or additional interest in a partnership or S corporation?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate during the year?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or sell a principal residence during the year?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lend money with the understanding of repayment and this year it became totally uncollectable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?    | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |

**Income Information**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Medicaid waiver payments as difficulty of care during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tip income not reported to your employer this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any of your life insurance policies mature, or did you surrender any policies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income considered to be nonemployee compensation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you expect a large fluctuation in income, deductions, or withholding next year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services)?    | <input type="checkbox"/> | <input type="checkbox"/> |

**Retirement Information**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Are you an active participant in a pension or retirement plan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?       | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any withdrawals due to a Federally declared disaster?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2021? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?                                  | <input type="checkbox"/> | <input type="checkbox"/> |

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

### Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?

Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?

Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?

Did you make any contributions to an education savings or 529 Plan account?

Did you pay any student loan interest this year?

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?

Did you make any contributions to a Health savings account (HSA) or Archer MSA?

Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

Did you pay long-term care premiums for yourself or your family?

Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?

Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?

If you are a business owner, did you pay health insurance premiums for your employees this year?

Did you receive any Health Coverage Tax Credit (HCTC) advance payments?

### Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?

If yes, did the loss occur in a Federally declared disaster area?

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?

If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.

Did you donate a vehicle or boat during the year?

Did you pay real estate taxes for your primary home and/or second home?

Did you pay any mortgage interest on an existing home loan?

Did you incur interest expenses associated with any investment accounts you held?

Did you make any major purchases during the year (cars, boats, etc.)?

Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

**Miscellaneous Information**

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?  
If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

## Client Organizer Topical Index

**This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

Topic	Page	Topic	Page
ABLE account distributions	73	Fuel tax credit	87, 88, 89
Adoption expenses	86	Gambling winnings	10, 18, 20
Advanced Child Tax Credit (CTC) payments	81a	Gambling losses	59
Affordable Care Act Health Coverage	69, 70	Health savings account (HSA)	71, 72
Alaska Permanent Fund dividends	18, 77	Household employee taxes	78
Alimony paid	51	Identity authentication	7
Alimony received	18	Installment sales	41, 42
Annuity payments received	10, 24	Interest income, including foreign	11, 13, 17b
Automobile information -		Interest paid	58
Business or profession	68	Investment expenses	57
Employee business expense	50	Investment interest expenses	58
Farm, Farm Rental	68	IRA, Roth IRA contributions	26
Rent and royalty	68	IRA distributions	10, 24
Bank account information	3	Like-kind exchange of property	43
Broker Statement - Consolidated	17b	Long-term care services and contracts (LTC)	72
Business income and expenses	28, 29, 30	Medical and dental expenses	57
Business use of home	67	Medical savings account (MSA)	71, 72
Cancellation of debt	19	Minister earnings and expenses	28, 49, 75
Casualty and theft losses, business	63, 65	Miscellaneous income	18, 18a, 18b, 18c
Casualty and theft losses, personal	64, 66	Miscellaneous adjustments	51
Child and dependent care expenses	81	Miscellaneous itemized deductions	59, 59a
Children's interest and dividend	76, 77	Mortgage interest expense	58, 60
Charitable contributions	59, 61, 62	Moving expenses - Active Military	48
Contracts and straddles	22	Nonresident Alien	4, 5
Dependent care benefits received	12	Partnership income	10, 38
Dependent information	1	Payments from Qualified Education Programs (1099-Q)	10, 55
Depreciable asset acquisitions and dispositions -		Pension distributions	10, 24
Business or profession	94, 95	Railroad retirement benefits	25
Employee business expense	94, 95	Real estate taxes, personal property and other taxes paid	57
Farm, Farm Rental	94, 95	Recovery Rebate (Economic Impact Payment)	80
Rent and royalty	94, 95	REMIC's	16
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	31, 32
Disability income	24, 83	Residential energy credit	84
Dividend income, including foreign	11, 14, 17b	S corporation income	10, 21, 38
Early withdrawal penalty	13	Sale of business property	41, 42
Education Credits and tuition and fees deduction	54	Sale of personal residence	40
Education Savings Account & Qualified Tuition Programs	55	Sale of stock, securities, and other capital assets	17, 17a, 17b
Electronic filing	6	Self-employed health insurance premiums	28, 33, 69
Email address	2	Self-employed Keogh, SEP and SIMPLE plan contributions	27
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Estate income	10, 39	Sick and family leave due to COVID-19	82
Farm income and expenses	33, 34, 35	Social security benefits received	25
Farm rental income and expenses		State and local income tax refunds	18
Federal estimate payments	8	State & local estimate payments and withholding	9, 12, 20, 24
Federal student aid application information (FAFSA)	56	Statutory employee	12, 28
Federal withholding	12, 20, 24, 25	Student loan interest paid	53
First-time homebuyer credit repayment	79	Trust income	39
Foreign bank accounts & financial assets	44, 45	Unemployment compensation	18
Foreign earned income & housing deduction	46, 47	Unreported tip or unreported wage income	74
Foreign employer compensation	23	U.S. savings bonds educational exclusion	52
Foreign taxes paid	85	Wages and salaries	10, 12

**Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.**

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]  
 Mark if you were married but living apart all year \_\_\_\_\_ [2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_ [3]

	Taxpayer		Spouse
Social security number	_____ [4]		_____ [5]
First name	_____ [6]		_____ [7]
Last name	_____ [8]		_____ [9]
Occupation	_____ [10]		_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) <u>2</u> [12]			_____ [14]
Mark if dependent of another taxpayer	_____ [15]		_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]			
Mark if legally blind	_____ [20]		_____ [21]
Date of birth	_____ [22]		_____ [24]
Date of death	_____ [26]		_____ [27]
Work/daytime telephone number/ext number _____ [28] _____ [29]			_____ [30] _____ [31]
Home/evening telephone number _____ [32]			_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N) <u>Y</u> [34]			

**Present Mailing Address**

Address \_\_\_\_\_ [40]  
 Apartment number \_\_\_\_\_ [41]  
 City, state postal code, zip code \_\_\_\_\_ [42] \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Foreign country name \_\_\_\_\_ [46]  
 Foreign phone number \_\_\_\_\_ [49]  
 In care of addressee \_\_\_\_\_ [50]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>[51]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [52]  
 Social security number of qualifying person \_\_\_\_\_ [53]

**Dependent Codes**

- |   |   |
|---|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you due to divorce/separation</li> <li>3 = Other dependent</li> <li>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|---|---|

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

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## NOTES/QUESTIONS:



## Interest Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer	.					
		Amounts						
	<b>2</b>	Payer						
		Amounts						
	<b>3</b>	Payer						
		Amounts						
	<b>4</b>	Payer						
		Amounts						
	<b>5</b>	Payer						
		Amounts						
	<b>6</b>	Payer						
		Amounts						
	<b>7</b>	Payer						
		Amounts						
	<b>8</b>	Payer						
		Amounts						
	<b>9</b>	Payer						
		Amounts						
	<b>10</b>	Payer						
		Amounts						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer	.										
		Amounts											
	<b>2</b>	Payer											
		Amounts											
	<b>3</b>	Payer											
		Amounts											
	<b>4</b>	Payer											
		Amounts											
	<b>5</b>	Payer											
		Amounts											
	<b>6</b>	Payer											
		Amounts											
	<b>7</b>	Payer											
		Amounts											
	<b>8</b>	Payer											
		Amounts											
	<b>9</b>	Payer											
		Amounts											
	<b>10</b>	Payer											
		Amounts											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee



State and local income tax refunds	2021 Information _____ [5]	Prior Year Information _____
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Alimony received	T/S	Agreement Date	2021 Information _____ [3]	Prior Year Information _____
			_____ [3]	

**\*\*Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	_____ [9]	_____ [10]	_____
Unemployment compensation federal withholding	_____ [9]	_____ [10]	
Unemployment compensation state withholding	_____ [9]	_____ [10]	
Unemployment compensation repaid	_____ [12]	_____ [13]	
Alaska Permanent Fund dividends	_____ [18]	_____ [19]	

	<b>Self-Employment Income ?</b>		2021 Information	Prior Year Information
T/S/J	(Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	_____	_____ [15]	_____
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
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—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	
—	—	_____	_____	

**NOTES/QUESTIONS:**

### Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

BLANK  Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [51]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

State postal code \_\_\_\_\_ [6]

Name of creditor/lender \_\_\_\_\_ [3]

#### Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) \_\_\_\_\_ [10]

Amount of debt discharged (Box 2) \_\_\_\_\_ [11]

Interest if included in box 2 (Box 3) \_\_\_\_\_ [12]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) \_\_\_\_\_ [14]

Fair market value of property (Box 7) \_\_\_\_\_ [15]

#### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]

Balance of principal outstanding (Box 2) \_\_\_\_\_ [17]

Fair market value of property (Box 4) \_\_\_\_\_ [18]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [19]

	<b>Control Totals</b>	
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### Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [51]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

State postal code \_\_\_\_\_ [6]

Name of creditor \_\_\_\_\_ [3]

#### Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) \_\_\_\_\_ [10]

Amount of debt discharged (Box 2) \_\_\_\_\_ [11]

Interest if included in box 2 (Box 3) \_\_\_\_\_ [12]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) \_\_\_\_\_ [14]

Fair market value of property (Box 7) \_\_\_\_\_ [15]

#### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]

Balance of principal outstanding (Box 2) \_\_\_\_\_ [17]

Fair market value of property (Box 4) \_\_\_\_\_ [18]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [19]

	<b>Control Totals</b>	
--	-----------------------	--

**NOTES/QUESTIONS:**







1 Preparer use only

	2021 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) __[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ____ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2021 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

**Rent and Royalty Income**

Rents and royalties	2021 Information	Prior Year Information
_____	_____ [33]	_____
_____	_____	_____

**Rent and Royalty Expenses**

	2021 Information	Percent if not 100%	Prior Year Information
Advertising _____	_____ [35]	_____ [36]	_____
Auto _____	_____ [38]	_____ [39]	_____
Travel _____	_____ [41]	_____ [42]	_____
Cleaning and maintenance _____	_____ [44]	_____ [45]	_____
Commissions: _____	_____ [47]	_____ [49]	_____
Insurance: _____	_____ [50]	_____ [52]	_____
Legal and professional fees _____	_____ [54]	_____ [55]	_____
Management fees: _____	_____ [57]	_____ [59]	_____
Mortgage interest paid to banks, etc (Form 1098) _____	_____ [60]	_____ [62]	_____
Other mortgage interest _____	_____ [63]	_____ [65]	_____
Qualified mortgage insurance premiums _____	_____ [66]	_____ [67]	_____
Other interest: _____	_____ [69]	_____ [71]	_____
Repairs _____	_____ [72]	_____ [73]	_____
Supplies _____	_____ [75]	_____ [76]	_____
Taxes: _____	_____ [78]	_____ [80]	_____
Utilities _____	_____ [81]	_____ [82]	_____
Depreciation _____	_____ [84]	_____ [85]	_____
Depletion _____	_____ [87]	_____ [88]	_____
Other expenses: _____	_____ [90]	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Control Totals**

Rent & Royalty

Form ID: Rent

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

1	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss		[25]	[26]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss		[25]	[26]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating	[16]	[17]	[18]
	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss		[25]	[26]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_ [7]  
 Date former residence was acquired \_\_\_\_\_ [9]  
 Date former residence was sold \_\_\_\_\_ [10]  
 Selling price of former residence \_\_\_\_\_ [11]  
 Expenses related to the sale of your old home \_\_\_\_\_ [12]  
 Original cost of home sold including capital improvements \_\_\_\_\_ [13]

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

### Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed \_\_\_\_\_ [28]  
 Total current year payments received \_\_\_\_\_ [29]

### Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_ [30]  
 Address \_\_\_\_\_ [31]  
 City, State and Zip \_\_\_\_\_ [32] [33] \_\_\_\_\_ [34]  
 Identifying number of related party \_\_\_\_\_ [35]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [36]  
 Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_ [37]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [38]  
 Selling price of property sold by a related party \_\_\_\_\_ [40]

### NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	[ ]
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Indicate type of health or medical savings account:		
HSA	_____[6]	
Archer MSA	_____[7]	
MA (Medicare Advantage) MSA	_____[9]	
Total HSA/MSA contributions made		
for 2021 (Enter all amounts contributed, including through employer cafeteria plans)	_____[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____[12]	
Number of months in qualified high deductible health plan in 2021	_____[13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____[14]	
Total HSA/MSA contribution to be made for 2021	_____[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	_____[16]	
Excess contributions for 2020 taken as constructive contributions for 2021	_____[19]	
Rollover contribution (Form 5498-SA, Box 4)	_____[21]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	_____[24]	[ ]
Enter compensation from employer maintaining high deductible health plan	_____[27]	
If self-employed, enter earned income from business under which plan was established	_____[31]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2021? (Y, N) \_\_\_\_\_[33]

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

**2021 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__	[1]	
Name of Trustee _____		[4]	
State postal code _____		[2]	
Gross distributions received <b>(Box 1)</b>	_____	[7]	_____
Earnings on excess contributions <b>(Box 2)</b>	_____	[9]	_____
Distribution code <b>(Box 3)</b>	_____	[11]	
Fair Market Value on date of death <b>(Box 4)</b>	_____	[12]	
<b>Box 5 -</b>			
HSA		[13]	
Archer MSA		[14]	
MA MSA		[15]	
All distributions were used to pay unreimbursed qualified medical expenses		[17]	__
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2021	_____	[19]	_____
Withdrawal of excess contributions by the due date of the return	_____	[21]	_____
Amount of distribution rolled over for 2021	_____	[23]	_____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	_____	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/20	_____	[27]	_____
For HSA accounts:			
Was the high deductible health plan coverage started in 2020 and in effect for the month of December 2020? (Y, N)		[29]	
Was the high deductible health plan coverage ended before 12/31/21? (Y, N)		[30]	

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

**2021 Information**

**Prior Year Information**

Name of the insured chronically ill individual _____	[39]		
Social security number of insured _____	[40]		
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	_____	[42]	_____
Accelerated death benefits paid <b>(Box 2)</b>	_____	[44]	_____
<b>Check one (Box 3)</b>			
Per diem		[46]	
Reimbursed amount		[47]	
Qualified contract <b>(Box 4)</b>		[48]	
<b>Check, if applicable (Box 5)</b>			
Chronically ill		[49]	
Terminally ill		[50]	
Are there other individuals who received LTC payments during 2021? (Y, N)		[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		[53]	
Number of days during the long-term care period _____		[54]	
Cost incurred for qualified long-term care services during the long-term care period _____		[55]	

**NOTES/QUESTIONS:**

Alimony Paid:

T/S	Date*	2021 Information	Prior Year Information
		[4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
	Recipient name and SSN		
	Address		
	City, state and zip code		
	Recipient name and SSN		
	Address		
	City, state and zip code		

\* Date of divorce/separation agreement

	2021 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
.	[6]	[7]	
Other adjustments:			
	[9]	[10]	

**NOTES/QUESTIONS:**

**Education Credits and Tuition and Fees Deduction**

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

**Institution Information**

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

**Tuition Paid and Related Information**

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2021.

Enter the amount actually paid during 2021.

	2021 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	_____ [8]	
Educational institution changed its reporting method for 2021 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2022 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2021		

**NOTES/QUESTIONS:**

T/S/J	2021 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
[1] _____	[2] _____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>		
[4] _____	[5] _____	
_____	_____	
_____	_____	
Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>		
[7] _____	[8] _____	
_____	_____	
Prescription medicines and drugs:		
[10] _____	[11] _____	
_____	_____	
[13] Miles driven for medical items	[14] _____	

**Schedule A - Tax Expenses**

T/S/J	2021 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	[19] _____	
_____	_____	
_____	_____	
_____	_____	
2020 state and local income taxes paid in 2021:		
[21] _____	[22] _____	
_____	_____	
Real estate taxes paid:		
[24] . . _____	[25] _____	
_____	_____	
Personal property taxes:		
[27] _____	[28] _____	
_____	_____	
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	[31] _____	
_____	_____	
Sales tax paid on major purchases:		
[36] _____	[37] _____	
_____	_____	
Sales tax paid on actual expenses:		
[39] _____	[40] _____	
_____	_____	
_____	_____	

**Control Totals**

Itemized Deductions

## Interest Expenses

T/S/J	2021 Interest Paid <sup>2]</sup>	2021 Points Paid	Type*	2021 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

**\*Mortgage Types**

**Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment**

T/S/J	Payee's Name	SSN or EIN	2021 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]	_____	_____	[5]	
<b>Address</b>				
<b>City, state and zip code</b>				
_____				
<b>Address</b>				
<b>City, state and zip code</b>				
_____				
_____				
_____				
_____				

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2021 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2021 **(Preparer use only)** \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2021 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2021 **(Preparer use only)** \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2021 \_\_\_\_\_

T/S/J	2021 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	_____ [16]	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	



### Child and Dependent Care Expenses

Please enter all amounts paid in 2021 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2020 employer-provided dependent care benefits used during 2021 grace period	_____ [3]	_____ [4]
Employer-provided dependent care benefits that were forfeited in 2021	_____ [5]	_____ [6]
Total qualified expenses incurred in 2021		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 \_\_\_\_\_ [7]

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2021 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

Part III Household Information -

	A. 2021 Monthly Premium Amount	Prior Year Information	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____ [12]	_____	_____ [25]	_____ [38]	_____
February	_____ [13]	_____	_____ [26]	_____ [39]	_____
March	_____ [14]	_____	_____ [27]	_____ [40]	_____
April	_____ [15]	_____	_____ [28]	_____ [41]	_____
May	_____ [16]	_____	_____ [29]	_____ [42]	_____
June	_____ [17]	_____	_____ [30]	_____ [43]	_____
July	_____ [18]	_____	_____ [31]	_____ [44]	_____
August	_____ [19]	_____	_____ [32]	_____ [45]	_____
September	_____ [20]	_____	_____ [33]	_____ [46]	_____
October	_____ [21]	_____	_____ [34]	_____ [47]	_____
November	_____ [22]	_____	_____ [35]	_____ [48]	_____
December	_____ [23]	_____	_____ [36]	_____ [49]	_____
Annual total	_____ [24]	_____	_____ [37]	_____ [50]	_____

Control Totals

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

Part III Household Information -

	A. 2021 Monthly Premium Amount	Prior Year Information	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____ [12]	_____	_____ [25]	_____ [38]	_____
February	_____ [13]	_____	_____ [26]	_____ [39]	_____
March	_____ [14]	_____	_____ [27]	_____ [40]	_____
April	_____ [15]	_____	_____ [28]	_____ [41]	_____
May	_____ [16]	_____	_____ [29]	_____ [42]	_____
June	_____ [17]	_____	_____ [30]	_____ [43]	_____
July	_____ [18]	_____	_____ [31]	_____ [44]	_____
August	_____ [19]	_____	_____ [32]	_____ [45]	_____
September	_____ [20]	_____	_____ [33]	_____ [46]	_____
October	_____ [21]	_____	_____ [34]	_____ [47]	_____
November	_____ [22]	_____	_____ [35]	_____ [48]	_____
December	_____ [23]	_____	_____ [36]	_____ [49]	_____
Annual total	_____ [24]	_____	_____ [37]	_____ [50]	_____

Control Totals

NOTES/QUESTIONS: