

(Please Sign)

15. Did you donate a partial interest in any goods to charitable organizations?

the coming year?

16. Do you have children under age 19 with investment income (age 24 if dependent studenti)?

17. Do you expect any significant changes in income, withholding taxes or your tax liability for

AND ORGANIZER

(Date)

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include all W-2 and 1099 forms, and any name & address labels provided by the government. If you are a new client, also include your 2021 tax return.

Please read and sign below after completing this tax organizer

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

PERSONAL DATA

				TAXPAY	ER AND SPOU	JSE							PENDE	
	mana (as Circula)		Spouse				Name	D.O.B.	SSN	No. of mos. live X if post-sec				year
тахра	ayer (or Single)		Cyvase				(First, Middle Initial and Last)		(last 4 digits)	Relation	ship		*	*
ast Name			Last Name											
irst Name & Initial			First Name & Initial											
ccupation			Occupation											
hone (Home)	(Work)		Phone (Home)	(Work)			Social Security numbers are required for If filing Head of Household and qualifyi	or all deper	ndents.	it not your d	epen	dent	t abo	ove
oc. Sec. # (Last 4 digits	;)	Date of Birth	Soc. Sec. # (Last 4 digits)		Date of E	Birth	enter child's name here:	ng pordon	io your orma or		_			
							1. Did your name, address or marital status	change du	ing the year?		Yes		No	
ailing Address		□ Check if	address is new		County		2. Can you be claimed as a dependent on a				Yes	H	No	
. Ctata 9 7ia			Email Address			_	 Are you (or your spouse) blind or perma Did you claim children above that don't in 				Yes	H	No No	
ty, State, & Zip			Elilali Address				Did you carry forward or incur any adoption				Yes	H	No	
Were you notified by Are any of your clair				Yes [No No		18. Did you receive any source of income that is 19. Do you wish to designate \$3.00 of your taxe Providential Composity Fund? Providential Composity Fund?		this booklet?		Yes Yes		No.	0
Did you make any g							Presidential Campaign Fund?			Spouse			No.	
Do you have any for				Yes			 Do you have a Medical or Health Savings Ar Did you buy, sell, or use any digital currence 	•			Yes		N	
			a result of income earned abroad?				22. If you are age 72 or older, have you started y			ne withdrawale'			1 14	,
		Name of the last o	debts or were the victim of a ponz				23. Did you receive employer-provided:		commuter transpor		Vae	8	No	A STATE OF THE PARTY OF THE PAR
Did you become dis	sabled during the y	ear?		Yes [No		24. Did you pay long-term healthcare insurance	premiums o	r receive benefits?		Yes		No	TOTAL STREET
Are you a handicap	ped employee?			Yes [No		25. Are you a school teacher who paid for classr (Please provide a recap of expenses for pote			sement?	Yes		No	
Did you receive any	distribution from	an IRA, profit sh	aring or pension plan?	Yes [No		 If you would like your refund deposited direct please attached a voided check or deposit sl 				Yes		No	
Have you used bart	ering to exchange	any goods or se	ervices?	Yes [No		27. Did you purchase any energy efficient equipm	ent (hybrid ca	ar, AC, furnace, etc.)	?	Yes		No	
Have you or your de or 529 program dur		distribution from	n a Qualified Tuition Program (QTI	Yes [No		28. Did you or your spouse have qualified militar	y combat pay	?		Yes		No	
Did you receive any loss or medical ded		r reimbursemer	nt from a prior year casualty, theft	Yes [No		29. Do you own bonds that qualify for the Gulf, R Build America bond credits?	enewable En	ergy or		Yes		No	
. Did you start a new l	business during the	year or do you e	expect to start one this coming year	? Yes [No		30. Did you purchase a new home this year?				Yes		No	
. Did you pay anyone	(over 18) \$2,400 or	more to work at	your home during the calendar year	r? Yes [No No	П	31, If over age 70 1/2, did you make a direct cont	ribution to a o	tharity from an IRA?		Yes	П	No	

32. Did you make any major purchases during the year requiring payment of

sales tax (including any new vehicles)?

No 33. Did you revise a prior year divorce decree that includes alimony?

Yes No 34. Did you receive any premium health insurance credits during the year?

Yes No

Yes No

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	GES/SALARIE	ES/W-2 F	ORMS						INTER	EST INC	J FTT EL (Use payer				
T/S/J	Name of Employer	Taxable Wages	Withhe Fed. Ta	202		-	Withhe State	Local	T/S/J	Name o	f Payer		nount	Tax Exempt	(
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			-		-								3.00		1
	ese codes if married filing j		-			loint			Donal	ty for early withdr	enrives to lewe	1)		988
T/S/J	SCELLANEOU	Ource of Income	(Show La	sses in Brackets)		Ar	mount		rendi	ty for early without	awai oi savings	Use codes be	low if from in	dicated source	ces
	Alimony (Pre-2019 Agreement		list in misc ((aductions)			3100011		List Interes 1099-OID f	t income reported on all orms.	1099-INT and		AL BONDS MENT SALES	25	
19	Jury Duty (or Other Public Se		r, not m miso. t	iodocachay						099 forms reporting tax	withheld.	US U.S. BON	IDS		
	Tips/Gratuities (not Reporte								Do not list !	RA or retirement plan re	ported interest.	MF MORTGA	MPT (explain) GE FINANCED BY	SELLER	
	Contest/Awards/Gamblin	na Winninas							DO BY SHIP B	TAIR HALOO	sar:	(list name, addres	S & SSN)		
18	(attach 1099-MISC, W-2G or Expli	lain)							DIAME	end inco		099-DIV forms)			
- 10	Commissions/Bonuses (n)						T/S/J	Herrie of Payer	Total		Capital Gai		I
	Pensions/Annuities (furnis										Dividen	ūs .			
	IRA/Keogh or Profit Shar	ing Distributions	S (attach Form	1099-R)											
	Economic Impact Payme	nts (provide details))												
	Unemployment Compens	sation (attach Form	1099-G)												
	Partnerships/Estates/Tru	usts (fumish K-1 For	rms)	*		S. W.									
	Small Business Corporation (furnish K-1 Forms)	ns/Subchapter S		*					* Related to m	utual funds.			✓ here i	f this 1099-D	IV
. 18	Business/Self-Employed	ffurnish Schedule or	· Details)	*			7.54		List Gross Di Attach all 10	vidends above as rep	orted on 1099-DIV	forms received.	has	information r listed abo	
	Farm (furnish Schedule or Deta		Douney	*	-				K. S.					noted abo	-
										AL GAINS			ed Book Estato (A)	tach Form 1000	LCI
	Rental (furnish Schedule or De									nd Mutual Funds (Atta			1	Cost or	1
	Forgiven Debt (attach Form	1099-A or C)							T/S/J (# s	Description hares, name or stock sym	bol) Acquired	Date Sold	Sales Price	Basis*	1
180	Other (
	Other (explain)														
*v if	you did not actively or mate	MARKET STATE OF THE STATE OF TH			r loss)	listed									-
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SAI Date (Impro Fixing Date (Exper 1. Wa 2. Dicat If s 4. Wa Date N Date o If marri Interess Attach	LE OF PERSO Old Residence Acquired exements (Additions, Landscape) Up Expenses (Painting, Repold Residence Sold exements of Sale (Commissions, Leas any part of residence rented of you own and use the home as least 2 of the last five years? We you rolled over a gain from the complex provide Form 2119 from the complex provide Form 2119 from the complex provides and your sale required due to job transtown Residence Acquired (Cocupancy pried, do you and your sponst in the new residence as a copy of real estate closing (Cocupancy propertied)	mal RES ling, Driveway, New Re pairs, etc., To Prepare legal Fees, Points, Sta. or used for business? your principal reside the sale of a prior reside the sale of	Cost or E Cost or E Roof, etc.) Selling P Imps. etc.) Rence for Cost of Ne Cost of Ne Cost of Ne The sale and	You Spouse e home sold? sold. stance? w Residence ionate purchase.	Yes Yes Yes Yes Yes		No No No No		tions, including 1. List line # Princip 2. If anythin 3. If 1099-B with the c * For new instraccumulated NON-T Pre-2: Vetera Workr Other IMPORTANT: provide SSA-	In untual funds. If if items sold on in the interest of the items sold on interest of the items	B 1099-B Receive C No 1099	d; No Box 3 bas ived; basis Is m * last year: st line number of next to the incit cost on an	s (cost) s (s) (s) ncorrect value attached shee sumed, and (if interest in not taxable) mony)	# # at. used in busines	sss)

DEDUCTIONS

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.

Descript	7.5% (the amount of unreimbursed of adjusted gross income is	allowed.		CONTRI	BUTIONS		Receipts or canceled che required for all cash don	ecks are now
nescribi	ion of Medical Ex	cpenses		Amount	Casi	h Contributions (mus	t have receipts for all dona		Amount
Doctors, Dentists, Clinics, H	ospitals, Nurses	s, Etc.			Church / Temp				Panount
Prescriptions & Drugs (doctor	prescribed only)						as Seals, etc. (attach lis	st if more than one)	
nsulin (general drugs not allowed)							YWCA (attach list if more		
ye Glasses / Contact Lense	S				Public TV / Rad				
Hearing Aids, Supplies, & Ot	her Medical Aid	is			Veteran's Orga	nization (name)			
(-Ray / Lab Fees					Schools (name a				
Ambulance, Paramedic					Other:				
Nurses (board & room)					Summary Total -	– (Optional)			
Equipment (prescribed & rented)					A summary total for	for cash/check contribut		al contributions are	· 425 3.8
Nursing Home Medical Care					not deductible. De	duct value of gift receiv	ved for any contributions.		93.886
Medicare Part B Service Pay	ments						Clothing, Furniture, Food		
Smoking Cessation Program	ı				of donation, and fa	air market value. If total	value of a single donation	exceeds \$500,	20000 (2000)
Other:									
Other:		dia			,		THE TOOL O'TOOCH OUT HOME	uic charty.	
Other:						– Mileage & Parking Listing date, name & ad	ddress of donee organizat	ion, activity per-	
Other:						en, and parking fees.			
MEDICAL INSURANC	E (Code: Pre-Tax =	= P, After Tax = A. Unsu	re = U)		INTERES	ST	(Amounts, names, and Social issued by financial institution		t match Form 1098
Important: Provide proof of healt							I Institution (Form 1098	re, Food, etc. zation, Items donated, date donation exceeds \$500, 100 require an apprisal). ed from the charity. rganization, activity per- and Social Security numbers mu ti mathulons) em 1098) ess, Soc. Sec. no. below) em 1098) en existing mortgage comortgage debt? ed above) entitions date of the comortgage debt? ed above)	
Insurance – paid by you	mooranoe (FOIII	300 or equivalent)			Mortgage Interest,		al (List name, address, Soc		
Group Health Plans (ded)	uct from salary)		1		Principal	Name	Address		SSN (last 4 digits)
Medicare Premiums					Residence				
Other Insurance (long-ten	n healthcare, MSA, o	other)			Mortgage	Paid to Financia	I Institution (Form 109)	3)	
Summary Total (optional)					Interest,	The second secon	al (List name, address, So	c. Sec. no. below)	
Lodging (while away from home)					Principal Residence	Name	Address		SSN (last 4 digits)
Transportation (total miles drive	n for medical reasons	s or actual cost)			Did.				
TAXES									uring the year?
Descrinti	on of Taxes Paid		State	Amount	Yes No D		age (if not included above		Ф
Real Estate Taxes, Home (ind		er not)	Otato	Alliount	Home Equity Lo		age (ii not included above)	
Real Estate Taxes, Other (not						or substantially improve	a qualified resident)		
Property Tax Rebates (if any)					Student Loan Ir	nterest			
Property Tax Rebates (if any)						E + details: for whom, lo	pan date, loan purpose)		
Personal Property Taxes (if a	ny)				Other:				
Property Taxes (if any)					Other:	-			
						estment Interest			
		iere)					rds, department stores,		
State or Local Income Taxes	(if not listed elsewh						INDENT CA	RE	✓ if you have employer
State or Local Income Taxes Sales Tax / Other (If you paid any special assessments	or substantial sales	tax,							dependent care
State or Local Income Taxes Sales Tax / Other (If you paid any special assessments please attach supporting documents	s or substantial sales s)					be gainfully employed (or a f	full-time student), or if service		(nanny).
State or Local Income Taxes Sales Tax / Other (If you paid any special assessments please attach supporting documents	s or substantial sales s)			loss must be in a federally declared disaster area.			full-time student), or if service	Soc. Sec. or ID	(nanny).
State or Local Income Taxes Sales Tax / Other (If you paid any special assessments please attach supporting documents CASUALTY/THE	s or substantial sales) EFT LOS	SES		loss must be in a federally declared disaster area.		be gainfully employed (or a f	full-time student), or if service		(nanny).
State or Local Income Taxes Sales Tax / Other (If you paid any special assessments please attach supporting documents CASUALTY/THE	s or substantial sales s) EFT LOS of adjusted gross incom	SES		declared disaster area.		be gainfully employed (or a f	full-time student), or if service		(nanny).
State or Local Income Taxes Sales Tax / Other (If you paid any special assessments) please attach supporting documents CASUALTY/THE Only the total net result that exceeds 10% Fire, Storm, Theft, and An	s or substantial sales s) EFT LOS of adjusted gross incom	SES		declared disaster area.		be gainfully employed (or a f	full-time student), or if service		(nanny).
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State or Local Income Taxes Sales Tax / Other (If you paid any special assessments please attach supporting documents CASUALTY/THE Only the total net result that exceeds 10% Fire, Storm, Theft, and Al Date Acquired	s or substantial sales EFT LOSS of adjusted gross incom uto Damage — If m Date Acquired	SES me is allowed. more than one, provi Cost or Basis	ide similar d	declared disaster area.	✓ if required to b	be gainfully employed (or a f	full-time student), or if service Provider	Soc. Sec. or ID	Amount P
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CASUALTY/THE Only the total net result that exceeds 10% Fire, Storm, Theft, and Ar Date Acquired Describe How and/or What Happener V II covered by a work r Single or Taxpayer Spouse Note: Many higher education expenses qualify and/or penalty-free withdrawals from your tax V II student is attending lee Code (1-Taxpayer, S-Spouse, D1-Depardent 1, D1	c or substantial sales EFT LOSS of adjusted gross incomuto Damage — If m Date Acquired Date of Loss with plan Da / / / / y for special tax credits an -deferred savings accounts ss than 1/2 time	SES me is allowed. more than one, provi Cost or Basis Insurance Paid Mkt. Value Befor Mkt. Value After Traditional IRA / / INDEX Office Traditional IRA / / INDEX OFFICE TRADITION INDEX OFFICE TRADITION IST Student	re SEP/SIM SIP/SIM SIP	declared disaster area. Setail for each. EMENT C. IPLE Roth IRA REDUCAT From income for tax-free and include all 1099-0 forms. It 3rd Student	Federal ID No. if required to file IRS wages reports Use Form W-10 for ONTRIE If you want the deduction, write column(s). You wanount to depos Other Expenses: Enter a U.S. Savings Bond Interes Room and Boat	be gainfully employed (or a f Name/Address of	Total Paid During No. Children Und the expenses by dependent List total value of Single or Taxpaye Spouse Sy quality for tax/penalty-free IRA	the Year Ser Age 13 the Attach details if m ALL IRAs on las and Student ioan is 2nd Student ioan is 2nd Student ioan is 2nd Student ioan is 3nd	Amount P Amount P B B It day of the year: Interest deduction, or The students of the stu

Miles Driven
Room and Board
Books and Supplies

Seminar Fees

Other Other