The Mobile Tax Agent

PO BOX 892018
Temecula, CA 92589
themobiletaxagent@gmail.com
Phone: (951)440-4805 | Fax:

January 31, 2022

NEWCLIENT

:

Income tax time is just around the corner! The enclosed packet has been prepared to assist you in gathering information for your 2021 tax return. Review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax-preparation appointment. We appreciate your trust in our business. Contact our office at (951)440-4805 if you have any questions or need additional information.

Sincerely,

Talaya Cartwright
The Mobile Tax Agent

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Temecula, CA 92589
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Phone: (951)440-4805 | Fax:

January 31, 2022

NEWCLIENT

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (951)440-4805.

Sincerely,

Talaya Cartwright
The Mobile Tax Agent

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January 31, 2022

NEWCLIENT

Subject: Preparation of Your 2021 Tax Returns

NEWCLIENT:

Thank you for choosing The Mobile Tax Agent to assist you with your 2021 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2021 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2021 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (951)440-4805.

Sincerely,

Talaya Cartwright
The Mobile Tax Agent

(Both spouses must sign for preparation of joint returns.)

Accepted By:

____
Taxpayer

____
Spouse

____
Date

Checklist

Name: NEWCLIENT SSN: ***-**-****

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2021 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2020 tax year.

Stimulus payment (Economic Impact Payment - IRS Notice 1444-C or Letter 6475)

[ ] Stimulus Payment ____

Advanced payment of Child Tax Credit (IRS Letter 6419)

[ ] Taxpayer ____

[ ] Spouse ____

State and city refunds and other government payments (Form 1099-G)

[ ] Unemployment compensation

Other Income (provide supporting documentation for income received for the following items)

[ ] Sale of assets or property

[ ] Cancellation of debt

[ ] Other income ____

Payments (provide supporting documentation for payments made for the following items)

[ ] Educator classroom expenses

[ ] Employee business expenses

[ ] Contributions to a Health Savings Account

[ ] Expenses related to work relocation

[ ] Alimony

[ ] Student loan interest

[ ] Tuition and fees for higher education

[ ] Expenses related to child or dependent care

[ ] Contributions to a Retirement Savings Account

[ ] Medical and dental expenses

[ ] Real estate taxes

[ ] Other state and local taxes

[ ] Mortgage interest

[ ] Investment interest

[ ] Cash contributions

[ ] Noncash contributions

[ ] Unreimbursed employee expenses

[ ] Investment expenses

[ ] Gambling losses

[ ] Other payments ____

Questionnaire

Name: NEWCLIENT SSN: ***-**-****

Questionnaire

Personal Information

Yes No

[ ] [ ] Did your marital status change during the year?
If "Yes," explain ____

[ ] [ ] If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2021?

[ ] [ ] Can you or your spouse be claimed as a dependent by someone else?

[ ] [ ] If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?

[ ] [ ] If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?

[ ] [ ] Did your address change during the year?

[ ] [ ] Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain ____

[ ] [ ] Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

[ ] [ ] Did you have any changes in dependents during the year?
If "Yes," explain ____

[ ] [ ] Can another person qualify to claim any of your dependents?

[ ] [ ] Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?
If "Yes," provide Letter 6419 from the IRS. Or, enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. If you were married last year and filed a joint tax return with your spouse, are you filing a joint return with the same spouse this year?
Taxpayer ____
Spouse ____

[ ] [ ] Did you have any childcare expenses during the year?

[ ] [ ] Did you have any adoption expenses during the year?

[ ] [ ] Did you have any children under age 19 or a full-time student under age 24 with more than $2,200 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

[ ] [ ] Did any member of your household have healthcare coverage through the Marketplace (Obama Care)?
If "Yes," provide copies of Form 1095-A.

[ ] [ ] Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

[ ] [ ] Did you receive any tips not reported to your employer?

[ ] [ ] Did you receive any disability income during the year?

[ ] [ ] Did you cash in any U.S. savings bonds during the year?

[ ] [ ] Did you start a new business or purchase any rental property during the year?

[ ] [ ] Did you sell an existing business, rental property, or other property during the year?

[ ] [ ] Did you purchase any business assets or convert any assets to business use?

Questionnaire

Name: NEWCLIENT SSN: ***-**-****

Questionnaire

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

[ ] [ ] Did you purchase any gasoline, diesel, or special fuels for off-road business use?
[ ] [ ] Did you buy or sell any stocks, bonds, or other investments during the year?
[ ] [ ] Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
[ ] [ ] Did you have a principal residence or a piece of real property foreclosed on during the year?
[ ] [ ] Did you abandon a principal residence or a piece of real property during the year?
[ ] [ ] Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
[ ] [ ] Did you receive any principal or interest during this year from property sold in prior years?
[ ] [ ] Did you rent out your home or use it for business?
[ ] [ ] Did you sell, exchange, or purchase any real estate during the year?
[ ] [ ] Did you acquire a new or additional interest in a partnership or S corporation?
[ ] [ ] Did you have any debts canceled or forgiven this year?
[ ] [ ] Does anyone owe you money that has become uncollectible?
[ ] [ ] Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
[ ] [ ] Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
[ ] [ ] Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC, Form 1099-NEC, and Form 1099-K.
[ ] [ ] Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
[ ] [ ] Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
[ ] [ ] Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
[ ] [ ] Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
[ ] [ ] Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain ____

Itemized Deduction Information

Yes No

[ ] [ ] Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
[ ] [ ] Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
[ ] [ ] Did you receive any state or local income tax refunds from prior years?
[ ] [ ] Did you make any major purchases (vehicle, boat, etc.) during the year?
[ ] [ ] Did you pay any real estate property taxes or personal taxes during the year?
[ ] [ ] Did you pay mortgage interest during the year?
[ ] [ ] Did you make cash donations to charity during the year?
[ ] [ ] Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
[ ] [ ] Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
[ ] [ ] Did you have gambling winnings or losses during the year?
[ ] [ ] Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
[ ] [ ] Did you use your vehicle on the job other than for commuting to work?
[ ] [ ] Did you work out of town at any time during the year?

Retirement Information

Questionnaire

Name: NEWCLIENT SSN: ***-**-****

Questionnaire

Yes No

[ ] [ ] Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
[ ] [ ] Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
[ ] [ ] Did you receive any Social Security benefits during the year?

Education Information

Yes No

[ ] [ ] Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
[ ] [ ] Did anyone in your household attend a post-secondary school during the year?
[ ] [ ] Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
[ ] [ ] Did you pay student loan interest for yourself, your spouse, or your dependents during the year?

Miscellaneous Information

Yes No

[ ] [ ] Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
If "Yes," enter the amount received for each taxpayer and provide Notice-1444-C or Letter 6475 from the IRS.
Taxpayer ____
Spouse ____
[ ] [ ] Was your earned income in 2021 less than your earned income in 2019?
If "Yes," enter the amount of your 2019 earned income.
____
[ ] [ ] Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currencies?
[ ] [ ] Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
[ ] [ ] Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
[ ] [ ] Did you make gifts to any one person in excess of $15,000 during the year?
Yes No
[ ] [ ] If "Yes," are you splitting the gift with your spouse?
[ ] [ ] Did you incur moving expenses during the year?
[ ] [ ] Did you make any energy-efficient improvements to your main home during the year?
[ ] [ ] Are you a business owner who paid health insurance premiums for your employees during the year?
[ ] [ ] Did you own interest or shares in a Qualified Opportunity Fund?
[ ] [ ] Did you apply an overpayment of your 2020 taxes to your 2021 estimated taxes?
[ ] [ ] If you have an overpayment of 2021 taxes, do you want the refund applied to your 2022 estimated taxes?
[ ] [ ] Did you make any estimated payments toward your 2021 taxes?
[ ] [ ] Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
[ ] [ ] Do you anticipate your income or withholdings to be different for 2022?
[ ] [ ] Did you make any purchases subject to Use Tax?
If "Yes," provide details.
[ ] [ ] Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain ____
[ ] [ ] May the IRS discuss your tax return with your preparer?
[ ] [ ] Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Foreign Tax Information

Yes No

Questionnaire

Name: NEWCLIENT SSN: ***-**-****

Questionnaire

[ ] [ ] Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
[ ] [ ] Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
[ ] [ ] Did the aggregate value of your foreign accounts exceed $10,000 at any time during the year?
[ ] [ ] Did you have any income from, or pay taxes to, a foreign country?
[ ] [ ] Did you own property in a foreign country?

Preparer Notes

Income

Name: NEWCLIENT SSN: ***-**-****

Wages & Salaries

Provide all copies of Form W-2

Employer name	2021 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2021 distribution

☐ Yes ☐ No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes ☐ No Did you use any of the distributions for disaster or coronavirus relief?

Income

Name: NEWCLIENT SSN: ***-**-****

Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income.

Account number Payer name	2021 ordinary dividends	2021 qualified dividends

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income.

Account number Payer name	2021 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: NEWCLIENT SSN: ***-**-****

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

Installment Sale Income

Description of property:

Date acquired Date sold

	2021	Prior years
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

Property was sold to a related party ☐

Other Income and Adjustments

Name: NEWCLIENT SSN: ***-**-****

Other Income

	2021 Taxpayer	2021 Spouse
Scholarships or grants not reported on Form W-2		
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
State income tax refund (attach Forms 1099-G)		
Alimony received		
Divorce or separation date ________ Amount		
Unemployment compensation (attach Forms 1099-G)		
Unemployment compensation repaid in 2021		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
Jury duty pay		
ABLE distributions		
Other income:		

Adjustments

	2021 Taxpayer	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Savings Account (HSA)		
Contributions made to a Self-Employed Pension plan (SEP)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid		
Name ________		
SSN ________ Divorce or separation date ________		
Name ________		
SSN ________ Divorce or separation date ________		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Interest paid on a student loan		
Other adjustments:		

Schedule C - Profit or Loss from Business

Name: NEWCLIENT SSN: ***-**-****

General Business Information

TS ____ Business name ____ Employer ID number ____

Professional product or service ____

Business address, city, state, ZIP ____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) ____

☐ This business started or was acquired during 2021.

☐ This business was disposed of during 2021.

Select if this business is for:

☐ Professional gambler

☐ Newspaper delivery and you are under 18 years of age

☐ Exempt Notary income

☐ A clergy

Yes	No	
☐	☐	Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this business.
☐	☐	If "Yes," you filed Forms 1099 for the individuals?
☐	☐	You received a Paycheck Protection Program (PPP) loan for this business.
☐	☐	If 'Yes," was any portion of the loan forgiven?

Income

	2021		2021
Gross receipts or sales		Other income	
Returns & allowances			

Expenses

	2021		2021
Advertising		Repairs & maintenance	
Car & truck expenses		Supplies	
Commissions & fees		Taxes & licenses	
Contract labor		Travel	
Depletion		Total meals	
Employee benefit programs		Utilities	
Insurance (other than health)		Wages	
Interest - mortgage		Family health coverage payments for taxpayer, spouse or dependents	
Interest - other		Other expenses (list)	
Legal & professional services			
Office expenses			
Pension & profit sharing plans			
Rent or lease (vehicles, machinery, & equipment)			
Rent (other business property)			

Cost of Goods Sold

	2021		2021
Inventory at beginning of year		Materials & supplies	
Purchases		Other costs	
Cost of personal use items		Inventory at end of year	
Cost of labor		☐ There was a change in inventory method.	

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: NEWCLIENT SSN: ***-**-****

General Property Information

Property description ______

Address, city, state, ZIP ______

Select the property type

- ☐ Single family residence
- ☐ Vacation / short-term rental
- ☐ Land
- ☐ Self-rental
- ☐ Multi-family residence
- ☐ Commercial
- ☐ Royalties
- ☐ Other ______

Number of days property was rented ______ Number of days property was used for personal use ______

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied ______

- ☐ This property was placed in service during 2021.
- ☐ This property is your main home or second home.
- ☐ This property was disposed of during 2021.
- ☐ This property was owned as a qualified joint venture.

☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this rental.

☐ Yes ☐ No You filed Forms 1099 for the individuals

Income

	2021		2021
Rent income	______	Royalties from oil, gas, mineral, copyright or patent	______

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses
Advertising	______	
Auto & travel	______	
Cleaning & maintenance	______	______
Commissions	______	
Insurance	______	______
Legal & professional fees	______	
Management fees	______	
Mortgage interest	______	______
Other interest	______	______
Repairs	______	______
Supplies	______	______
Taxes	______	______
Utilities	______	______
Depletion	______	
Other expenses		
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Income or Loss from Partnerships, S Corporations, and Fiduciaries

Name: NEWCLIENT SSN: ***-**-****

Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name	EIN

Schedule F - Profit or Loss from Farming

Name: NEWCLIENT SSN: ***-**-****

General Information

TS ____ Principal product ____ Employer ID number ____

Accounting method: ☐ Cash ☐ Accrual ☐ Other: ____

☐ This farm was disposed of during 2021.

Yes	No	
☐	☐	Payments of $600 or more were paid to an individual who is not your employee for services provided for this farm.
☐	☐	If "Yes," you filed Forms 1099 for the individuals.
☐	☐	You received a Paycheck Protection Program (PPP) loan for this business.
☐	☐	If "Yes", was any portion of the loan forgiven?

Income

	2021		2021
Sale of livestock / other items		Custom hire income	
Cost of items bought for resale		Beginning inventory for accrual	
Sale of products you raised		Ending inventory for accrual	
Total cooperative distributions (Provide 1099-PATR)		☐ You used unit-livestock-price or farm-price inventory method.	
Total agricultural payments		Other income	
Commodity Credit Corporation (CCC) loans:			
CCC loans reported			
CCC loans forfeited			
Crop insurance proceeds:			
Amount received in 2021			
☐ You elect to defer to 2022			
Amount deferred from 2020			

Expenses

	2021		2021
Car & truck expenses		Rent - other (land, animals, etc.)	
Chemicals		Repairs & maintenance	
Conservation expenses		Seeds & plants purchased	
Custom hire (machine work)		Storage & warehousing	
Employee benefit programs		Supplies purchased	
Feed purchased		Taxes	
Fertilizers & lime		Utilities	
Freight & trucking		Veterinary, breeding, & medicine	
Gasoline, fuel, & oil		Family health coverage payments for taxpayer, spouse or dependents	
Insurance (other than health)		Other expenses	
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Non-W-2 labor hired			
W-2 wages paid			
Pension & profit-sharing plans			
Rent - vehicles, machinery, & equipment			

Form 4835 - Farm Rental Income and Expenses

Name: NEWCLIENT SSN: ***-**-****

General Information

Description ______ Employer ID Number ______

☐ This farm was disposed of during 2021

Income

	2021		2021
Income from production of livestock, grains, & other crops		Crop insurance proceeds:	
Total cooperative distributions		Amount received in 2021	
Total agricultural payments		☐ You elect to defer to 2022	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2020	
CCC loans reported		Other income	
CCC loans forfeited			

Expenses

	2021		2021
Car & truck expenses		Seeds & plants purchased	
Chemicals		Storage & warehousing	
Conservation expenses		Supplies purchased	
Custom hire (machine work)		Taxes	
Employee benefit programs		Utilities	
Feed purchased		Veterinary, breeding, & medicine	
Fertilizers & lime		Other expenses	
Freight & trucking			
Gasoline, fuel, & oil			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Labor hired (less jobs credit)			
Pension & profit-sharing plans			
Rent - vehicles, machinery & equip			
Rent - other (land, animals, etc.)			
Repairs & maintenance			

Expenses Related to Business

Name: NEWCLIENT SSN: ***-**-****

Auto Expense

Name of business vehicle is used for ____________

Description of vehicle ____________ Date vehicle was placed in service ____________

Yes	No		Yes	No	
☐	☐	Was this vehicle available for use during off-duty hours?	☐	☐	Do you have evidence to support your deduction?
☐	☐	Was another vehicle is available for personal use?	☐	☐	If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2021

- Business . . . . ____________
- Commuting . . . . ____________
- Other . . . . ____________

Expenses

Garage rent	____________	Repairs	____________
Gas	____________	Tires	____________
Insurance	____________	Tolls	____________
Licenses	____________	Lease addback	____________
Oil	____________	Other expenses	
Parking fees	____________	____________	____________
Rental fees	____________	____________	____________
Interest	____________	____________	____________
Property tax	____________	____________	____________

Business Use of Home

Name of business home is used for ____________

What is the total square footage of your home that was used regularly and exclusively for business? ____________

What is the total square footage of your home? ____________

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? ____________

How many hours per day was the area used? ____________

☐ The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest	____________	____________
Real estate taxes	____________	____________
Excess mortgage interest	____________	____________
Excess real estate taxes	____________	____________
Insurance	____________	____________
Rent	____________	____________
Repairs & maintenance	____________	____________
Utilities	____________	____________
Other expenses	____________	____________

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name: NEWCLIENT SSN: ***-**-****

TSJ______ Employer Identification Number ________________

Yes	No	
☐	☐	Did you pay any one household employee cash wages of $2,300 or more in 2021?
☐	☐	Did you withhold federal income tax during 2021 for any household employee?
☐	☐	Did you pay total cash wages of $1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?
☐	☐	Did you pay unemployment contributions to only one state?
☐	☐	Did you pay all state unemployment contributions for 2021 by April 18, 2022?
☐	☐	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2021
Total cash wages subject to Social Security tax	
Total cash wages subject to Medicare tax	
Total cash wages subject to Additional Medicare tax withholding	
Federal income tax withheld	
Qualified sick leave wages	
Qualified family leave wages	
Qualified health plan expenses	

TSJ______ Employer Identification Number ________________

Yes	No	
☐	☐	Did you pay any one household employee cash wages of $2,300 or more in 2021?
☐	☐	Did you withhold federal income tax during 2021 for any household employee?
☐	☐	Did you pay total cash wages of $1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?
☐	☐	Did you pay unemployment contributions to only one state?
☐	☐	Did you pay all state unemployment contributions for 2021 by April 18, 2022?
☐	☐	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2021
Total cash wages subject to Social Security tax	
Total cash wages subject to Medicare tax	
Total cash wages subject to Additional Medicare tax withholding	
Federal income tax withheld	
Qualified sick leave wages	
Qualified family leave wages	
Qualifed health plan expenses	

Schedule A - Itemized Deductions

Name: NEWCLIENT SSN: ***-**-****

Medical and Dental Expenses

Health insurance premiums (paid by you) . . . . ____________

Long-term care premiums (you) . . . . ____________

Long-term care premiums (your spouse) . . . . ____________

Long-term care premiums (dependents) . . . . ____________

Mileage driven for medical purposes . . . . ____________

Medical & dental expenses

- Doctor, dental, etc . . . . ____________
- Prescription medicines . . . . ____________
- Insulin . . . . ____________
- Glasses & contacts . . . . ____________
- Hearing aids . . . . ____________
- Braces . . . . ____________
- Medical equipment & supplies . . . . ____________
- Hospital services . . . . ____________
- Laboratory services . . . . ____________
- Nursing services . . . . ____________
- Other ______________________________ ____________

Taxes Paid

State and local income taxes . . . . ____________

General sales tax (vehicle, boat, home, etc.) . . . . ____________

Real estate taxes . . . . ____________

Personal property taxes . . . . ____________

Other taxes (list) ________________________ ____________

________________________________ ____________

________________________________ ____________

Interest Paid

Home mortgage interest paid (attach Form 1098) . . . . . ____________

☐ Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual . . . . ____________

Paid to:

Name ________________________________

Address ________________________________

City, State, ZIP ________________________________

SSN or EIN ______________

Home mortgage insurance premiums . . . . ____________

Investment interest . . . . ____________

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	☐	☐	____________
Boy or Girl Scouts	☐	☐	____________
Goodwill	☐	☐	____________
Red Cross	☐	☐	____________
Salvation Army	☐	☐	____________
United Way	☐	☐	____________
Veterans	☐	☐	____________
Hospital	☐	☐	____________
University	☐	☐	____________
Other ________________	☐	☐	____________

Miles driven for charitable purposes . . . . ____________

Other Miscellaneous Deductions

Amortizable bond premiums . . . . ____________

Federal estate tax . . . . ____________

Gambling losses . . . . ____________

Impairment-related work expenses . . . . ____________

Claim repayments . . . . ____________

Unrecovered pension investments . . . . ____________

Loss from other activities from Schedule K-1 . . . . ____________

Ordinary loss debt instrument . . . . ____________

Excess deduction on termination . . . . ____________

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

- Safety equipment, tools, & supplies . . . . . . ____________
- Uniforms . . . . ____________
- Protective clothing (shoes, hardhats, glasses, etc.) ____________
- Dues to professional organizations . . . . ____________
- Books & subscriptions . . . . ____________
- Other ________________________ ____________

Union dues . . . . ____________

Tax preparation fees . . . . ____________

Other nonpersonal expenses related to taxable income

- Safe deposit box fees . . . . ____________
- Investment expenses not entered elsewhere . . ____________
- Other ________________________ ____________

Home equity interest . . . . ____________

Other Information

Name: NEWCLIENT SSN: ***-**-****

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid

Employee Business Expenses

- ☐ You are a qualified performing artist
- ☐ You are a fee-based state or local government official
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a reservist
- ☐ You are a member of the clergy
- ☐ You used your personal vehicle for your job during 2021

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

FEMA code ________________

Property description ________________

Property location ________________

____

Date property was acquired ________________

Date property was damaged or stolen ________________

Cost of property damaged or stolen ________________

Fair market value before incident ________________

Fair market value after incident ________________

Insurance reimbursement ________________

FEMA code ________________

Property description ________________

Property location ________________

____

Date property was acquired ________________

Date property was damaged or stolen ________________

Cost of property damaged or stolen ________________

Fair market value before incident ________________

Fair market value after incident ________________

Insurance reimbursement ________________

Other Information

Name: NEWCLIENT SSN: ***-**-****

Education Expenses

Provide all copies of Form 1098-T

Student name ______ Student name ______

Type of expense	Amount	Type of expense	Amount

Student name ______ Student name ______

Type of expense	Amount	Type of expense	Amount

Student name ______ Student name ______

Type of expense	Amount	Type of expense	Amount

Job-related Moving Expenses

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2021
Number of miles from old home to old workplace	
Number of miles from old home to new workplace	
Expenses to transport and store household goods and personal effects	
Travel and lodging expenses while traveling to your new home	

2021 Tax Organizer
Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer	NEWCLIENT	***-**-****		
Spouse				

Name of person to whom all information should be addressed, if not the taxpayer

Street address, city, state, and ZIP

	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Filing status at the end of 2021

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died in 2021, enter the date of death __________

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? __________

Yes	No	
☐	☐	Are you or your spouse blind?
☐	☐	Are you or your spouse disabled?
☐	☐	Are you or your spouse a full-time student?
☐	☐	Do you or your spouse want to designate $3 to go to the Presidential Election Campaign Fund?
☐	☐	At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
☐	☐	If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
☐	☐	If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
☐	☐	Was your earned income in 2021 less than your earned income in 2019?

If "Yes," enter the amount of your 2019 earned income. __________

Yes	No	
☐	☐	Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?

If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.

Taxpayer __________ Spouse __________

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number __________

State photo ID was issued __________

Date photo ID was issued __________

Date photo ID expires __________

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number __________

State photo ID was issued __________

Date photo ID was issued __________

Date photo ID expires __________

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2021 appointment is scheduled for __________

Dependent and Other Information

Name: NEWCLIENT SSN: ***-**-****

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return ____________________

Yes No

☐ ☐ Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer ____________________

Spouse ____________________

☐ ☐ If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2020						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Income

Name: NEWCLIENT SSN: ***-**-****

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

Payer name	2021 amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

Payer name	2021 amount

2021 Information Pertaining to the American Rescue Plan Act (ARPA)

On March 11, 2021, the President of the United States signed into law the American Rescue Plan Act (ARPA) that authorized a third round of stimulus payments and advanced payment of the Child Tax Credit. The IRS issued notices that provided the amounts you received for these payments. This information is necessary to accurately complete your 2021 individual tax return. Information provided below explains what notice you received and how to obtain the information if you no longer have the notice or have yet to receive a letter.

Stimulus Payment (Economic Impact Payment (EIP)

The third round of EIP or stimulus payments began mid-March 2021. Individuals could have received up to $1,400 ($2,800 for married couples filing a joint return). Qualifying dependents may have also received $1,400. Unlike the first two payments, EIP3 was not limited to children under 17. Families may have received the payment based on all of the qualifying dependents claimed on the tax return. Most families received $1,400 per person, meaning, a single person with no dependents may have received $1,400 while a family of four may have received $5,600. Notice 1444-C was sent following the payments and Letter 6475 will be issued in January 2022 with a combined total.

If you no longer have Notice 1444-C, or have not received Letter 6475, log in to your IRS Online Account to get the accurate amount of EIP3 received.

1. Go to irs.gov.
2. Select "View Your Account Information."
3. Select "Log in to your Online Account" and follow the prompts provided.

Advance Child Tax Credit Payments

Under ARPA, the maximum amount for the Child Tax Credit (CTC) was increased from $2,000 to $3,600 for each child 5 years old and under. For children ages 6 - 17, the maximum increased to $3,000. In July 2021, eligible families that did not opt out began receiving advanced CTC payments up to $300 per month for each child age 5 and under and up to $250 for each child between the age of 6 and 17. IRS will issue Letter 6419 to provide the amount received per taxpayer and how many children were taken into account to determine the amount received.

If you no longer have Letter 6419, or have not yet received it, follow the directions above to log in to your online account to access the Child Tax Credit Update Portal or log directly in to the portal using the instructions below. For married couples filing a joint return, the taxpayer and spouse will both need to log in to get the amount apportioned to each taxpayer.

1. Go to irs.gov.
2. Select "Child Tax Credit Update Portal."
3. Select "Manage Advance Payments" and follow the prompts provided.