



## Interest and Dividend Income Amount

### Please bring in your Dividend 1099's

Interest Income	Amount	Dividend Income	Total	Qualified
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a foreign bank account? Yes \_\_\_\_\_ No \_\_\_\_\_ **Please bring in last statement**

Have you been a victim of Identity Theft? If yes – what is your PIN \_\_\_\_\_

Did you receive a stimulus check/direct deposit/debit card from the US Treasury Department in 2021?  
Yes- list amount here \_\_\_\_\_ No \_\_\_\_\_

Did you receive monthly Child Tax payments starting in July 2021?  
Yes- list total amount here AND bring Form 6419 to your appointment \_\_\_\_\_ No \_\_\_\_\_

## Mutual Fund Dividends - Please bring in your 1099's

Payer	Dividends	Qualified Dividends	Capital Gain
_____	_____	_____	_____
_____	_____	_____	_____

## Other Income

2020 State Refund Received in 2021 \_\_\_\_\_

Unemployment Income \_\_\_\_\_

Partnership Income- Attach K-1 \_\_\_\_\_

Prizes, Awards, Lottery \_\_\_\_\_

Royalties \_\_\_\_\_

	Payer	Amount	Fed W/H	State W/H
Pension Income	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Social Security Income	_____	_____		

## Health Insurance

Do you have Health Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If purchased through the exchange, bring Form 1095-A \_\_\_\_\_

## Medical Expenses

**(These expenses must exceed 7.5% of your Gross Income)**

1. Hospitalization Insurance Premiums \_\_\_\_\_
2. Prescription \_\_\_\_\_
3. Transportation, Miles for Medical \_\_\_\_\_
4. Medical Equipment, Eye Glasses, etc. \_\_\_\_\_
5. Doctors, Dentists, and Hospital payments \_\_\_\_\_
6. Long Term Care Insurance \_\_\_\_\_ # of Policies \_\_\_\_\_
7. HSA Contributions-Please bring Form 1099-SA \_\_\_\_\_

### Taxes Paid

1. Real Estate Taxes on Home \_\_\_\_\_
2. State Income Tax Withheld \_\_\_\_\_
3. Ownership Tax on Cars \_\_\_\_\_
4. Sales Tax paid on Auto Purchase \_\_\_\_\_

### Interest Paid- Please bring in Form 1098

- |  | Bank Name               | Amount |
|--|-------------------------|--------|
| 1. Home Mortgage Interest 1 <sup>st</sup> Mortgage _____                     | _____                   | _____  |
| Additional Loan Information:   | Purchase Price of House | _____  |
|  | Original Loan Amount    | _____  |
|  | Current Loan Amount     | _____  |
| 2. 2 <sup>nd</sup> Mortgage Interest _____                                   | _____                   | _____  |
| What were these funds used for? _____  |                         |        |
| 3. Did you refinance this year? If yes, what is the length of new loan _____ |                         |        |
| <b>If yes, please bring a copy of the closing disclosure!</b>                |                         |        |

### Other

1. Alimony/Maintenance \_\_\_\_\_  
List recipients SSN \_\_\_\_\_ Date of Divorce \_\_\_\_\_
2. Solar Energy Expenses - New windows, insulation etc. \_\_\_\_\_
3. Child Care Expenses:

Paid To	Federal ID/SSN	Address	Amount	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Sales of Stock or Property

Description	Date Acquired	Date Sold	Sale Price	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a Crypto Currency Account? **If yes, please bring in Form 8949.**

## Retirement Plans

	Taxpayer	Spouse
Did your employer offer a retirement plan?	Yes ___ No ___	Yes ___ No ___
Payment to IRA	_____	_____
Payments to SEP	_____	_____
Payments to Roth IRA	_____	_____

## College Education Expenses-Please Bring Form 1098-T

Student Name	Year in College	School Name	Tuition Expense
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Education Related Interest	_____		
Payments to 529 Plans	_____		

## Did you pay quarterly estimates in 2021?

	Federal	State
4/15/21	_____	_____
6/15/21	_____	_____
9/15/21	_____	_____
1/18/22	_____	_____



## Rental Income & Expenses- (List each property separately)

Property Address \_\_\_\_\_ Date Purchased \_\_\_\_\_  
 Total Rents Received-2021 \_\_\_\_\_ Purchase Price \_\_\_\_\_  
 # of Days Rented \_\_\_\_\_ Date Rented \_\_\_\_\_  
 Hours spent on Rental activity \_\_\_\_\_

**Expenses:**

Advertising _____	Legal _____
Auto & Travel _____	Repairs _____
HOA _____	Supplies _____
Commissions _____	Taxes _____
Insurance _____	Utilities _____
Interest _____	Misc. _____

**Appliances/Major Improvements/Etc.**

Description	Amount	Date Purchased
_____	_____	_____
_____	_____	_____

## Small Business Income & Expenses

Did you receive any PPP Loans or Local Grants due to COVID-19? \_\_\_\_\_

If you use a portion of your home for business use, please provide:

Square footage of office \_\_\_\_\_ Square footage of home \_\_\_\_\_

Home Insurance \_\_\_\_\_ Home Utilities \_\_\_\_\_ Home Repairs \_\_\_\_\_

Business Income \_\_\_\_\_ **Bring in Forms 1099-K**

**Expenses**

Advertising _____	Office Supplies _____
Bank Charges _____	Professional Fees _____
Car Expenses/Miles _____	Rent _____
Commissions _____	Repairs _____
Dues _____	Supplies _____
Freight _____	Taxes _____
Insurance _____	Utilities _____
Interest _____	Misc. _____
Cell Phone _____	Travel & Entertainment _____

Major Purchases (Description) \_\_\_\_\_

	Car 1	Car 2	
1. Auto expenses: Gas, Ins., Repairs, Lease	_____	_____	
2. Total Miles Driven – 2021	_____	_____	
3. Business Miles	_____	_____	
4. Do you have written evidence to support car mileage?	Yes	No	Yes No