

2021 INCOME TAX DATA ORGANIZER

This organizer is designed to help you organize your documents & information. Page 1 is the most important!

PERSONAL INFORMATION

Name		Social Security #	Birthdate		Occupation	Cell Phone #
Taxpayer						
Spouse						
Street Address		City	State & ZIP	County	Township	School District
						Home Phone
E-Mail Address		Taxpayer:		Spouse:		
Direct Deposit Information (if married, provide a joint account):						
Bank		Routing #		Account #		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Give \$3 to Presidential Campaign?	Taxpayer	Spouse	Marital Status
Dependent on another return?	___Y___N	___Y___N	___Single
Did you retire in 2021? If yes, provide date.	___Y___N	___Y___N	___Married
Did you move in 2021 / 22? If yes, provide date.	Date: _____	Date: _____	___Separated as of _____Date
	Date: _____	Date: _____	___Divorced as of _____Date

DEPENDENT CHILDREN

Name	Social Security #	Birthdate	Relationship	Filed a Return (Y/N)	Student (Y/N)	College Grade Level (see page 3)	Childcare Cost (see page 4)
							\$
							\$
							\$
							\$

OTHER INDIVIDUALS OR OTHER DEPENDENTS RESIDING IN YOUR HOME

Name	Social Security #	Birthdate	Relationship	Resident's income	\$ Support by you	\$ Support by others	# Months in home
				\$	\$	\$	#

Include the following documents with your information.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> All W2's & Year-End Paystub <input type="checkbox"/> All 1099 INT, DIV, MISC, NEC, R, Etc. <input type="checkbox"/> All 1099 SSA, 1099 RRB <input type="checkbox"/> All 1099 B (Sale of Stocks/Mutual Funds) <input type="checkbox"/> All 1098 Mortgage Interest, 1098-T, 1098-E <input type="checkbox"/> All K-1's (Partnerships, Corporations, Etc.) <input type="checkbox"/> Health Insurance (Form 1095 A, B, C) <input type="checkbox"/> Health Savings Account (HSA) Year-End Statements | <ul style="list-style-type: none"> <input type="checkbox"/> Enclosed Blue Pandemic Relief Form (Very Important) <input type="checkbox"/> 529 Education Account Year-End Statements <input type="checkbox"/> Property & Personal Real Estate Tax Bills <input type="checkbox"/> Settlement Sheets (Purchase or Sale of Home or Rental) <input type="checkbox"/> Stocks / Mutual Fund Purchase Information <input type="checkbox"/> Student's Itemized College Financial Statement <input type="checkbox"/> Dependent(s) Tax Return(s) if 'Self-Prepared' <input type="checkbox"/> Home Energy Improvements Paperwork & Receipts |
|--|--|

Answer the following questions. Please pay particular attention to question # 1.

1. Did you receive stimulus fund(s), advance child tax credit(s) or other pandemic relief? ___Y___N (See blue Pandemic Relief Form)
2. Do you have a will? ___Y___N
3. Do you believe you have sufficient life insurance for you and your family? ___Y___N
4. If you have a tax overpayment, would you like it applied to next year's estimated taxes? ___Y___N
5. Did you receive any tax adjustments or correspondence from IRS, State, or Local? ___Y___N (Include copy)
6. Did you give a gift of more than \$15,000 to one or more people? ___Y___N
7. Did you contribute to a 529 College Education Savings Account? ___Y___N (Include 2021 statements & amount)
8. Did you make any home improvements that qualify for an energy credit? ___Y___N (Include paperwork)
9. Did you have a foreign bank account, foreign trust, or foreign business? ___Y___N
10. Did you withdraw money or write checks from a mutual fund? ___Y___N
11. Did you receive, sell, send, exchange, or otherwise acquire any virtual currency? ___Y___N
12. Did you provide a home for or help support anyone not listed above? ___Y___N
13. Did you pay \$600+ to a contractor or business as a self-employed person? ___Y___N (Contact us prior to 1/31 for info)
14. Did you have:
 - Self-employment or hobby income? ___Y___N
 - Rental income from real estate or other property? ___Y___N (See page 3)
 - Farm income from animals, crops, or subsidies? ___Y___N
 - Income from timber, minerals, oil, gas, copyrights, patents? ___Y___N
15. Total Purchases / Services (internet, out-of-state, etc.) for which no PA Sales Tax was paid. \$_____

ESTIMATED TAX PAYMENTS

	Prior-Year Carryover	First Quarter <i>(Due 4/15/21)</i>	Second Quarter <i>(Due 6/15/21)</i>	Third Quarter <i>(Due 9/15/21)</i>	Fourth Quarter <i>(Due 1/18/22)</i>	TOTALS
Federal	Check #	Check #	Check #	Check #	Check #	\$
	\$ Date	\$ Date	\$ Date	\$ Date	\$ Date	
State	Check #	Check #	Check #	Check #	Check #	\$
	\$ Date	\$ Date	\$ Date	\$ Date	\$ Date	
Local	Check #	Check #	Check #	Check #	Check #	\$
	\$ Date	\$ Date	\$ Date	\$ Date	\$ Date	

INTEREST INCOME *Include Form(s) 1099-INT*

Payer Name	Amount
	\$
	\$
	\$
	\$
	\$
SELLER FINANCED INTEREST	Amount
Payer Name	\$
Address	
SSN or EIN	

DIVIDEND & CAPITAL GAIN INCOME *Include Form(s) 1099-DIV & 1099-B*

Payer Name	Dividends	
	Ordinary	Qualified
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Payer Name	Capital Gains	
	\$	
	\$	
	\$	
	\$	

INVESTMENTS SOLD

Include Form(s) 1099-B & Year End Statements

# of Shares	Investment	Date Acquired	Date Sold	Sales Price	Cost
				\$	\$
				\$	\$
				\$	\$
				\$	\$

PENSION, SOCIAL SECURITY, IRA, ANNUITY

Include Form(s) 1099-R, 1099-SSA, 5498 & Year-End IRA Statements

Taxpayer or Spouse	Payer	Amount Received	IRA USED FOR				
			Rollover	Qualified Charitable Distribution	Education	First Home	Medical
		\$	\$	\$	\$	\$	\$
		\$					
		\$					
		\$					
		\$					
Taxpayer	Social Security	\$	Date Retired				
Spouse	Social Security	\$	Date Retired				

IRA CONTRIBUTIONS

Contribution you made or will make by 4/18/22

SALE OF PROPERTY

*Include Form 1099-S (if applicable)
Include Settlement Sheet / HUD 1 (from property purchase & sale)*

	Traditional	Roth	Land, Primary, Vacation Home	Date Acquired	Purchase Price + Improvements
Taxpayer	\$	\$			\$
Spouse	\$	\$			\$

RENTAL INCOME				
	Property #1	Property #2	Property #3	Property #4
Description				
Address				
Income (Gross Rent)	\$	\$	\$	\$
Advertising	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Cleaning & Maintenance	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Legal & Professional	\$	\$	\$	\$
Mortgage Interest	\$	\$	\$	\$
Other Interest	\$	\$	\$	\$
Repairs	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Real Estate Taxes	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Improvement(s) of \$500+ (provide type, date, & cost and/or invoice for each)	\$	\$	\$	\$
# of miles driven for rental	Miles	Miles	Miles	Miles
# of days you occupied	Days	Days	Days	Days
Average # of hours carrying out the duties of the rental?	Hours	Hours	Hours	Hours
Vacation Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you issue any Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Separate bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER INCOME
Commissions & Fees \$ _____ T ___ S ___
Tax Refunds State \$ _____ Local \$ _____
Unemployment (1099G) \$ _____ T ___ S ___
Royalties \$ _____ T ___ S ___
Lottery & Gambling Income \$ _____ Expense \$ _____
Jury Duty \$ _____ T ___ S ___
Farm & Other \$ _____ T ___ S ___
ALIMONY RECEIVED
From (Name) _____ SSN _____
Amount \$ _____ Date divorced: _____
ALIMONY PAID
To (Name) _____ SSN _____
Amount \$ _____ Date divorced: _____

EDUCATION EXPENSES PAID FOR UNDERGRADUATE & GRADUATE SCHOOL

Student Name	Institution Name	Tuition	Date Paid	Required Fees (Enrollment & Books)	Scholarship Received
		\$		\$	\$
		\$		\$	\$

MEDICAL & DENTAL PAID DURING 2021		TAXES PAID DURING 2021		
Expense Type		Real Estate Taxes (MAIN HOME)		
(1) Out-of-Pocket Medical Insurance	\$	County / Township		\$
(2) Medicare Insurance	\$	School		\$
(3) Long Term Care Insurance T ___ S ___	\$	Real Estate Taxes (2 nd HOME)		
(4) Prescriptions	\$	County / Township		\$
(5) Doctor / Dentist / Orthodontist / Etc.	\$	School		\$
(6) Eyeglasses / Medical Aids / Etc.	\$	Personal Taxes		
(7) Hospitals / Ambulance	\$	County		\$
(8) Nursing Home / Skilled Care	\$	Township		\$
(9) LESS: Insurance Reimbursements	\$	LST / OPT Tax		\$
(10) TOTAL (1 + 2 + 3 + 4 + 5 + 6 + 7 + 8 - 9)	\$	UE / SUI Tax		\$
Number of Miles Driven To & From Medical Care	Miles	Sales Tax – Vehicle / Boat (include bill of sale)		\$

INTEREST EXPENSE

Paid to Bank:

Mortgage Interest \$ _____
 Home Equity Loan Interest \$ _____
 What was Home Equity used for? _____

Interest Paid to Individual:

\$ _____
 Individual's Name _____
 Address _____
 Social Security # _____

Refinance: Loan Date _____ # of Years _____
 (Please include Refinance Settlement Documents)

UNREIMBURSED EXPENSES: W-2 EMPLOYEES

	Taxpayer	Spouse
Union Name _____ # _____	\$ _____	\$ _____
Union Name _____ # _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Tools, Equipment, Safety Equipment	\$ _____	\$ _____
Uniforms (include cleaning)	\$ _____	\$ _____
Other - _____	\$ _____	\$ _____
Other - _____	\$ _____	\$ _____
Travel (# Days away from home)	\$ _____	\$ _____
Air Fare, Train, etc.	\$ _____	\$ _____
Lodging	\$ _____	\$ _____
Taxi, Uber, Rental Car, etc.	\$ _____	\$ _____
Rental Car - Fuel Expense	\$ _____	\$ _____
Meals Expense	\$ _____	\$ _____
REIMBURSEMENT from Employer	\$ _____	\$ _____

VEHICLE MILEAGE

	Taxpayer	Spouse
Vehicle Make/Year	_____	_____
Date Vehicle Purchased	_____	_____
Total Miles (personal + business)	_____	_____
Business Miles	_____	_____
Interest Paid on Vehicle Loan	_____	_____
Parking & Tolls	_____	_____
Gas / Oil / Repairs (actual records)	_____	_____
Vehicle Insurance	_____	_____
REIMBURSEMENT from Employer	_____	_____

****MILEAGE RECORD KEEPING REQUIREMENT**

-Do you have written records _____ Yes _____ No
 -Maintenance/Repair Records _____ Yes _____ No
 -Mileage Log _____ Yes _____ No
 -Year-End Odometer Reading _____ Yes _____ No
 -Do you lease the vehicle? _____ Yes _____ No

CHARITABLE CONTRIBUTIONS

Cash or Check Donations:

Organization: _____ \$ _____
 Organization: _____ \$ _____
 Qualified Charitable Distribution (QCD) \$ _____
 IRA from which the QCD was paid _____

Non-Cash Donations:

Organization: _____ \$ _____
 Organization: _____ \$ _____
 Charitable Miles # _____ miles

HOME OFFICE

Total Square Feet of Home _____ sq. ft.
 Square Feet Used for Business _____ sq. ft.
 Insurance \$ _____
 Maintenance & Repairs \$ _____
 Rent \$ _____
 Utilities
 Garbage \$ _____ Water/Sewer \$ _____
 Electric \$ _____ Other- \$ _____
 Oil \$ _____ Other- \$ _____

Provide the following (If you did not previously provide)

Purchase Price + Renovations \$ _____
 Date of Purchase _____

OTHER PERSONAL EXPENSES

Prior Year Tax Preparation Fee \$ _____
 Penalty Fee (Early Withdraw from Savings) \$ _____

CHILDCARE INFORMATION

Provider's Name _____
 Address _____
 Social Security # _____ or E.I.N. _____
 Child cared for: _____
 Amount Paid \$ _____

Provider's Name _____
 Address _____
 Social Security # _____ or E.I.N. _____
 Child cared for: _____
 Amount Paid \$ _____

REIMBURSEMENT from Employer \$ _____

To the best of my knowledge, the enclosed information is correct and includes all income, deductions and other information necessary to prepare my tax return. I am aware that I am responsible for maintaining adequate records.

 Signature Required Date _____

 Signature Required Date _____

We look forward to serving you!