

TAX ORGANIZER

Enclosed is your Tax Organizer.

This organizer is for your benefit and should be used to verify that you have received all your documentation before coming in for your appointment. Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your records.

Use this information to help you remember the types of income and deductions you reported last year. If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension/retirement plan if this is the first year you received income from plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your appointment, please give email me at james@taxmanplus.com.

Sincerely,

James N Muller
6525 Grand Teton Plaza Ste C3
Madison, WI 53719
(608) 841-2525
james@taxmanplus.com

Muller Tax & Accounting
James N Muller
6525 Grand Teton Plaza Ste C3
Madison, WI 53719



Organizer Mailing Slip

General Information

Taxpayer

Spouse

First Name _____
 Middle Initial _____
 Last Name _____
 Suffix _____
 Social Security Number _____
 Date of Birth _____
 Date of Death _____

Check ("X") which phone number to list on return.

Home Phone _____
 Work Phone _____
 Cell Phone _____
 Fax Number _____
 Legally Blind _____
 Totally Disabled _____
 Claimed as a Dependent _____
 Presidential Election Fund (\$3) _____
 Occupation _____
 E-mail address _____
 State of Residence as of 12/31 _____
 County of Residence as of 12/31 _____
 School District as of 12/31 _____
 Sales tax rate of locality in 2021 _____ %
 If Part Year, Period of Residency _____ to _____

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type Driver's license OR State Issued ID Driver's license OR State Issued ID
 ID number _____
 ID issuing state _____
 ID issue date _____
 ID expiration date _____

Filing Status

Status on 2020 return :
 Status as of 12/31/2021 : 1 Single
 Enter ("X") in the box 2 Married filing joint
 3 Married filing separately (Enter spouse's name and SSN above)
 4 Head of Household Non-dependent name: _____
 Non-dependent SSN: _____
 5 Qualifying widow(er) with minor child Year spouse died _____

Taxpayer's Address

Street _____ Apt/Suite : _____
 City _____ State _____ Zip Code _____
 If address is in a foreign country, enter that country _____
 Foreign province/county _____ Foreign postal code _____
 If a bona fide resident of a U.S. territory, enter territory _____

Preparer's Information

Preparer's name James N Muller
 Firm's name Muller Tax & Accounting
 Street 6525 Grand Teton Plaza Ste C3
 City Madison State WI Zip Code 53719

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign _____ Date _____
 here _____ Date _____

Name _____

SSN _____

Questions

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2021?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Dependents

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2021?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Health Care Coverage

- 1 Did you or a member of your family have minimum essential coverage in 2021? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Income (In 2021, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 Unemployment compensation? (include form(s) 1099-G)
- 12 Alimony?
- 13 Did you receive tip income NOT reported to your employer?
- 14 Did you receive payments from a Long-Term Care insurance contract?
- 15 Did you barter your services for goods or services from someone else?
- 16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 17 Did you receive employer-provided adoption benefits for a previous year?
- 18 Did you cash in any U.S. savings bonds?
- 19 Did you make a loan to someone at an interest rate below market rate?
- 20 Did you receive a housing allowance for ministerial services you provided?
- 21 Did you receive any income not reported in this Organizer?
- 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- 23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2021?
- 8 Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?
- 9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No	<u>Purchases, Sales, Gains and Losses</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2	Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did any security become worthless during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did any debts become uncollectible during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	<u>Business and Rental Property Income & Deductions</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2021?
<input type="checkbox"/>	<input type="checkbox"/>	8	Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you receive income from raising animals or crops?

Yes	No	<u>Other Deductions</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2021?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you refinance a mortgage or take out a home equity loan during 2021?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you donate a vehicle?

Yes	No	<u>Miscellaneous</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you make gifts of more than \$15,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2021?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes No

Return preparation and filing

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
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	38				
	39				
	40				
	41				
	42				
	43				

Name _____

SSN _____

Retirement Income

1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
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<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name _____

SSN _____

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2021.
- 4 Did you make any payments in 2021 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 _____ 5
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12
- 13 _____ 13
- 14 _____ 14
- 15 Income reported on 1099 MISC 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K 16
- 17 Professional gambler winnings from Form W2-G 17
- 18 Gross installment sales less cost of goods sold 18
- 19 Returns and allowances 19
- 20 Other income 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 23 Inventory at the beginning of year 23
- 24 Purchases less cost of items withdrawn for personal use 24
- 25 Cost of labor 25
- 26 Materials and supplies 26
- 27 Other Costs 27
- 28 Inventory at end of year 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____

Address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)		
1b Enter property type number (1 to 8)	<input type="text"/>	<input type="text"/>
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?	<input type="checkbox"/>	<input type="checkbox"/>
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	<input type="checkbox"/>	<input type="checkbox"/>
3a If entered ("X"), enter the number of days of personal use?	<input type="text"/>	<input type="text"/>
3b If entered ("X"), enter the number of days rented?	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received		
5 Rent received		
a If rental real estate, enter the percent of ownership if less than 100%		
b Rental use percentage for property used partially for personal use only		
6 Other Income		

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising		
8 Cleaning and maintenance		
9 Commissions		
10 Insurance		
11 Legal and other professional fees		
12 Management fees		
13 a Qualified mortgage interest paid to banks, etc.		
b Other mortgage interest paid to banks, etc.		
14 Other interest		
15 Repairs		
16 Supplies		
17 a Real estate taxes		
b Other Taxes		
18 Utilities		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
A Description: _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Entity Name

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
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28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____
43	_____

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

		Unreimbursed Partnership Exp. Current Year
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
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14	_____	_____
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16	_____	_____
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25	_____	_____
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28	_____	_____
29	_____	_____
30	_____	_____
31	_____	_____
32	_____	_____
33	_____	_____
34	_____	_____
35	_____	_____
36	_____	_____
37	_____	_____
38	_____	_____
39	_____	_____
40	_____	_____
41	_____	_____
42	_____	_____
43	_____	_____

Name _____

SSN _____

Charity - Itemized Deductions

* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

- 1 Gifts To Charity Other Than By Cash or Check* 1
- 2 Total Miles driven for charitable activities 2
- 3 Parking fees, tolls and local transportation for charitable activities 3

Gifts To Charity By Cash or Check

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
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32	_____
33	_____
34	_____
35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____

Current Year Amount	Prior Year Amount

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
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15		
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40		
41		

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2020 and paid in 2021 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2021
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2021
1	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
2	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
3	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
4	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
5	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			