# 2021 Tax Organizer Personal Information

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| /es N<br>□ □ □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Are you or your spouse blind?<br>Are you or your spouse disabled?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                           |                                                 |                |
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| Federal     Resident State     Resident City       Date paid     Amount     Date paid     Amount       payment applied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Federal     Resident State     Resident City       Date paid     Amount     Date paid     Amount       payment applied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Federal     Resident State     Resident City       Date paid     Amount     Date paid     Amount       payment applied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul> <li>No</li> <li>Did you receive<br/>If "Yes," entrative<br/>the amount</li> <li>Taxpaye</li> <li>Spouse</li> </ul> | advance payments<br>er the amount each<br>received as shown<br>er | taxpayer received a<br>on IRS Letter 6419, | nd the number of c<br>box 2. Or, provide | children take<br>Letter 6419 | n into account to<br>from the IRS. | o determine |           | vear?       |
| Federal     Resident State     Resident City       Date paid     Amount     Date paid     Amount       2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Federal     Resident State     Resident City       Date paid     Amount     Date paid     Amount       2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Federal     Resident State     Resident City       Date paid     Amount     Date paid     Amount       2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ild and Other Deper                                                                                                     |                                                                   |                                            |                                          |                              |                                    |             |           |             |
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# 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.

## Healthcare Coverage Questionnaire

| Name: |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | S                              | SN:                              |
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|       |        | Member of household for healthcare purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Covered<br>the entire year    | Covered less<br>than 12 months | No healthcare<br>coverage at all |
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|       |        | Did anyone other than you or your spouse pay for healthcare covera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ge for anyone listed above    | ?                              |                                  |
|       |        | Did you pay for healthcare coverage for anyone not listed above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                |                                  |
|       |        | coverage for any part of the year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                |                                  |
|       | vvnere | was the policy obtained?<br>Employer / Medicare / Medicaid / Marketplace(Exchange) / Othe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r                             |                                |                                  |
|       |        | t have coverage part or all of the year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                |                                  |
| Ans   | wer YE | S if the following applies to any member of the household                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                |                                  |
|       |        | Was your previous insurance policy canceled in 2021?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                |                                  |
|       |        | Was coverage offered by your employer or your spouse's employer?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                |                                  |
|       |        | Are you a member of a federally recognized Indian tribe?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                |                                  |
|       |        | Are you eligible for services through an Indian healthcare provider?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                |                                  |
|       |        | Are you a member of a healthcare sharing ministry?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                |                                  |
|       |        | Did you live in the United States the entire year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                |                                  |
|       |        | Are you enrolled in TRICARE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                |                                  |
|       |        | Did you apply for CHIP coverage?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                |                                  |
|       |        | <ul><li>Do any of the following apply to you? Do NOT indicate which one.</li><li>Became homeless</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                |                                  |
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|       |        | Evicted in the past six months, or facing eviction or foreclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                |                                  |
|       |        | Received a shut-off notice from a utility company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                |                                  |
|       |        | Recently experienced domestic violence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                |                                  |
|       |        | Recently experienced the death of a close family member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                |                                  |
|       |        | <ul> <li>Recently experienced a fire, flood, or other natural or human-caus<br/>that resulted in substantial damage to your property</li> <li>Filed for bankruptcy in the last six months</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | sed disaster                  |                                |                                  |
|       |        | Incurred unreimbursed medical expenses in the last 24 months the | nat resulted in substantial d | ebt                            |                                  |
|       |        | <ul> <li>Experienced unexpected increases in essential expenses due to<br/>ill, disabled, or aging family member</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | caring for an                 |                                |                                  |

|                                                    | Income                                                                                                             |                                     |
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| Wages & Salaries<br>Provide all copies of Form W-2 |                                                                                                                    |                                     |
| rovide all copies of Form vv-2                     |                                                                                                                    | 2021 federal                        |
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| Retirement                                         |                                                                                                                    |                                     |
| Retirement<br>Provide all copies of Form 1099-R    |                                                                                                                    |                                     |
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|                                                    | ion from an IRA and give it to an organization eligible to re-                                                     | ceive tax-deductible contributions? |
|                                                    | ion from an IRA and give it to an organization eligible to re<br>distributions for disaster or coronavirus relief? | ceive tax-deductible contributions? |
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|                                                            | Income     |                                       |
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| ame:<br>Form 1099-MISC Income                              |            | SSN:                                  |
| rovide all copies of Form 1099-MISC                        |            |                                       |
|                                                            | Payer name | 2021<br>amount                        |
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| Form 1099-NEC Income<br>rovide all copies of Form 1099-NEC |            |                                       |
|                                                            |            | 2021                                  |
|                                                            | Payer name | amount                                |
|                                                            |            |                                       |
|                                                            |            |                                       |
|                                                            |            |                                       |
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|                                                            |            |                                       |

| Income                                                                                                                  |                               |                                |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|
| Name:                                                                                                                   | SSN:                          |                                |
| Dividend Income<br>Provide all copies of Form 1099-DIV & other statements that report dividend income.                  |                               |                                |
| Account number<br>Payer name                                                                                            | 2021<br>ordinary<br>dividends | 2021<br>qualified<br>dividends |
|                                                                                                                         |                               |                                |
|                                                                                                                         |                               |                                |
|                                                                                                                         | <u> </u>                      |                                |
|                                                                                                                         | <u> </u>                      |                                |
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|                                                                                                                         |                               |                                |
| Interest Income<br>Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income. |                               |                                |
| Account number<br>Payer name                                                                                            |                               | 2021<br>interest               |
|                                                                                                                         |                               |                                |
|                                                                                                                         |                               |                                |
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|                                                                                                                         |                               |                                |
| 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:                                                       |                   |                 | S               | SN:         |
| Sale of Capital Assets (not reported on Form 1099-B         | )                 | <u>1979-979</u> | V9601964.937    |             |
| Provide all brokerage statements<br>Description of property | Date<br>purchased | Date<br>sold    | Sales<br>price  | Cost        |
|                                                             | parchased         | 3010            | price           | COSL        |
|                                                             |                   |                 |                 |             |
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|                                                             |                   |                 |                 |             |
| 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                             |                   |                 |                 |             |
|                                                             |                   |                 |                 |             |
|                                                             |                   |                 |                 |             |
|                                                             |                   |                 |                 |             |
| Principal payments received                                 |                   | · · · · · · _   |                 |             |

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| Other Income and Adjustments                                                                 |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------|---------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                                                                                        |         | SSN:            | ····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other Income                                                                                 |         |                 | an dan tana sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                              |         | 2021<br>axpayer | 2021<br>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 Amo                                              | unt     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Unemployment compensation (attach Forms 1099-G)                                              |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Unemployment compensation repaid in 2021                                                     |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Gambling winnings (attach Forms W2-G)                                                        |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Alaska Permanent Fund                                                                        |         |                 | 1474 4 - 514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Jury duty pay                                                                                |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ABLE distributions                                                                           |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Other income:                                                                                |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                              |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                              |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Adjustments                                                                                  |         |                 | n in the second s |
|                                                                                              |         | 2021            | 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) |         | axpayer         | Spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Contributions made to a Health Savings Account (HSA) · · · · · · · · · · · · · · · · · · ·   |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Contributions made to a Self-Employed Pension plan (SEP).                                    |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Descende mode for O-16 Environment Hauth la surray of for a                                  |         | <u></u> _       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Payments made for Seir-Employed Health Insurance for you, your spouse, or dependents         | · · · · |                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 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:                                                                           |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                              |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                                                                                              |         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Schedule C - Profit or I                                                                                                                                                                                                                                                                                                                                                                                          | Loss from Business                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Name:                                                                                                                                                                                                                                                                                                                                                                                                             | 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         Yes       No         Payments of \$600 or more were paid to an individual, who is no         If "Yes," you filed Forms 1099 for the individuals?         You received a Paycheck Protection Program (PPP) loan for this         If "Yes," was any portion of the loan forgiven? |                                                    |
| Income<br>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                    |
| Interest - other                                                                                                                                                                                                                                                                                                                                                                                                  | Other expenses (list)                              |
| Legal & professional services                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |
| Office expenses                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |
| Pension & profit sharing plans                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |
| 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.            |

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| Schedule E - Income or                                                                                                                                                                                                                           | Loss from F             | Rental Real Estate                                      | & Royalties                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Name:                                                                                                                                                                                                                                            |                         |                                                         | SSN:                                                                                                |
| General Property Information                                                                                                                                                                                                                     |                         |                                                         |                                                                                                     |
| Property description<br>Address, city, state, ZIP                                                                                                                                                                                                |                         |                                                         |                                                                                                     |
| Select the property type         Single family residence         Multi-family residence         Commercial                                                                                                                                       | -term rental            | Land [<br>Royalties [                                   | Self-rental Other                                                                                   |
| Number of days property was rented<br>If the rental is a multi-dwelling unit and you occupied part of                                                                                                                                            |                         | property was used for persor<br>percentage you occupied | nal use                                                                                             |
| <ul> <li>This property was placed in service during 2021.</li> <li>This property is your main home or second home.</li> <li>This property was disposed of during 2021.</li> <li>This property was owned as a qualified joint venture.</li> </ul> | □ Yes □<br>□ Yes □      | not your employee for                                   | nore were paid to an individual who is<br>services provided for this rental.<br>for the individuals |
| Income                                                                                                                                                                                                                                           | 2021                    |                                                         |                                                                                                     |
| Rent income                                                                                                                                                                                                                                      |                         | Royalties from oil, gas,<br>mineral, copyright or paten | ıt                                                                                                  |
| Expenses                                                                                                                                                                                                                                         | Rental unit<br>expenses | Rental <u>and</u> homeowner<br>expenses                 |                                                                                                     |
| Advertising                                                                                                                                                                                                                                      |                         |                                                         | If this Schedule E is for a                                                                         |
| Auto & travel                                                                                                                                                                                                                                    |                         |                                                         | a multi-unit dwelling and you<br>lived in one unit and rented                                       |
| Cleaning & maintenance                                                                                                                                                                                                                           |                         |                                                         | out the other units, use the                                                                        |
| Commissions                                                                                                                                                                                                                                      |                         |                                                         | "Rental and homeowner<br>expenses" column to show                                                   |
| Insurance                                                                                                                                                                                                                                        |                         |                                                         | expenses that apply to the entire                                                                   |
| Legal & professional fees                                                                                                                                                                                                                        |                         |                                                         | property. Use the "Rental unit<br>expenses" column to show                                          |
| Management fees                                                                                                                                                                                                                                  |                         | ~                                                       | expenses that pertain ONLY to                                                                       |
| Mortgage interest                                                                                                                                                                                                                                |                         |                                                         | the rental portion of the property.                                                                 |
| Other interest                                                                                                                                                                                                                                   |                         |                                                         | If the Schedule E is not for a                                                                      |
| Repairs                                                                                                                                                                                                                                          |                         |                                                         | multi-unit property in which you<br>lived in one unit, complete just                                |
| Supplies                                                                                                                                                                                                                                         |                         |                                                         | the "Rental unit expenses"                                                                          |
| Taxes                                                                                                                                                                                                                                            |                         |                                                         | column.                                                                                             |
| Utilities                                                                                                                                                                                                                                        |                         |                                                         |                                                                                                     |
| Depletion                                                                                                                                                                                                                                        |                         |                                                         |                                                                                                     |
|                                                                                                                                                                                                                                                  |                         |                                                         |                                                                                                     |
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| Schedule A - Itemiz                                                  | zed Deductions                                                               |
|----------------------------------------------------------------------|------------------------------------------------------------------------------|
| Name:                                                                | SSN:                                                                         |
| Medical and Dental Expenses                                          | Charitable Contributions                                                     |
| Health insurance premiums (paid by you)                              | Donations to charity Cash Noncash Amount                                     |
| Long-term care premiums (you)                                        | Church                                                                       |
| Long-term care premiums (your spouse) •••••••                        | Boy or Girl Scouts                                                           |
| Long-term care premiums (dependents)                                 | Goodwill                                                                     |
| Mileage driven for medical purposes                                  | Red Cross                                                                    |
| Medical & dental expenses                                            | Salvation Army                                                               |
| Doctor, dental, etc                                                  | United Way                                                                   |
| Prescription medicines                                               | Veterans                                                                     |
| Insulin                                                              | Hospital                                                                     |
| Glasses & contacts                                                   | University                                                                   |
| Hearing aids                                                         | Other                                                                        |
| Braces                                                               | Miles driven for charitable purposes                                         |
| Medical equipment & supplies                                         | Other Miscellaneous Deductions                                               |
| Hospital services                                                    | Amortizable bond premiums                                                    |
| Laboratory services                                                  | Federal estate tax                                                           |
| Nursing services                                                     | Gambling losses                                                              |
| Other                                                                | Impairment-related work expenses                                             |
| Taxes Paid                                                           | Claim repayments                                                             |
| State and local income taxes                                         | Unrecovered pension investments                                              |
| General sales tax (vehicle, boat, home, etc.).                       | Loss from other activities from Schedule K-1                                 |
| Real estate taxes                                                    | Ordinary loss debt instrument                                                |
|                                                                      | Excess deduction on termination                                              |
|                                                                      | Job Expenses & Certain Miscellaneous Deductions                              |
| Other taxes (list)                                                   | Necessary job expenses you paid that were not reimbursed by your<br>employer |
|                                                                      | Safety equipment, tools, & supplies                                          |
|                                                                      | <br>Uniforms                                                                 |
| Interest Paid                                                        | Protective clothing (shoes, hardhats, glasses, etc.)                         |
| Home mortgage interest paid (attach Form 1098)                       | Dues to professional organizations                                           |
| U used to buy, build, or improve your home.                          | Books & subscriptions                                                        |
| Home mortgage interest paid to an individual • • • • • •<br>Paid to: | Other                                                                        |
| Name                                                                 | Union dues                                                                   |
| Address                                                              | Tax preparation fees                                                         |
| City, State, ZIP                                                     | Other nonpersonal expenses related to taxable income                         |
| SSN or EIN                                                           | Safe deposit box fees                                                        |
| Home mortgage insurance premiums                                     | Investment expenses not entered elsewhere                                    |
| Investment interest                                                  | Other                                                                        |
|                                                                      | Home equity interest                                                         |

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