

<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.

**YES****NO****PERSONAL INFORMATION**☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

Could you be claimed as a dependent on another person's tax return for 2021?

**DEPENDENTS**☐☐

Were there any changes in dependents?

☐☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2021?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2021, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

**HEALTH CARE COVERAGE**☐☐

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

**INCOME**☐☐

Did you receive unreported tip income of \$20 or more in any month?

☐☐

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

☐☐

Did you receive any disability income?

☐☐

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

Did you buy or sell any stocks, bonds or other investment property in 2021?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?

**2021****1040****US****Miscellaneous Questions (continued)**

**If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.**

**YES****NO****RETIREMENT PLANS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan?            |

**EDUCATION**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |

**ITEMIZED DEDUCTIONS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |

**ESTIMATED TAXES**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2020 taxes to your 2021 estimated tax (instead of being refunded)?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2021 taxes, do you want the excess applied to your 2022 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2022 taxable income and withholdings to be different from 2021?   |

**MISCELLANEOUS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

**2021****1040****US****Miscellaneous Questions (continued)**

**If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.**

**YES****NO****MISCELLANEOUS (continued)**☐☐

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

☐☐

Was your home rented out or used for business?

☐☐

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

☐☐

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

☐☐

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

☐☐

Did you engage the services of any household employees?

☐☐

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

☐☐

Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

☐☐

Did your bank account information change within the last twelve months?

☐☐

At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

**COVID-19 RELATED TAX LEGISLATION**☐☐

Did you receive an economic impact payment? If so, how much?

☐☐

Did your business receive an advance on the child tax credit? If so, how much?

☐☐

Did your business have any PPP loan amounts forgiven?

## Wages (W-2)

Employer Name	H  W	CPA USE ONLY					
		Withholding				FICA	
		Wages	Federal	State	SDI	SSA	Med.

Memo: Total number of W-2 \_\_\_\_\_

Please attach W-2's. Thank you.



SCH B

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Memo: Pension Box to Review

S:\Shared\Word Perfect Files\BAI Files\Tax Organizer\2021\2021 Individual Tax organizer.docx  
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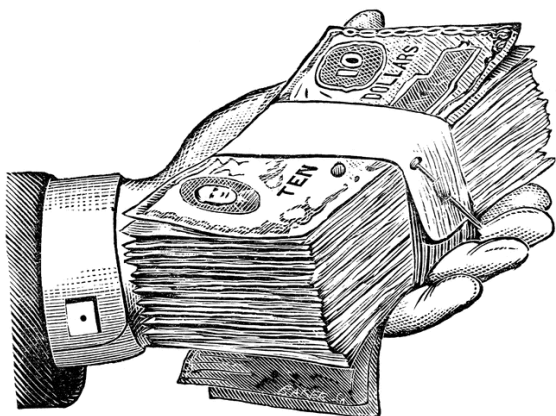
# **INTEREST INCOME (1099 INT)**

Payer

Amount




# **DIVIDEND INCOME (1099 DIV)**



Payee	Total Amount (1a)	Qualified dividends (1b)	Total capital gain distr. (2a)	CPA Use Only	

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## OTHER INCOME

1. State tax refund \* (1099G) .....\$ \_\_\_\_\_
2. Alimony received .....\$ \_\_\_\_\_

3. Individual Retirement Account      Taxpayer      Spouse
- Account distribution (1099R) ...\$ \_\_\_\_\_ \$ \_\_\_\_\_
- Amount of rollover (1099R) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_



4. Pension & Annuity income (1099R)\$ \_\_\_\_\_ \$ \_\_\_\_\_



- 5..... Gambling income (W-2G).....\$ \_\_\_\_\_
- Memo: Gambling losses .....\$ \_\_\_\_\_

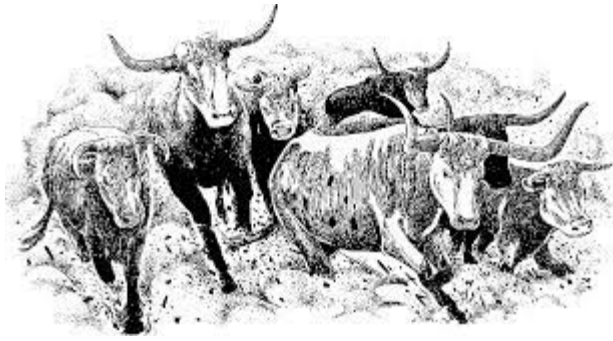
- |   | <u>Taxpayer</u> | <u>Spouse</u> |
|---|-----------------|---------------|
| 6. Unemployment compensation * (1099G) .....    | \$ _____        | \$ _____      |
| 7. Social Security benefits * (SSA1099) .....   | \$ _____        | \$ _____      |
| 7a. Social Security Medical (SSA1099) .....     | \$ _____        | \$ _____      |
| 8. Other income: give description               |                 |               |
| _____ .....                                     | \$ _____        | \$ _____      |
| 9. Partnerships, Estates & Trusts * (K-1) ..... | \$ _____        | \$ _____      |
| 10. Installment sale collection .....           | \$ _____        | \$ _____      |

Federal                      State

Memo: withholding on any of the above items                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

\* Please attach all supporting documents. Thank you.

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## CAPITAL GAINS & LOSSES

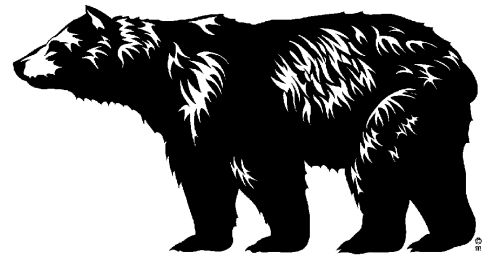
(1099-B and/or 1099-S

Brokerage Statement)

Description of Property	Date acquired	Date Sold	Sales price (gross or net)	Cost or basis	Sales expense (if gross sales price entered)	Gain or (Loss)
		/ /21				
		/ /21				
		/ /21				
		/ /21				
		/ /21				
		/ /21				
		/ /21				
		/ /21				
		/ /21				
		/ /21				

Were any of the above business assets?

☐ Yes ☐ No



SCH D/4797

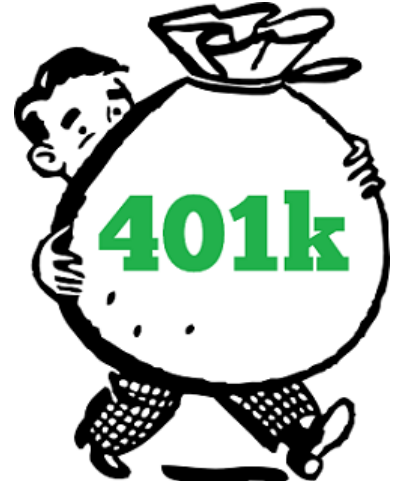
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    F    

    S    

Capital Loss C/O

## ADJUSTMENTS TO INCOME



1 Individual Retirement Account contributions

Taxpayer      Spouse

Were you an active participant in an employer or self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year?

☐ Yes ☐ No

☐ Yes ☐ No

Would you like to make an IRA contribution?

☐ Yes ☐ No

☐ Yes ☐ No

2 Would you like to make a Roth IRA contribution?

☐ Yes ☐ No

☐ Yes ☐ No

3 Moving expenses .....\$ \_\_\_\_\_

4 Penalty on early withdrawal of savings.....\$ \_\_\_\_\_

5 Alimony paid.....\$ \_\_\_\_\_

6 If self-employed,

Taxpayer      Spouse

a. Health insurance .....\$ \_\_\_\_\_ \$ \_\_\_\_\_

b. Retirement contributions, KEOGH, ROTH or SEP IRA....\$ \_\_\_\_\_ \$ \_\_\_\_\_

7 Student interest expenses (1098-E) .....\$ \_\_\_\_\_ \$ \_\_\_\_\_

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ADJ TO INC

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Doctors: Medical & Dental;

Prescriptions, hospital, etc.

\$ \_\_\_\_\_



1st Home

2nd Home



Mortgage Interest: 1st  
(1098)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

2nd \$ \_\_\_\_\_

\$ \_\_\_\_\_

3rd \$ \_\_\_\_\_

\$ \_\_\_\_\_

Property Taxes \$ \_\_\_\_\_

\$ \_\_\_\_\_

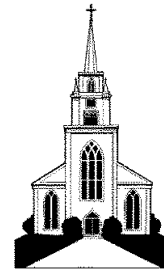
Charitable Deductions:

Cash/checks \$ \_\_\_\_\_

Non Cash\* \$ \_\_\_\_\_

Charitable Miles \_\_\_\_\_ @ 0.14 per mile

\*If non cash over \$500, more details are necessary  
(i.e.: what was donated, when, etc.)



Moving expenses for new job: \$ \_\_\_\_\_

Moving miles for new job: \_\_\_\_\_ @ 0.16 Jan. - Dec.

MISCELLANEOUS DEDUCTIONS

Unreimbursed employee expense

\$ \_\_\_\_\_

Union dues

\$ \_\_\_\_\_

Tax preparation fee

\$ \_\_\_\_\_

Investment advisory fee

\$ \_\_\_\_\_

Job Hunting Expense \$ \_\_\_\_\_

Safety deposit box \$ \_\_\_\_\_

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## AUTOMOBILE DEDUCTION



*Please make a copy and fill out for each auto used for business.*

Make and year of auto \_\_\_\_\_ When purchased or placed into business use \_\_\_\_\_

DMV fees \$ \_\_\_\_\_

- Did you use your automobile for business or do you have unreimbursed employee travel? ☐ Yes ☐ No

If yes, continue...

- Do you have written evidence to support your deduction? ☐ Yes ☐ No

- Is this a leased car? ☐ Yes ☐ No Memo: \_\_\_\_\_

For mileage incurred between January thru December, the rate is 0.56 per mile:

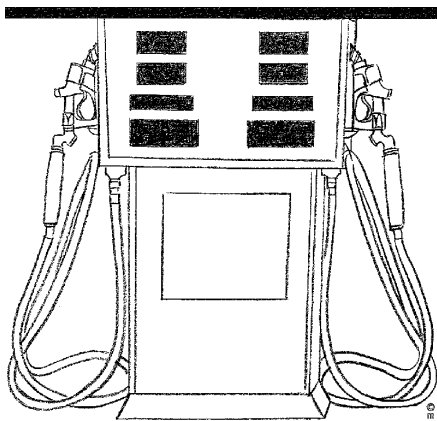
- Total Miles: January - December \_\_\_\_\_ (100%)

### DETAIL

Mileage / Percentage Used: Business \_\_\_\_\_ : \_\_\_\_\_ %

Mileage / Percentage Used: Personal \_\_\_\_\_ : \_\_\_\_\_ %

Mileage / Percentage Used: Commuting \_\_\_\_\_ : \_\_\_\_\_ %



Auto Club	\$ _____
Car washes	\$ _____
Gasoline, lube, oil	\$ _____
Repairs	\$ _____
Tires	\$ _____
Insurance	\$ _____
Interest	\$ _____
Parking Fee	\$ _____
Miscellaneous	\$ _____

## CREDITS

Credit for foreign taxes paid .....\$ \_\_\_\_\_

Low income housing credit .....\$ \_\_\_\_\_

Credits - other .....\$ \_\_\_\_\_

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Credit for child and dependent care expenses

Person or organization providing care:

**1 Name** \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

SS./Tax ID# \_\_\_\_\_

Telephone # \_\_\_\_\_

Amt. Paid \$ \_\_\_\_\_

**2 Name** \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

SS./Tax ID# \_\_\_\_\_

Telephone # \_\_\_\_\_

Amt. Paid \$ \_\_\_\_\_

**3 Name** \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

SS./Tax ID# \_\_\_\_\_

Telephone # \_\_\_\_\_

Amt. Paid \$ \_\_\_\_\_



**4 Name** \_\_\_\_\_

Street \_\_\_\_\_

City, St, Zip \_\_\_\_\_

SS./Tax ID# \_\_\_\_\_

Telephone # \_\_\_\_\_

Amt. Paid \$ \_\_\_\_\_



## Tax Payments & Estimates 2021

### QUARTERLY ESTIMATES

Due Date	Description	F=Federal S=State	Date Paid	Fed. Amt.	State Amt.
4/15/2021	1st Estimate	F			
		S			
6/15/2021	2nd Estimate	F			
		S			
9/15/2021	3rd Estimate	F			
		S			
1/3/2022	4th State, if early	S		N/A	
1/18/2022	4th Estimate	F			
		S			

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Pymts \_\_\_\_\_
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 Sch A Est. Tax \_\_\_\_\_

**The following schedules  
are for those  
who have  
Business or Rental  
Property**

## BUSINESS INCOME

### GENERAL INFORMATION:

Principal business/profession: \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business city, state, zip: \_\_\_\_\_

☐ Taxpayer    ☐ Spouse

Sales (1099 Misc)	\$	_____
Cost of goods sold (if applicable)	\$	_____
Inventory at end of year	\$	_____
Gross profit	\$	_____

### EXPENSES

Advertising	\$	_____
Bad debts	\$	_____
Car and truck expenses	\$	_____
Commissions	\$	_____
Continuing education	\$	_____
Dues and subscriptions	\$	_____
Insurance (other than health)	\$	_____
Other interest	\$	_____
Legal and professional	\$	_____
Office expense	\$	_____
Internet	\$	_____
Rent - Vehicles, Machinery & Equipment	\$	_____
Rent - other business property	\$	_____
Repairs	\$	_____
Supplies	\$	_____
Taxes - Real Estate	\$	_____
Taxes - other	\$	_____
Telephone	\$	_____
Travel	\$	_____
Total Entertainment	\$	_____
Total Meals	\$	_____
Reduction if other than 50% of above	\$	_____
Utilities	\$	_____
Wages	\$	_____
Other expenses:	\$	_____
_____	\$	_____
_____	\$	_____
<b>Total Expenses</b>	\$	_____
<b>Net Income</b>	\$	_____

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SCH C

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Do you use your office at home, as your "office" for tax deduction purposes? ☐ Yes ☐ No  
(If we have the proration from last year, write: "see last year").

To be further discussed:

Total Square Feet ..... %  
Business Square Feet..... %  
Other ..... %

Total ..... 100%

Home office expenses

Rent..... \$  
Repairs..... \$  
Utilities..... \$  
Other ..... \$  
..... \$  
..... \$  
..... \$

## RENTAL & ROYALTY INCOME

### GENERAL INFORMATION:

Kind of property: \_\_\_\_\_  
Location of property: \_\_\_\_\_

### INCOME

Rents received . . . . . \$ \_\_\_\_\_  
Royalties received . . . . . \$ \_\_\_\_\_

### EXPENSES

Advertising . . . . . \$ \_\_\_\_\_  
Association dues . . . . . \$ \_\_\_\_\_  
Auto and travel . . . . . \$ \_\_\_\_\_  
Cleaning and maintenance . . . . . \$ \_\_\_\_\_  
Commissions . . . . . \$ \_\_\_\_\_  
Dues and subscriptions . . . . . \$ \_\_\_\_\_  
Gardening . . . . . \$ \_\_\_\_\_  
Insurance . . . . . \$ \_\_\_\_\_  
Legal and Professional fees . . . . . \$ \_\_\_\_\_  
Licenses and permits . . . . . \$ \_\_\_\_\_  
Management fees . . . . . \$ \_\_\_\_\_  
Miscellaneous . . . . . \$ \_\_\_\_\_  
Mortgage Interest (paid to banks, etc.) . . . . . \$ \_\_\_\_\_  
Other interest . . . . . \$ \_\_\_\_\_  
Painting and decorating . . . . . \$ \_\_\_\_\_  
Pest control . . . . . \$ \_\_\_\_\_  
Plumbing and electrical . . . . . \$ \_\_\_\_\_  
Repairs . . . . . \$ \_\_\_\_\_  
Supplies . . . . . \$ \_\_\_\_\_  
Taxes - Real estate . . . . . \$ \_\_\_\_\_  
Taxes - Other . . . . . \$ \_\_\_\_\_  
Telephone . . . . . \$ \_\_\_\_\_  
Utilities . . . . . \$ \_\_\_\_\_  
Wages and salaries . . . . . \$ \_\_\_\_\_

Other expenses:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Total Expenses** . . . . . \$ \_\_\_\_\_

**Net Income** . . . . . \$ \_\_\_\_\_

.....  
SCH E

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### ASSET ACQUISITION

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any assets to business use in 2021, please enter all pertinent information below.

Prop. No.	Description of Property	Related Business or activity	Date Placed in Service	Cost or Basis

### ASSET DISPOSITION

If you disposed of any business assets in 2021, please enter all pertinent information below.

Prop. No.	Description of Property	Date Sold	Sales Price	Expenses of Sale