Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: INDX

Form ID: 1040	Perso	nal Information			1
Filing (Marital) status code (1 = Single, 2 = Married fi	iling joint, 3 = Married fili	ng separate, 4 = Head of house	hold, 5 = Qualifying widow(e	-))	[1]
Mark if you were married but living apart all y			,		[2]
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		Taxpayer		Spouse	
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Occupation		[10]			[11]
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Taxpayer with income less than 1/2 support a	ge 18 0f 19 - 23 ful				[24]
Mark if legally blind Date of birth		[20] [22]			[21]
Date of death		[26]			[24] [27]
Work/daytime telephone number/ext numbe	 r	[28] [29]		[30]	[31]
Home/evening telephone number	'	[32]	-	[30]	[33]
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(*Pl	•	ndent Codes located at	the bottom)		Care
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Name of child who lived with you but is not yo	our denendent				[52]
Social security number of qualifying person	our dependent				[52]
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	Dep	endent Codes			
*Basic 1 = Child who lived with you		**Other 1 = Stud			
2 = Child who did not live with	n you due to divord	-	-		
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***Months 77 = Reported on odd year ret 88 = Reported on even year re					
99 = Not reported on return	etul II				
33 – Not reported on return					
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Preparer - Enter on Screen Contact

$\label{thm:constraints} \textbf{Tax matters person (Indicate which spouse handles tax return related questions)}$) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[20]
Mobile telephone number	[12]	[21]
Mobile telephone #2 number	[13]	[22]
Pager number	[14]	[23]
Other:	[15]	[24]
Telephone number	[16]	[25]
Extension	[17]	[26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[27]

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

3

Form ID: Bank

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

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Your account number					[3]
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Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bounds: Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary and information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bounds: Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	Enter either a donar amount or percent, but not both	[1.	oj U i	reiteiit (xxx.xx)	[10
Owner's name (First Last) [40] Co-owner or beneficiary (First Last) [42] Mark if the name listed above is a beneficiary [42] and information for someone other than taxpayer and spouse, if married filing jointly [23] or Percent (xxx.xx) [45] Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	and information for someone other than taxpayer and spouse, if married filing jointly				
Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary and information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bookdisr Owner's name (First Last) Co-owner or beneficiary (First Last) [45]		[19)] or	Percent (xxx.xx)	[20
Mark if the name listed above is a beneficiary Indicates the name listed above is a beneficiary		0]			[41
nd information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase boods[23] or Percent (xxx.xx) Owner's name (First Last)[45] Co-owner or beneficiary (First Last)		2]			[43
Vlaximum dollar amount (up to \$5,000), or percentage of refund used to purchase bookdisr [23] or Percent (xxx.xx) Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	Mark if the name listed above is a beneficiary				[44
Vlaximum dollar amount (up to \$5,000), or percentage of refund used to purchase bookdisr [23] or Percent (xxx.xx) Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	nd information for someone other than taxpayer and spouse, if married filing jointly				
Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	, , , , , , , , , , , , , , , , , , , ,	[2]	3] or	Percent (xxx xx)	[24
Co-owner or beneficiary (First Last) [47]		[4.	, 0		
· · · · · · · · · · · · · · · · · · ·					
		5]			[46

_		
Form	ID:	NKA

Nonresident Alien - General Information

Form ID: NRA

Please provide copie	es of all Forms 104	2-5, 55A-1042	25, 8288A, and 880	15	
Country where you are a citizen or national during the t	ax year				[2]
Foreign address to use for refund check, if different tha	n mailing address e	entered on Sc	reen 1040:		
Foreign address	_				[3]
Foreign city	_				[4]
Foreign country name	_				[6]
Foreign province or county	_				[7]
Foreign postal code	_				[8]
Country of permanent residence for tax purposes	_				[10
Scholarships and fellowship grants received during tax y	vear:				
				+	[15
U.S. real property interests that were disposed at a gair	during the tax yea	ar		+	[18
Income Not Effect	ively Connecte	d with a U	.S. Trade or Bu	usiness	
Payer / Description		Tax Rate	Income	U.S. Fe	ed Withholding
Dividends paid by U.S. corporations:					
		+		[21] +	
		+		+	
Dividends paid by foreign corporations:					
		+		[23] +	
		+		+	
Interest received on mortgages:					
		+		[27] +	
		+		+	
Interest paid by foreign corporations:					
Other Later and the state of		+		+	
Other Interest received:					
Industrial royalties (patents, trademarks, etc.)		+.		+	
		_		[22] ±	
Motion picture or T.V. copyright royalties	_			[55] 1	
Wolfort picture of 1.v. copyright royaldes		+		[35] +	
Other royalties (copyrights, recording, publishing, etc.)		·		[55] .	
		+		[37] +	
Real property income and natural resources royalties	_				,
, , , , , , , , , , , , , , , , , , , ,		+		[39] +	
Pensions and annuities:	_				,
		+		[41] +	
Gambling - Residents of Canada only:					
Winnings[42] Losses	[44]			+	[43
Gambling - Residents of countries other than Canada:					
		+		[47] +	
Other income:					
		+		[49] +	
		+		+	
Capital Gains & Losses No	ot Effectively C	onnected	with a U.S. Tra	de or Busin	ess
Description of Property[51]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
			++		
			++		<u> </u>

Control Totals +

			CSIGCITE AIICI	ı - Other Infor	mation		5
Have you ever appli	ied to be a gree	n cared holder of t	he United States	(Y, N)			
Were you ever a U.S							_
Nere you ever a gre							_
f you had a visa on		-					
f you did not have	-	our U.S. immigratio	n				
status on December							
Date you first enter							
f you've ever chang		pes (nonimmigrant	status) or U.S. ir	nmigration status	S:		
Date of visa chang	•						-
Nature of your vis f you are a resident	_	Movico AND comm	uto to work in th	oll Cat fragues	t intorvals		
enter 1 for Canada			ate to work in th	e 0.5. at frequent	t iiitei vais,		
enter 1 for Carlaux	a or 2 for iviexit	.0					_
ist all dates you en	tered and left t	he United States d	uring 2021 (NA fo	or residents of Ca	nada or Mexiicao):	
Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
							
		-					
	-					·	
nter the total num	ber of days (inc	cluding vacation, no	onworkdays, part	ial work days) yo	u were present	in the U.S. during:	
2019	, ,		, , ,		·	J	
2020							<u> </u>
2021							
	ed al compensation se an alternativo	n of \$250,000 or m e method to deterr d to determine the	mine the source o	of the compensat		ne space b ello w.	
		a to actermine the	Source of the co	impensation, pro-	vide details iii tii	c space bqms,v.	
If you used an alte		exemption from in	come tax under a	a U.S. income tax	treaty		
If you used an alte	ving if claiming	·			•	Exempt Inco	me in 2021
If you used an alte		·	come tax under a		treaty	Exempt Inco	me in 2021
If you used an alte	ving if claiming	·			•	Exempt Inco	me in 2021
If you used an alte	ving if claiming	·			•	Exempt Inco	me in 2021
If you used an alte	ving if claiming	·			•	Exempt Inco	me in 2021
If you used an alte	ving if claiming	·			•	Exempt Inco	me in 2021
Complete the follow Were you Are you cla	ving if claiming Country Name	e(21) T	on any of the inc	Months Cl	laimed in 2020		
Were you attach a co	ving if claiming Country Name subject to tax in aiming treaty be opy of the determine the determin	n a foreign country enefits pursuant to	on any of the inc	e Months Cl	the "Exempt incation. If yes,		
Complete the follow Were you Are you cla	ving if claiming Country Name subject to tax in aiming treaty be ppy of the determinents related to	n a foreign country enefits pursuant to rmination (Y, N)	on any of the inc	e Months Cl	the "Exempt incation. If yes,		

Form ID: NRA-2

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file then To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rule Taxpayers may choose to file a paper return instead of filing electronically.	-
Mark if you want to file a paper return even if you qualify for electronic filing	[1]
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) If 1 or 2, please provide email address on Organizer Form ID: Info	[2]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your	
financial institution account	[9]
The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification Number (PIN)	[7]
Spouse self-selected Personal Identification Number (PIN)	[8]

Electronic Filing

6

NOTES/QUESTIONS:

Form ID: ELF

Form ID: IDAuth	Identity Authentication	7
Taxpayer -		
Form of identification (1 = Driver's lic	cense, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[1]
Identification number		[2]
Issue date		[3]
Expiration date (mm/dd/yyyy)		[4]
Location of issuance (State issued only	y)	[5]
Document number (New York only)		[6]
Spouse -		
Form of identification (1 = Driver's lice	cense, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[9]
Identification number		[10
Issue date		[11
Expiration date (mm/dd/yyyy)		[12
Location of issuance (State issued only	y)	[13
Document number (New York only)		[14

Form ID: Est	Estimated Taxes	8
If you have an overn	ayment of 2021 taxes, do you want the excess:	
Refunded	ayment of 2021 taxes, do you want the excess.	[52]
Applied to 2022	2 estimated tax liability	 [53]
	siderable change in your 2022 income? (Y, N)	[54]
If yes, please explain	any differences:	
		[55]
		[56]
		[57]
Do you expect a con-	siderable change in your deductions for 2022? (Y, N)	[58] [59]
If yes, please explain		[55]
		[60]
		[61]
		[62]
D	Should show the house of the same of the s	[63]
If yes, please explain	siderable change in the amount of your 2022 withholding? (Y, N)	[64]
ii yes, piease expiaiii	any unterences.	[65]
		[66]
		[67]
		[68]
	nge in the number of dependents claimed for 2022? (Y, N)	[69]
If yes, please explain	any differences:	[70]
		[70] [71]
		[72] [72]
		[73]
Payment method use	ed to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay)	[74]
	2021 Federal Estimated Tax Payments	
2020	and the day 2024 and the day	
	epplied to 2021 estimates + calculated amounts on the dates due indicated below. Skip the remaining fields.	[1] [5]
Walk ii you paid tile	calculated amounts on the dates due malcated below. Skip the remaining neids.	[2]
If your estimated pay	yments were not made on the date due or were for an amount other than the calculated amount below,	please enter
the actual date and a		
1ct quarter navment		Method*
1st quarter payment 2nd quarter paymen	· · · ————————————————————————————————	
3rd quarter payment	+ 9/15/21	
4th quarter payment		
Additional payment	[14] + [15]	
•		
	*Method of payment indicated in prior year	
	EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System	
	Voucher = Form 1040-ES estimated tax payment voucher	
NOTES/QUESTIC	ONS:	

Control Totals + Form ID: Est

Form ID: St Pmt	2021 State Estin	nated Tax Payments	9
Taxpayer/Spouse/Joint (τ, s, J) State postal code			[1] [2]
Amount paid with 2020 return 2020 overpayment applied to '21 estimates Treat calculated amounts as paid		-	[3] [4] [8]
Date Paid		Amount Paid	Calculated Amount
1st quarter payment[9]		+[10]	_
2nd quarter payment[11]		+[12]	
3rd quarter payment[13]		+[14]	
4th quarter payment[15] Additional payment[17]		+[16] +[18]	
Additional payment[17]		'[10]	
	2021 City Estim	ated Tax Payments	
City #1		City #2	
City name	[28]		[50]
Amount paid with 2020 return +_		Amount paid with 2020 return +	
2020 overpayment applied to '21 estimates Treat calculated amounts as paid	[32] [36]	2020 overpayment applied to '21 estimates Treat calculated amounts as paid	[54] [58]
Treat calculated afficients as paid	_[50]	Treat calculated amounts as paid	[56]
	Amount Paid		Amount Paid
1st quarter payment[37] +		· · · · · · · · · · · · · · · · · · ·	
2nd quarter payment[39] +		2nd quarter payment	
3rd quarter payment [41] + 4th quarter payment [43] +		3rd quarter payment [63] + 4th quarter payment [65] +	
4tii quarter payment	[44]	4th quarter payment	[00]
Calculated Amount		Calculated Amount	
1st quarter payment		1st quarter payment	
2		· · · · · · · · · · · · · · · · · · ·	
3rd quarter payment 4th quarter payment		3rd quarter payment 4th quarter payment	
quarter payment		····· quarter payment	
City #3		City #4	
City name	[72]	City name	[94]
	[75]		[97]
2020 overpayment applied to '21 estimates Treat calculated amounts as paid	[76] [80]	2020 overpayment applied to '21 estimates Treat calculated amounts as paid	[98] [102]
Date Paid	Amount Paid	Date Paid	Amount Paid
	[82]	1st quarter payment [103] +	[104]
2nd quarter payment [83] + 3rd quarter payment [85] +		2nd quarter payment [105] + 3rd quarter payment [107] +	
4th quarter payment[87] +			[110]
Calculated Amount		Calculated Amount	
1st quarter payment		1st quarter payment	
2nd quarter payment		2nd quarter payment	
3rd quarter payment		3rd quarter payment	
4th quarter payment		4th quarter payment	

Form ID: SumRep	Income Summary	10

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/c/1	Description	1 = Attached 2 = N/A
Form	T/S/J	Description	2 - IN/A
			
			
			
			
			
			
			
			
	_		
			
			
· · · · · · · · · · · · · · · · · · ·			

	_
	Form ID: SumRep
	FULLI ID. SULLINGU

Form	ID.	IntDiv
1 01111	ID.	IIILDIN

Interest and Dividend Summary

11

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if Foreign	1 = Attached 2 = N/A
			_	_
			_	
	_			
				·
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	_		_	
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-				
			_	<u> </u>
			_	<u> </u>
-				
			_	<u> </u>
-				
				<u> </u>

Form ID: W2

Wages and Salaries #1

Please provide	e all copies of Form W-2.	B.d Waardafa
	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far	rming / Fishing, 4 = National Guard)[5]	
Mark if this is your current employer	[6]	
Federal wages and salaries (Box 1)	+[10]	
Federal tax withheld (Box 2)	+[12]	
Social security wages (Box 3) (If different than federal wages)	+[14]	
Social security tax withheld (Box 4)	+[16]	
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+[21]	
SS tips (Box 7)	+[23]	
Allocated tips (Box 8)	+[25]	
Dependent care benefits (Box 10)	+[27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+ [34]	
State tax withheld (Box 17)	+ [36]	
Local wages (Box 18)	+ [38]	
Local tax withheld (Box 19)	+[40]	
Name of locality (Box 20)	[43]	

Control Totals + Wages and Salaries #2

Please provide all copies of Form W-2. 2021 Information **Prior Year Information** Taxpayer/Spouse (T, S) __[1] **Employer** name [3] Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) [5] Mark if this your current employer __[6] Federal wages and salaries (Box 1) [10] Federal tax withheld (Box 2) [12] Social security wages (Box 3) (If different than federal wages) Social security tax withheld (Box 4) [16] Medicare wages (Box 5) (If different than federal wages) [18] Medicare tax withheld (Box 6) [21] SS tips (Box 7) [23] Allocated tips (Box 8) [25] Dependent care benefits (Box 10) [27] Box 13 -Statutory employee [29] Retirement plan [30] Third-party sick pay [31] State postal code (Box 15) [32] State wages (Box 16) (If different than federal wages) [34] State tax withheld (Box 17) [36] Local wages (Box 18) [38] Local tax withheld (Box 19) [40] Name of locality (Box 20) [43]

Control Totals +	

13

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**	See co	odes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	* Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer				 			
			Amounts	+						
		2	Payer				 			
			Amounts	+						
		3 –	Payer				 		,	
			Amounts	+						
		4	Payer							
			Amounts	+						
		5 –	Payer							
			Amounts	+						
		6 –	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer				,			
			Amounts	+						
		10	Payer				,			
			Amounts	+						

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals + Form ID: B-1		Control Totals +		Form ID: B-1
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Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code ((**S	ee codes below)	Ordinary [2] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	L	Payer											
			Amounts											
	2	2 -	Payer Amounts +											
	3	3	Payer	1	T							T		
		_	Amounts											
	- 4	1	Payer Amounts +											
	5	5	Payer											
			Amounts											
	6	5	Payer +											
		,	Payer									· · · · · · · · · · · · · · · · · · ·		
			Amounts											
	8	3 -	Payer											
			Amounts '											
	9	•	Payer Amounts +											
	_1	0	Payer	1										
			Amounts +											

	**Dividend Codes
Blank = Other	3 = Nominee

Control Totals + Form ID: B-2

Seller Financed Mortgage Interest Income

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

		2021 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		<u></u>	
Payer's name			
Payer's street address			
Payer's city, state, zip code			
Payer's social security number			
Interest income amount received in 202	1	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)			
Payer's name		_	
Payer's street address			
· · · · · · · · · · · · · · · · · · ·			
Payer's city, state, zip code			
Payer's social security number	_		
Interest income amount received in 202	1	+[1]	
Tanana (Caana (Inint / an)			
Taxpayer/Spouse/Joint (T, S, J)		-	
Payer's name	-		
Payer's street address			
Payer's city, state, zip code			
Payer's social security number		-	
Interest income amount received in 202	1	+[1]	
Taxpayer/Spouse/Joint (T, S, J)		_	
Payer's name			
Payer's street address			
Payer's city, state, zip code		<u> </u>	
Payer's social security number			
Interest income amount received in 202	1	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)		<u> </u>	
Payer's name	<u> </u>		
Payer's street address			
Payer's city, state, zip code	·		
Payer's social security number			
Interest income amount received in 202	1	+ [1]	
Taxpayer/Spouse/Joint (T, S, J)		<u></u>	
Payer's name			
Payer's street address			
Payer's city, state, zip code	-		
Payer's social security number			
Interest income amount received in 202	1	+ [1]	
	_	,	
Taxpayer/Spouse/Joint (T, S, J)			
Payer's name		_	
Payer's street address	·		
Payer's city, state, zip code			
Payer's social security number			
Interest income amount received in 202	1	+ [1]	
micrest meome amount received in 202	-	·[i1]	
Taxpayer/Spouse/Joint (T, S, J)			
Payer's name		-	
Payer's street address	·	_	
Payer's city, state, zip code			
Payer's social security number			
Interest income amount received in 202	1		
interest income amount received in 202	1	+[1]	
	Control Totals +		Form ID: B-3

Form ID: B-4	Income from REMICs	16
Taxpayer/Spouse/Joint (τ, s, J) Name of activity	Please provide all Schedules Q.	_[1]
Employer identification number State postal code		
Taxpayer/Spouse/Joint (T, S, J) Name of activity Employer identification number State postal code		[1]

	Form ID: D	Sales of Stocks,	, Securities, and Oth	er Investmer	nt Property	17	
Total Part Tot	Did you have any securities become worthless during 2021? (Y, N) Did you have any debts become uncollectible during 2021? (Y, N) Did you have any commodity sales, short sales, or straddles? (Y, N) Did you exchange any securities or investments for something other than cash? (Y, N) Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? (Y, N)						
	/s/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale) +	Cost or Other Basi	
	_				+	+	
	_				+	+	
					+	+	
	_				+	+	
	_				+	+	
	_				+	+	
	_				+	+	
					+	+	
					+	+	
	_				++	+	
					+	+	
	_				+	· · · · · · · · · · · · · · · · · · ·	
	_				+	+	
					+	+	
	_				+	+	
	_				+	+	
					+	+	
+ +					+		

Form ID: InfoD

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

		
	 	
 	 <u> </u>	

Problem Proble				Conso	lidated Brok	er State	ment				1
2/1			ease provide co	pies of the Conso	lidated Broker	Statement	t - Include all pa	ges and all inser	ts		
	eparer use only										
oker Name					_	-		ification numbe	r		
						-	Margin interes		•		
count num	iber	-				=	Investment ma	nagement/advis	ory fees	-	
	*Whole	numbers will be	treated as \$ am	ounts. Enter perc	entages in the	XXX.XX fo	mat. For examp	ole, enter 100% :	as 100.00 or 75.5	% as 75.50.	
ype	1099-INT	Interes		Tax Exempt Income	Penalty Early With	on U.	S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year	Informatio
	Payer	meom		meome	Larry voices	arawai	7 01 70	7 01 70	i did	THO Tear	mormatic
1	Amounts	+									
	Payer		I						1		
2	Amounts	+									
	Payer		I								
3	Amounts	+									
4	Payer	-	l .		L						
4	Amounts	+									
	Payer		•		•	·					
5	Amounts	+									
	ranounts				L	<u> </u>					
al	Ordina	one Qualifia	Total Can			28%	Tov Evono	t US Obligation	ns* Toy Evennet	* Foreign	Drior V
e e 1099-D	Ordina DIV Divide			Section 1250	Sec. 199A	Capital G	ain Dividends	t US Obligatio o \$ or %	ns* Tax Exempt \$ or %	* Foreign Tax Paid	Prior Ye Informa
Pave	i							7	7		
7 I F	ounts+										
Pave	i		•		•						
7/	ounts+										
Paye	er										
3 Amo	ounts+										
_ Paye	er										
74	ounts+										
P Paye	er										
5 1 aye	ounts+										

Control Totals +

Form ID: Broker

Form ID: Incor	me			Other Income			18
State and I	local incom	e tax refunds			2021 Information	[5] Pr	ior Year Information
otato ana .					·	[0]	
Alimony re	eceived		T/S	Agreement Date	2021 Information	[3]	ior Year Information
					+	[3]	
		nefits are taxable income and s vithheld.You may need to go to					
				Taxpayer	Spouse	Pri	ior Year Information
	ment comp		+	[9]	+	[10]	
		ensation federal withholding					
					+		
	•				+		
Alaska Per	manent Fur	nd dividends	+	[18]	+	[19]	
En T/S/J	Self- mployment income ? (Y, N)				2021 Information		Prior Year Information
		Other income, such as: Com	missior	is, Jury pay, Director f	•		
_	_			·	+		
_	_			<u> </u>	+		
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NOTES/	QUESTIO						
		Control Tota	ls +				Form ID: Income

Wilscellaneous in	icome	#1	
Please provide all Forn	ns 1099-	MISC	
Preparer use only		2021 Information	Prior Year Information
Name of payer		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[5]	
State postal code		[6]	
Rents (Box 1)	+	[13]	
Royalties (Box 2)	+	[15]	
Other income (Box 3)	+	[17]	
Federal income tax withheld (Box 4)	+	[19]	
Fishing boat proceeds (Box 5)	+	[21]	
Medical and health care payments (Box 6)	+	[23]	
Payer made direct sales of \$5,000 or more of consumer products (Box 7)		[27]	
Substitute payments in lieu of dividends or interest (Box 8)	+	[29]	
Crop Insurance proceeds (Box 9)	+	[31]	
Gross proceeds paid to an attorney (Box 10)	+	[36]	
Fish purchased for resale (Box 11)	+	[38]	
Section 409A deferrals (Box 12)	+	[40]	
Excess golden parachute payments (Box 13)	+	[42]	
Nonqualified deferred compensation (Box 14)	+	[44]	
State tax withheld (Box 15)	+	[46]	
State/Payer's state no. (Box 16)		[48]	
State income (Box 17)	+	[49]	

Miscellaneous Income #2	

Control Totals +

[3] [5] [6] [13] [15] [17] [19]	Prior Year Information
[5] [6] [13] [15] [17] [19]	
[6] [13] [15] [17] [19]	
[13] [15] [17] [19]	
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	[21] [23] [27] [29] [31] [36] [38] [40] [42] [44] [44] [46] [48]

NOTES/QUESTIONS:

	Form ID: 1099N

Control Totals +

Form ID: 1099NEC Nonemployee Comp	ensation #1	18b
Please provide all Form	ns 1099-NEC	
Preparer use only	2021 Information	Prior Year Information
Name of payer	2021 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	<u> </u>	
Nonemployee compensation (Box 1)	+ [13]	
Payer made direct sales of \$5,000 or more of consumer products (Box 2)	[15]	
Federal income tax withheld (Box 4)	+ [17]	
State tax withheld (Box 5)	+[19]	
State/Payer's state no. (Box 6)	[21]	
State income (Box 7)	+[22]	
Control To	tals +	
Nonemployee Comp	ensation #2	
Please provide all Forn	ns 1099-NEC	
Doggood only		
Preparer use only	2021 Information	Prior Year Information
Name of payer	2021 IIII0IIIIatioii	Prior real information
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	[6]	
Nonemployee compensation (Box 1)	+ [13]	
Payer made direct sales of \$5,000 or more of consumer products (Box 2)	[15]	
Federal income tax withheld (Box 4)	+[17]	
State tax withheld (Box 5)	+ [19]	
State/Payer's state no. (Box 6)	[21]	
State income (Box 7)	+[22]	
Control To	tale +	

Form ID: 1099NEC

Form ID: 1099PATR Taxable	Distribu	tions Received from Cooperative	es #1	18c
	Please	provide all Forms 1099-PATR		
Preparer use only	•			
Name of payer				[3]
Taxpayer/Spouse/Joint (T, S, J) State postal code				_[5]
Patron dividends (Box 1)			+	[6] [10]
Nonpatronage distributions (Box 2)			+	[12]
Per-unit retain allocations (Box 3)			+	[14]
Federal income tax withheld (Box 4)			+	
Redeemed nonqualified notices (Box 5)			+	
Section 199A(g) deduction (Box 6)			+	[23]
Qualified payments (Section 199A(b)(7) (Box 7)			+	[24]
Section 199A(a) qual items (Box 8)			+	[25]
Section 199A(a) SSTB items (Box 9)			+	[26]
Investment credit (Box 10)			+	[27]
Work opportunity credit (Box 11) Patron's AMT adjustments			+	[29]
Other credits and deductions #1 (Box 12)			+	[31]
Other credits and deductions #2 (Box 12)			+	[35]
Specified Coop (Box 13)			· 	[37]
, ,				_, ,
		Control Totals +		
Form ID: 1099PATR Taxable	Dictribu	tions Received from Cooperative	nc #2	
Taxable		•	:5 #Z	
Preparer use only	Please	provide all Forms 1099-PATR		
Name of payer				[3]
Taxpayer/Spouse/Joint (T, S, J)				[5]
State postal code				[6]
Patron dividends (Box 1)			+	[10]
Nonpatronage distributions (Box 2)			+	[12]
Per-unit retain allocations (Box 3)			+	[14]
Federal income tax withheld (Box 4)			+	[16]
Redeemed nonqualified notices (Box 5)			+	[18]
Section 199A(g) deduction (Box 6)			+	[23]
Qualified payments (Section 199A(b)(7) (Box 7)			+	[24]
Section 199A(a) qual items (Box 8)			+	[25]
Section 199A(a) SSTB items (Box 9)			+	[26]
Investment credit (Box 10)			+	[27]
Work opportunity credit (Box 11)			+	[29]
Patron's AMT adjustments			+	[31]
Other credits and deductions #1 (Box 12)			+	[33]
Other credits and deductions #2 (Box 12)			+	[35]
Specified Coop (Box 13)				_[37]
		Control Totals +		

	Form ID: 1099PATR
	Form ID: 1099PATR

Form ID: 1099C Cancellation of Debt, Abandonment #1	19
Please provide all Forms 1099-C and 1099-A	
Preparer use only	
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra	amifications:
Effect a bifer description of the dest (i.e. type of dest) and why it was canceled to assist in determining tax to	[51]
	[0-1]
Taxpayer/Spouse/Joint (T, S, J)	[5]
State postal code	[6]
Name of creditor/lender	[3]
Form 1099-C Cancellation of Debt	
Date of identifiable event (Box 1)	[10]
Amount of debt discharged (Box 2)	+[11]
Interest if included in box 2 (Box 3)	+[12]
Personally liable for repayment of the debt (if checked) (Box 5)	[13]
Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief	
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) Fair market value of property (Box 7)	[14] + [15]
Form 1099-A Acquisition or Abandonment of Secured Property	T[15]
Date of lender's acquisition or knowledge of abandonment (Box 1)	[16]
Balance of principal outstanding (Box 2)	+ [17]
Fair market value of property (Box 4)	+ [18]
Personally liable for repayment of the debt (if checked) (Box 5)	[19]
	_
Control Totals +	
Cancellation of Debt, Abandonment #2	
Please provide all Forms 1099-C and 1099-A	
Preparer use only	
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra	amifications:
	[51]
Taurania (Carana Haint / a.)	5-1
Taxpayer/Spouse/Joint (T, S, J) State postal code	[5]
Name of creditor	[6]
Form 1099-C Cancellation of Debt	[3]
Date of identifiable event (Box 1)	[10]
Amount of debt discharged (Box 2)	+ [11]
Interest if included in box 2 (Box 3)	+ [12]
Personally liable for repayment of the debt (if checked) (Box 5)	[13]
Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief	-
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)	[14]
Fair market value of property (Box 7)	+[15]
Form 1099-A Acquisition or Abandonment of Secured Property	
Date of lender's acquisition or knowledge of abandonment (Box 1)	[16]
Balance of principal outstanding (Box 2)	+[17]
Fair market value of property (Box 4)	+[18]
Personally liable for repayment of the debt (if checked) (Box 5)	[19]

Control Totals +

Please	provide all copies of Form W-2G.	
	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	<u> [</u> 9]	
Reportable winnings (Box 1)	+[11]	
Date won (Box 2)	[13]	
Type of wager (Box 3)	[15]	
Federal withholding (Box 4)	+[17]	
Transaction (Box 5)	[19]	
Race (Box 6)	[21]	
Identical wager winnings (Box 7)	+[23]	
Cashier (Box 8)	[25]	
Taxpayer identification number (Box 9)	[27]	
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State winnings (Box 14)	+[33]	
State withholding (Box 15)	+[35]	
Local winnings (Box 16)	+[37]	
Local withholding (Box 17)	+[39]	
Name of locality (Box 18)	[42]	
	Control Totals +	

Gambling Winnings #2

Please provide all copies of Form W-2G. 2021 Information **Prior Year Information** Taxpayer/Spouse (T, S) __[1] Payer name [3] State postal code [4] Mark if professional gambler [9] Reportable winnings (Box 1) [11] Date won (Box 2) [13] Type of wager (Box 3) [15] Federal withholding (Box 4) [17] Transaction (Box 5) [19] Race (Box 6) [21] Identical wager winnings (Box 7) [23] Cashier (Box 8) [25] Taxpayer identification number (Box 9) [27] Window (Box 10) [28] First ID (Box 11) Second ID (Box 12) [31] Payer's state ID no. (Box 13) [32] State winnings (Box 14) [33] State withholding (Box 15) [35] Local winnings (Box 16) [37] Local withholding (Box 17) [39] Name of locality (Box 18) [42]

NOTES/QUESTIONS:

Form ID: W2G

Control Totals +

Form ID: 2439

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

Tappayer/Spouse (r. s) Ric or REIT and the Ric/REIT was held on the date the Ric/REIT acquired the Section 1202 gain (Box 1a) Tappayer/Spouse (r. s) Tappayer/Spouse (2021 Information	Prior Year Information
State postal code	Taxpayer/Spouse (т, s)	_[1]	
Total undistributed long-term capital gains (Box 1a)	RIC or REIT name	[3]	
State postal code 15 15 15 15 15 15 15 1	•	[4]	
Section 1202 gain (Box 1c)		+[9]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code 1 = 30% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion, 2 = 100% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion, 2 = 100% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclu		+[11]	
1202 stock and continuously until sold indicate the appropriate section 1202 code			
(1 + 30% exclusion, 2 + 60% exclusion within an empowerment zone, 3 + 75% exclusion, 4 + 100% exclusion) 1,33	•	-	
Control Totals +			
Control Totals +		· · · · · · · · · · · · · · · · · · ·	_
Shareholders Undistributed Capital Gain #2 Please provide all copies of Form 2439 2021 Information Taxpayer/Spouse (r. 5) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) If your interest in the RIC Or REIT on the box 1a gains (Box 2) Control Totals + Prior Year Information In June 2023 sin (Box 1c) Control Totals + Shareholders Undistributed Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion Control Totals + Control Totals + Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 2021 Information Taxpayer/Spouse(r, 5) RIC or REIT name State postal code [1] Control Totals + Shareholders Undistributed Capital Gain #3 Prior Year Information Prior Year Information Taxpayer/Spouse(r, 5) [1] RIC or REIT name [3] State postal code [4] Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Horizontal undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Frior Year Information Prior Year Information Prior Year Information Prior Year Information [5] [6] [7] [8] [8] [8] [8] [8] [8] [8			
Shareholders Undistributed Capital Gain #2 Please provide all copies of Form 2439 2021 Information Taxpayer/Spouse (r, s) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) H	Tax paid by the Nic Of NETT Off the box 1a gains (box 2)	+[19]	
Please provide all copies of Form 2439 2021 Information Taxpayer/Spouse (T, S) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Taxpayer/Spouse (T, S) RIC or REIT on the box 1a gains (Box 1a) Prior Year Information Prior Year Informat		Control Totals +	
Please provide all copies of Form 2439 2021 Information Taxpayer/Spouse (T, S) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Taxpayer/Spouse (T, S) RIC or REIT on the box 1a gains (Box 1a) Prior Year Information Prior Year Informat			
Taxpayer/Spouse (r, s)		· · · · · · · · · · · · · · · · · · ·	
Taxpayer/Spouse (r, s)	Please	•	
State postal code	Tayaayaa/Caayaa/Tas		Prior Year Information
State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion, 2 = 60% exclusion and proposerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Tax paid by the RIC or REIT on the box 1a gains (Box 1a) Tax paid by the RIC pain (Box 1c)		-	
Total undistributed long-term capital gains (Box 1a) +			
Unrecaptured section 1250 gain (Box 1b) + [11] Section 1202 gain (Box 1c) + [13] If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19] Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 Control Totals + Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 Prior Year Information Taxpayer/Spouse (T, S) [1] RIC or REIT name [3] State postal code [4] Total undistributed long-term capital gains (Box 1a) [9] Unrecaptured section 1250 gain (Box 1b) + [11] Section 1202 gain (Box 1c) [13] If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 code (1 = 50% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]			
Four interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +			
1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals + 19] Control Totals + 19] Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 Please provide all copies of Form 2439 2021 Information			
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d)	•	-	
Tax paid by the RIC or REIT on the box 1a gains (Box 2) +	(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% of	exclusion, 4 = 100% exclusion) [15]	
Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 2021 Information Taxpayer/Spouse (τ, s) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion, 2 = 60% exclusion, 3 = 75% exclusion, 4 = 100% exclusion) Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +	Collectibles (28%) gain (Box 1d)	+ [17]	
Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 2021 Information Taxpayer/Spouse (T, S) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1= 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) [17] [18] [19]	Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+[19]	
Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 2021 Information Taxpayer/Spouse (T, S) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1= 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) [17] [18] [19]		Control Totals +	
Please provide all copies of Form 2439 2021 Information Taxpayer/Spouse (T, S) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) [17] Control Totals +		control rotals :	
Taxpayer/Spouse (T, s)[1]	Shareholde	ers Undistributed Capital Gain #3	
Taxpayer/Spouse (T, s)[1] RIC or REIT name	Please	provide all copies of Form 2439	
RIC or REIT name State postal code [4] Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +		2021 Information	Prior Year Information
State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +	Taxpayer/Spouse (τ, s)	_[1]	
Total undistributed long-term capital gains (Box 1a) + [9] Unrecaptured section 1250 gain (Box 1b) + [11] Section 1202 gain (Box 1c) + [13] If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]		<u>[</u> 3]	
Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +	•	[4]	
Section 1202 gain (Box 1c) + [13] If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]			
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]	• • • •		
1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +			
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]	•	-	
Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19] Control Totals +			
Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19] Control Totals +			-
Control Totals +		 _	
<u> </u>	. a. para ay the me of her on the box 10 gains (box 2)	[13]	
<u> </u>		Control Totals +	
	NOTES (OUTSTIONS)	<u>'</u>	

Form ID: 6781	Contracts & Str	addles - Genera	al Information	22
Subject to self-employment tax code (T = Mark to indicate all the elections that ap Mixed straddle election Mixed straddle account election (Attach	ply:			_[1] _[2] _[3]
Straddle-by-straddle identification elec Net section 1256 contracts loss electio				[4] [5]
	Section 1256 (Contracts Marke	ed to Market	
Identification of Account A Identification of Account B Identification of Account C	_			
Taxpayer/Spouse/Joint (T, S, J) State postal code -Loss/Gain for entire year (Enter losses a Total Form 1099-B adjustment Total net 1256 contract loss carryback	s a negative amount)	+	Account B	Account C
	Gains and	Losses From St	raddles	
Description of Property A Name of Contract Component Description of Property B Name of Contract Component Description of Property C Name of Contract Component Description of Property D Name of Contract Component		T	ype	
Taxpayer/Spouse/Joint (T, S, J) State postal code Date entered into/acquired Date closed out/sold Gross sales price + Cost plus expense of sale + Unrecognized gain +	Property A — — — — — — — — — — — — — — — — — —	Property B + + +	Property C + + + + H Id on Last Business	Property D
	coginized Gain Fre	1 031610113 116	Ta on East Basiness	Juy
Description of Property A Description of Property B Description of Property C	Prope	- - erty A	Property B	Property C
Date acquired Fair market value on last business day Cost or other basis as adjusted	+	+ -		+
	Control Totals +			Form ID: 6781

Foreign Employer Compensation

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) State			[3] [4]
Foreign Employer Identification (ID) number			[1]
Foreign Employer Name			[2]
Foreign Employer Address			
Foreign street address			[6]
Foreign city			[7]
Foreign country code/name		[8]	[9]
Foreign province/county			[10]
Foreign postal code			[11]
Name "in care of"			[12]
Employee address, if different from home address on Org Enter U.S. (street, city, state, zip code) OR foreign (str Street address City, state, zip code Foreign country code/name Foreign province/county Foreign postal code	reet, city, country, provi	[14]	[13] [15] [16] [18] [19] [20]
	Income		
		2021 Information	Prior Year Information
Foreign employer compensation		[22]	

Form ID: 1099R Pension, Annuity, and	IRA Dis	tributions #1	24
Please provide all Fo	orms 109	9-R. 2021 Information	Prior Year Information
Taxpayer/Spouse (T, s)		[1]	
Name of payer		 [3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)	+	[9]	
Federal withholding (Box 4)	+	[11]	
Distribution code (Box 7)		[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	
State withholding (Box 14)	+	[17]	
Local withholding (Box 17)	+	[19]	
Amount of rollover	+	[21]	
	·	· · · · · · · · · · · · · · · · · · ·	

Amount of rollover	+	[21]	
Mark if distribution was due to a pre-retirement age disability	· 		
Mark it distribution was due to a pre-retilement age disability		[23]	
Contr	ol Totals +		
Pension, Annuity,	and IRA Distrib	utions #2	
Please provide	all Forms 1099-R.		
	20	21 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)	+	[9]	
Federal withholding (Box 4)	+	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	_
State withholding (Box 14)	+	[17]	
Local withholding (Box 17)	+		
Amount of rollover	+	[21]	

Control Totals +	

Pension, Annuity, and IRA Distributions #3

[23]

Please provide all Forms 1099-R. 2021 Information **Prior Year Information** Taxpayer/Spouse (T, S) __[1] Name of payer [3] State postal code Gross distributions received (Box 1) Taxable amount received (Box 2a) Federal withholding (Box 4) Distribution code (Box 7) [14] Mark if distribution is from an IRA, SEP, SIMPLE retirement plan [16] State withholding (Box 14) Local withholding (Box 17) Amount of rollover [21] Mark if distribution was due to a pre-retirement age disability [23]

Control Totals +	

NOTES/QUESTIONS:

Mark if distribution was due to a pre-retirement age disability

	Form ID: 1099R

Please provide a copy of Form(s)	Social Security, Tier 1 Railroad Benefits				
Please provide a copy of Form(s)	SSA-1099 o	r RRB-1099			
Taxpayer/Spouse (т, s)		[1]			
State postal code		[2]			
Social Security B	enefits				
	_	21 Information	Prior Year Information		
If you received a Form SSA - 1099, please complete the following information	1:				
Net Benefits for 2021 (Box 3 minus Box 4) (Box 5)	+	[8]			
Voluntary Federal Income Tax Withheld (Box 6)	+	[10]			
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:					
Medicare premiums	+	[12]			
Prescription drug (Part D) premiums	+	[14]			
Tier 1 Railroad B	enefits				
		21 Information	Prior Year Information		
If you received a Form RRB - 1099, please complete the following information	າ:				
Net Social Security Equivalent Benefit:					
Portion of Tier 1 Paid in 2021 (Box 5)	+	[22]			
Federal Income Tax Withheld (Box 10)	+	[25]			
	+	[25] [27]			
Federal Income Tax Withheld (Box 10)	+ + out Bene	[27]			
Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11)	example di	fits Received d you repay any benefi			
Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11) Additional Information About the benefits received not reported above. For	example di	fits Received d you repay any benefi			
Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11) Additional Information Abo Additional information about the benefits received not reported above. For	example di	fits Received d you repay any benefi			
Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11) Additional Information Abo Additional information about the benefits received not reported above. For	example di	fits Received d you repay any benefi			
Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11) Additional Information Abo Additional information about the benefits received not reported above. For	example di	fits Received d you repay any benefi			

Form ID: IRA Traditional IRA	A				26
	Taxpayer			Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement					
plan? (Y, N)		[1]			[2]
Do you want to contribute the maximum allowable traditional IRA contribution	amount? If				
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		_[3]			[4]
Enter the total traditional IRA contributions made for use in 2021	+	[5]	+		[6]
	Taxpayer			Spouse	
Enter the nondeductible contribution amount made for use in 2021	+	[5]	+	•	[6]
Enter the nondeductible contribution amount made in 2022 for use in 2021	+	 [7]	+		[8]
Traditional IRA basis	+	[17]	+		[18]
Value of all your traditional IRA's on December 31, 2021:					
	+	[19]	+		[20]
	+		+		
	+		+		
- <u></u> -	+		+		
	+		+		
Roth IRA					
Please provide copies of any 1998 through 2020 Fo		by this	office		
	Taxpayer			Spouse	
Mark if you want to contribute the maximum Roth IRA contribution		[29]			[30]
Enter the total Roth IRA contributions made for use in 2021	+				[32]
Enter the amount a 2021 Roth IRA conversion should be adjusted by	+		+		
Enter the total contribution Roth IRA basis on December 31, 2020	+	[43]	+		[44]
Enter the total Roth IRA contribution recharacterizations for 2021	<u> </u>	[45]	<u>+</u>		[46]
Enter the Roth conversion IRA basis on December 31, 2020	+	[47]	+		[48]
Value of all your Roth IRA's on December 31, 2021:		[40]			[50]
	T	[49]	. —		
	+				
	·		· ——		
	·		· —		
	+		+		
	+		+		
	+		+		

Form ID: Keogh Keogh, SEP, SIMPLE Contributions				
Preparer use only				
Business activity or profession name		[3]		
Taxpayer/Spouse (T, S)		[4]		
State postal code		<u></u> [5]		
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SI	IMPLE IRA. 6 = SARSEP)	[6]		
Plan contribution rate. Enter in xx.xx format (Limitation percentage)		<u></u> [7]		
Enter the total amount of contributions made to a Keogh plan in 2021	+	[8]		
Enter the total amount of contributions made to a Solo 401(k) plan in 2021	+	[9]		
Enter the total amount of contributions made to a SEP plan in 2021	+	[10]		
Enter the total amount of contributions made to a SARSEP plan in 2021	+	[11]		
Enter the total amount of contributions made to a defined benefit plan in 2021	+	[12]		
Enter the total amount of contributions made to a profit-sharing plan in 2021	+	[13]		
Enter the total amount of contributions made to a money purchase plan in 2021	+	[14]		
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2021	+	[15]		
Enter the total amount of contributions to a SIMPLE IRA plan in 2021	+	[16]		
Catch-up Contributions				
Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2021	+	[17]		
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2021	+	[18]		
Elective Deferrals				
Enter the total contributions to a Sole 401/k) or SARSER made through elective deformals in 2021	1	[40]		
Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2021 Enter the amount of elective deferrals designated as Roth contributions in 2021	+	[19] [20]		

Schedule C - General Information

Preparer use only			
		2021 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		_[2]	
Employer identification number		[3]	
Business name		[5]	
Principal business/profession		[6]	
Business code		[12]	
Business address, if different from hom	ne address on Organizer Form ID: 10	040	
Address		[15]	
City/State/Zip	[16	5][17][18]	
Accounting method (1 = Cash, 2 = Accrual, 3 =	= Other)	[19]	_
If other:		[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Othe	er)	[22]	_
If other enter explanation:			_
		[24]	
Enter an explanation if there was a cha	inge in determining your inventory:		
		[25]	
		_	
Did you "materially participate" in this	business? (Y, N)	[26]	
If not, number of hours you did sign	nificantly participate	[28]	_
Mark if you began or acquired this bus	iness in 2021	[30]	
Did you make any payments in 2021 th			
If "Yes", did you or will you file all re		_[33]	_
Mark if this business is considered rela	•		_
Did you receive wages as a statutory en	· · · · · · · · · · · · · · · · · · ·		_
Medical insurance premiums paid by the		+[40]	
Long-term care premiums paid by this		+ [44]	
Amount of wages received as a statuto			
Amount of wages received as a statuto	ry employee	+[47]	
	Business In	come	
	Business In	come 2021 Information	Prior Year Information
Gross receipts and sales	Business In		Prior Year Information
Gross receipts and sales	Business In	2021 Information	Prior Year Information
Gross receipts and sales	Business In	2021 Information +[52]	Prior Year Information
Gross receipts and sales	Business In	2021 Information +[52] +	Prior Year Information
Gross receipts and sales	Business In	2021 Information +[52]	Prior Year Information
	Business In	2021 Information +[52] + +	Prior Year Information
Returns and allowances	Business In	2021 Information +[52] +	Prior Year Information
	Business In	#	Prior Year Information
Returns and allowances	Business In	#	Prior Year Information
Returns and allowances	Business In	#	Prior Year Information
Returns and allowances	Business In	#	Prior Year Information
Returns and allowances		#	Prior Year Information
Returns and allowances	Cost of Good	#[52] +[55] +[57] +[57] #[57]	
Returns and allowances Other income:		2021 Information +	Prior Year Information Prior Year Information
Returns and allowances Other income: Beginning inventory		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2021 Information +	
Returns and allowances Other income: Beginning inventory		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2021 Information +	

Preparer use only				
Principal business or profession			_	
		2021 Information	_	Prior Year Information
Advertising	+	·	[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		-	
Depletion	4			
Depreciation			[16]	
Employee benefit programs (Include Small Emp			[10]	
Employee belieff programs (metade smail Emp			[10]	
		•		
Insurance (Other than health):		-	-	
insurance (Other than health).				
		-	[20]	
	+	·	-	
Interest:				
Mortgage (Paid to banks, etc.)				
		·		
	+	·	_	
	+	-	-	
Other:				
	+	•	[24]	
		-	-	
Legal and professional services			[26]	
Office expense	4		[29]	
Pension and profit sharing:			[23]	
rension and prome sharing.	_		[21]	
		•	-	
Rent or lease:		-	-	
Vehicles, machinery, and equipment				
Other business property		• =		
Repairs and maintenance	+	-	[37]	
Supplies	+	·	[39]	
Taxes and licenses:				
	+	-	[41]	
		-	_	
<u> </u>	+			
	+	-	='	
		-		
Travel and meals:			<u>-</u>	
Travel	4		[43]	
Meals (Enter 100% subject to 50% limitatio	.n) .	-		
Meals (Enter 100% subject to DOT 80% limit				
Meals (Fully deductible)		-		
	,	-		
Utilities	+	-	[51]	
Wages (Less employment credit):				
	+	-	[53]	
	+	•	_	
Other expenses:				
	+	-	[55]	
	+	-		
		-		
		-		
		-		
		· 		
		-		
-	+	•		
	+	-	-	
	+			<u> </u>
Contro	ol Totals +	1		Form ID: C-2

Form ID: C-3	Schedule C - Carryovers	30
Preparer use only Principal business or profession		

Preparer use only						
Carryovers	Non-C	QBI & Tax		For QBI & Tax		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]
Section 1231 loss	+	[28]	+	[29]	+	[30]
Ordinary business gain/lo	\$S +	[31]	+	[32]	+	[33]

[34] +

[35] +

[36]

NOTES/QUESTIONS:

Section 179

+

Preparer use only				
Prior Year Information	Form ID: Rent	Rent and Royalty Property - Genera	l Information	31
Description 73	Preparer use only		2021 Information	Prior Vear Information
Taxpayer/Spouse/Joint [15, 3] State postal code [5]	Description	•		riioi real illioilliation
Physical address: Street	-	State n		
City, state, zip code		State p		
Foreign province/county		[7] [8		
Foreign province/country		[/][0		
Foreign postal code				
Type (Sessingle Family, 3-Make Stromy), 3-Make Stromy (Section Sec	Foreign postal code	<u>y</u>		
Description of other type (hype code #8)		hort-term 4-Commercial 5-Land 6-Povalty 7-Self-rental 8-		
Did you make any payments in 2021 that require you to file Form(s) 1099? (Y,N) 118		more-term, 4–commercial, 3–Land, 0–Royalty, 7–3en-rental, 6–	-	
Fi ** Yes**, did you or will you file all required Forms 1099? (*, N)		t require you to file Form(s) 10992 (V N)		
Fair rental days (if nor truly year) (for types 1, 2, 4, 5, 7 and 8 only) (luse flent-2 for type 3)			-	_
Percentage of ownership if not 100% (Not vacation home percentage)	· · · · · · · · · · · · · · · · · · ·			
Prior Year Information Prior Year Informat		s, 5, 7 and 6 only) (Ose Kent-2 for type 5)		
Rents and Royalty Income Rents and royalties	=	at vacation home percentage)		
Rents and royalties	Business use percentage, it not 100% (N	ot vacation nome percentage)	[24]	
Rent and Royalty Expenses				
Rent and Royalty Expenses Prior Year Information Advertising 135 36 38 38 38 38 38 38 38	Rents and royalties	2021 Information		Prior Year Information
Advertising		+	[33]	
Advertising			<u> </u>	
Advertising		Rent and Royalty Expense	es	
Auto Travel		2021 Information	Percent if not 1009	Prior Year Information
Travel	Advertising	+	[35] [36]	
Travel Cleaning and maintenance	Auto	+	[38] [39]	
Cleaning and maintenance	Travel			
Horizonte Hori	Cleaning and maintenance			
Time Figure Fig	Commissions:			
+ [50] [52] Legal and professional fees		+	[47] <u>[49]</u>	
+ [50] [52] Legal and professional fees		+	<u> </u>	
Legal and professional fees	Insurance:			
Management fees:		+	[50][52]	
Management fees:		+	<u> </u>	
+	Legal and professional fees	+	[54] [55]	
Hortgage interest paid to banks, etc (Form 1098)	Management fees:			
Mortgage interest paid to banks, etc (Form 1098) +		+	[57] [59]	
+	.	+		
Other mortgage interest + [63] [65] Qualified mortgage insurance premiums + [66] [67] Other interest: + [69] [71] Repairs + [72] [73] Supplies + [75] [76] Taxes: + [78] [80] Utilities + [81] [82]	Mortgage interest paid to banks, etc (Fo	rm 1098)		
Qualified mortgage insurance premiums + [66] [67] Other interest: + [69] [71] Repairs + [72] [73] Supplies + [75] [76] Taxes: + [78] [80] Utilities + [81] [82]		+	[60][62]	
Qualified mortgage insurance premiums + [66] [67] Other interest: + [69] [71] Repairs + [72] [73] Supplies + [75] [76] Taxes: + [78] [80] Utilities + [81] [82]	.	+		
Other interest:	Other mortgage interest	+		
Other interest:	Qualified mortgage insurance premiums	+	[66] [67]	
+	Other interest:		<u> </u>	
+		+	[69] [71]	
Supplies + [75] [76] Taxes: + [78] [80] + [18] [81] [82]		+		
Supplies + [75] [76] Taxes: + [78] [80] + [18] [81] [82]	Repairs	+	[72] [73]	
Taxes: + [78] [80] + [81] [82]		+		
+ [78] [80] + - Utilities + [81]				
+		+	[78] [80]	
		+	[00]	
	Utilities	·	[81] [81]	
	Depreciation	+	[84][85]	

Depletion

Other expenses:

[87]

[90]

[88]

Preparer use only Description	-			_
	Refinanci	ing Points		
	Preparer - Enter	on Screen Rent		,
Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in 2021 Total points paid Points deemed as paid in current ye Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in 2021 Total points paid Points deemed as paid in current ye Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in 2021 Total points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in 2021 Total points paid Points deemed as paid in current ye Refinancing points paid	ear (Preparer use only)	2021 Inf	ormation Prior Year Information	-
	Vacation Hon	ne Information		
		on Screen Rent-3		
Number of days home was used pers Number of days home was rented Number of day home owned, if not 3 Carryover of disallowed operating ex Carryover of disallowed depreciation	onally 65 penses into 2021	2021 Infor	Prior Year Information [5] [7] [9] [21] [22]	-
	Passive and C	Other Information		
		on Screen Rent-2		
Preparer use only				
Carryovers	Non-QBI and Tax	For QBI & Tax	AMT	
Operating	+ [25]	+ [26]	+ [27]	
Short-term capital		+ [28]	+ [29]	
Long-term capital		+ [30]	+ [31]	
28% rate capital		+ [32]	+ [33]	
Section 1231 loss	+ [34]	+ [35]	+ [36]	
Ordinary business gain/los		+ [38]	+ [39]	
Section 179	+ [40]	+ [41]	+ [42]	
NOTES/QUESTIONS:				

Form ID: Rent-2

Control Totals +

Form ID: F-1	Farm Incom	e - General Info	ormation	33
	•	ovide all Forms 109	9-К	
Prepar	er use only		2021 Information	Prior Year Information
Taxpayer/Spouse/			[2]	
Employer identific	ation number		[3]	
Description			[4]	
Principal Product			[5]	
State postal code			[6]	
	od (1 = Cash, 2 = Accrual)		_[7]	_
Agricultural activit			[9]	-
-	y participate" in this business? (Y, N)	(-) 40002	[12]	_
	payments in 2021 that require you to file Form	n(s) 1099? (Y, N)	[14]	-
•	or will you file all required Forms 1099? (Y, N)	alf amoula, maamt in	_[16]	-
	net income or loss should be excluded from	sen-employment in		-
	premiums paid by this activity		+[21]	
Long-term care pr	emiums paid by this activity		+[25]	
	Scho	edule F Income		
Sales Code**			2021 Information	Prior Year Information
	Income description			
_			+[35]	
_			+	
_			+	
_			+	
_			+	
	*	* Sales Codes		
	1 = Cash sales of items bought for res	ale 4 =	Custom hire (machine work)
	2 = Cash sales of items raised	5 =	Other income	
	3 = Accrual sales			
			2021 Information	Prior Year Information
Cost or other hasi	s of livestock and other items you bought for r	Gesale (Cach mothod)	+ [37]	
	ry of livestock and other items (Accrual method)	esare (casir method)	+ [39]	-
	estock, produce, grains, and other products pu	ırchased	+ [41]	
	of livestock and other items (Accrual method)		+ [43]	
	distributions you received		+ [45]	
•	ve distributions you received		+ [47]	
ranable cooperati	ve distributions you received	2021 Total	2021 Taxable	Prior Year Information
Agricultural progra	am payments			
	+		+[50]	
	+		+	
	+		+	
			2021 Information	Prior Year Information
CRP payments rec	eived while enrolled to receive social security	or disability benefit	19 [52]	
Commodity credit	loans reported under election:			
			[54]	
Total commodity	credit loans forfeited		+ [56]	
Taxable commodi	ty credit loans forfeited		+[58]	
		2021 Total	2021 Taxable	Prior Year Information

[61]

__[63]

[65]

Form ID: F-1

Total crop insurance proceeds you received in 2021

Crop insurance proceeds deferred from 2020

Mark if electing to defer crop insurance proceeds to 2022

Control Totals +

Preparer use only		
Description		
	2021 Information	Prior Year Information
Car and truck expenses +	[5]	The real information
·	[7]	
	[9]	
	[11]	
_	[13]	
_	[15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit) +		
	[19]	
-	[21]	
	[23]	
Gasoline, fuel, and oil +	[25]	
Insurance (Other than health)		
	[28]	
+		
Mortgage interest (Paid to banks, etc.)	[00]	
	[30]	
+		
	[32]	
	[34]	
- · · · · · · · · · · · · · · · · · · ·	[36]	
Part aller.	[38]	
	[40]	
Seed and plants purchased +_	[42]	
	[44]	
Storage and warehousing +_	[46]	
Supplies purchased + _ Taxes:	[48]	
	[50]	
+		
+		
+		
Utilities +	[52]	
-	[54]	
Other expenses:		
+	[56]	
+		
+_		
+		
+		
+		
+		
+		
<u> </u>		
+	_	
	[58]	
- · · · · · · · · · · · · · · · · · · ·		

Form ID: F-3	Farm Passive and Other Carryover Information	35

Preparer use only

Description

Preparer use only						
Carryovers	Non-	QBI & Tax		For QBI & Tax		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]
Section 1231 loss	+	[28]	+	[29]	+	[30]
Ordinary business gain/los	ss +	[31]	+	[32]	+	[33]
Section 179	+	[34]	+	[35]	+	[36]

Taxpayer/Spouse/Joint (r, s, j)	. V l. f
Taxpayer/Spouse/Joint (T, S, J)	
Employer identification number	r Year Information
Description	
State postal code Did you "actively participate" in the operation of this business this year? (Y, N) [6]	
Income Items Inco	
Income from production of livestock, produce, grains, and other crops:	
Income from production of livestock, produce, grains, and other crops:	
Total cooperative distributions you received + [17]	or Year Information
Total cooperative distributions you received + [17] Taxable cooperative distributions you received + [19] Agricultural program payments: + [21f] [22] + + + + + + + + + + + + + + + + + +	
Total cooperative distributions you received + [17] Taxable cooperative distributions you received + [19] Agricultural program payments: + [21] + [22] + + [22] + + [22] Commodity credit loans reported under election:	
Total cooperative distributions you received + [17] Taxable cooperative distributions you received + [19] 2021 Total 2021 Taxable Prior Agricultural program payments: + [21] + [22] + + + + + + + + + + + + + + + + + + +	
Taxable cooperative distributions you received + [19] 2021 Total 2021 Taxable Prior Agricultural program payments: + [21]	
Taxable cooperative distributions you received + [19] 2021 Total 2021 Taxable Prior Agricultural program payments: + [21]	
Agricultural program payments: + [21] [22] + + + + + + + + + + + + + + + + + + +	
Agricultural program payments: + [2H] [22] + + + + Commodity credit loans reported under election:	
+ [21] [22] + + + + Commodity credit loans reported under election:	or Year Informatio
+ + + + + Commodity credit loans reported under election:	
Commodity credit loans reported under election:	
Commodity credit loans reported under election:	
Commodity credit loans reported under election:	
	or Year Information
ا الاحت	
+ + Total commodity credit loans forfeited + [26]	<u> </u>
Total commodity credit loans forfeited +[26] Taxable commodity credit loans forfeited +[28]	 ,
	or Year Informatio
Crop insurance proceeds you received in 2021	
+[30f][31]	<u> </u>
<u>+</u> + + + + <u>+</u> + <u>+</u>	<u> </u>
	or Year Informatio
Mark if electing to defer crop insurance proceeds to 2022 [33]	_
Crop insurance proceeds deferred from 2020 +[35]	
+ [38]	
+	
+	
+	

prinsdrance proceeds deterred from 2020 her income:		·	_[55]
		+	[38]
		+	
	<u></u>	+	_
		+ +	_
		+	
		+	<u> </u>
		+	_
		+	_
		+	
<u> </u>		+	_
		+	_

Form ID: 4835

Control Totals +

Form ID: 4835-2	Farm Rental Expenses	37
Preparer use only		

	Description		
Car and truck expenses		2021 Information	Prior Year Information
Chemicals	Car and truck expenses		THE TEAT INFORMATION
Conservation expenses			
Caryover from prior years Custom hire (machine work) Depreciation Employee benefit programs Eed purchased Feet purchased Feet purchased Feet jurchased Fertilizers and lime Freight and trucking Gasoline, fuel, and oil Insurance (Other than health):			
List			
Depreciation			
Employee benefit programs			
Feed purchased			
Fertilizers and lime			
Freight and trucking Gasoline, fuel, and oil Insurance (Other than health):			
Gasoline, fuel, and oil Insurance (Other than health): 128			
Insurance (Other than health):			
# [28]			
Mortgage interest (Paid to banks, etc.):	modification chair frediting.	+ [28]	
Mortgage interest (Paid to banks, etc.):			
Mortgage interest (Paid to banks, etc.):			
Comparison of the comparison	Mortgage interest (Paid to banks, etc.):		
		+ [30]	
1			
Other interest		+	
Labor hired (Less employment credit)	Other interest		
Pension and profit sharing Rent - vehicles, machinery, and equipment Rent - other Rent - other Repairs and maintenance Seed and plants purchased Storage and warehousing Supplies purchased Taxes:			
Rent - vehicles, machinery, and equipment Rent - other Repairs and maintenance Repairs and maintenance Seed and plants purchased Storage and warehousing Supplies purchased Taxes:			
Rent - other Repairs and maintenance Repairs and maintenance Seed and plants purchased Storage and warehousing Supplies purchased Taxes:			
Repairs and maintenance Seed and plants purchased Storage and warehousing Supplies purchased Taxes:			
Seed and plants purchased Storage and warehousing Supplies purchased Taxes:			
Storage and warehousing Supplies purchased Taxes:			
Supplies purchased +			
Taxes:			
+ [51] +			
+		+ [51]	
+			
+		+	
+			
Utilities + [53] Veterinary, breeding, and medicine + [55] Other expenses: + [57] + + +			
Veterinary, breeding, and medicine + [55] Other expenses: + [57] + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + </td <td>Utilities</td> <td></td> <td></td>	Utilities		
Other expenses: + [57] +		· · · · · · · · · · · · · · · · · · ·	
+ [57] +			
+ + + + + + + + + + + + + + + + + + +	- · · · · · · · · · · · · · · · · · · ·	+ [57]	
+ + + + + + + + + + + + + + + + + + +			
+ + + + + + + +			
+ + + + +			
+ + +			
+		+	
Preproductive period expenses + [59]		+	
Preproductive period expenses + [59]		+	
	Preproductive period expenses	+ [59]	

Preparer use only -Carryovers Non-QBI & Tax For QBI & Tax AMT Operating [69] [68] [70] Short-term capital + [72] + [73] Long-term capital + [74] + [75] 28% rate capital + [76] + [77] Section 1231 loss [78] + [79] + [80] Ordinary business gain/loss + [82] + [83] + [84]

[87] +

Section 179

Control Totals +	Form ID: 4835-2

[88] +

[89]

	Partnerships a	nd S Corporations		30
Please provide co	pies of Schedules K-1 show	ring income from partnerships	and S-corporations.	
				[2]
dentification number				[6]
ntity	_			[13]
al code				[14]
tity (1 = Partnership, 2 = S Corporation, 3	3 = Foreign partnership, 4 = Publicly t	raded partnership)		[17]
Preparer use only				
Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Operating	[16]	[17]	[18]	
		[19]	[20]	
		[21]	[22]	
		[23]	[24]	
	[25]	[26]	[27]	
	[28]	[29]	[30]	
	[31]	[32]	[33]	
Section 179	[34]	[35]	[36]	
tity (1 = Partnership, 2 = S Corporation, 3 Preparer use only	3 = Foreign partnership, 4 = Publicly t	raded partnership)		[17
Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
	[16]	[17]	[18]	
	[05]			
Section 173	[34]	[33]	[50]	
Snouse/loint (T.S. I)				
				[2] [6]
				[0] [13
	-			[14
	3 = Foreign partnership, 4 = Publicly t	raded partnership)		[17
				_
Preparer use only	New ODL 9 Tour	For ODL 9 To	ADAT	
•				
Short-term capital	[16]	[17]	[18]	
	dentification number nity al code tity (1 = Partnership, 2 = S Corporation, 3 — Preparer use only Carryovers Operating Short-term capital Long-term capital Section 1231 loss Ordinary business gain/loss Other losses - 1040 Sch 1 Section 179 Spouse/Joint (T, S, J) dentification number nitity (1 = Partnership, 2 = S Corporation, 3 — Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Other losses - 1040 Sch 1 Section 179 Spouse/Joint (T, S, J) dentification number nitity usiness gain/loss Other losses - 1040 Sch 1 Section 179 Spouse/Joint (T, S, J) dentification number nitity usiness gain/loss Other losses - 1040 Sch 1 Section 179 Spouse/Joint (T, S, J) dentification number nitity (1 = Partnership, 2 = S Corporation, 3 — Preparer use only Carryovers Operating	Please provide copies of Schedules K-1 show pouse/Joint (T, S, J) dentification number nitity all code litty (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly to Preparer use only Carryovers Non-QBI & Tax Operating [16] Short-term capital Long-term capital 28% rate capital Section 1231 loss [25] Ordinary business gain/loss [28] Other losses - 1040 Sch 1 [31] Section 179 [34] Spouse/Joint (T, S, J) dentification number nitity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly to Preparer use only Carryovers Non-QBI & Tax Operating [16] Short-term capital 28% rate capital Section 1231 loss [25] Ordinary business gain/loss [28] Other losses - 1040 Sch 1 [31] Section 179 [34] Spouse/Joint (T, S, J) dentification number nitity all code tity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly to Preparer use only Carryovers Non-QBI & Tax Operating [16]	Apouse/Joint (r, s, s) dentification number intity al code lity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) Preparer use only Carryovers Non-QBI & Tax Operating Short-term capital Long-term capital Long-term capital Section 1231 loss (25) Ordinary business gain/loss (28) Orther losses - 1040 Sch 1 Section 179 Preparer use only Carryovers Non-QBI & Tax For QBI & Tax Operating Short-term capital Section 179 Short-term capital Section 179 Short-term capital Section 179 Short-term capital Long-term capital Long-term capital Long-term capital Long-term capital Section 1231 loss Operating Short-term capital Long-term capital Section 1231 loss Section 1231 loss Operating Short-term capital Section 1231 loss Se	Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

	— Preparer use only ———			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/los	S [28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Form ID:	: K1-1

Form ID: K11		Estates	and Trusts		39
	Please provid	de all copies of Schedules	K-1 showing income from estat	tes and trusts.	
	Spouse/Joint (T, S, J)				[2]
	dentification number				[3]
Name of a State posta	•				[4]
state post					[5]
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[15]	[16]	[17]	
on K1T-3		1 - 3	[18]	[19]	
	Long-term capital		[20]	[21]	
	28% rate capital		[22]	[23]	
	Section 1231 loss	[24]	[25]	[26]	
	Ordinary business gain/loss	[27]	[28]	[29]	
Taypayor/	Spausa/Jaint/T.s./\				[2]
	Spouse/Joint (T, S, J) dentification number				[2] [3]
Name of a					[3] _[4]
State posta	•	•			t+1 [5]
	Preparer use only				
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[15]	[16]	[17]	
on K1T-3	Short term capital		[18]	[19]	
	Long-term capital		[20]	[21]	
	28% rate capital		[22]	[23]	
	Section 1231 loss	[24]	[25]	[26]	
	Ordinary business gain/loss	[27]	[28]	[29]	
Employer i Name of a State posta	•				[2] [3] [5]
	Preparer use only				
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter on K1T-3	Operating Chart torm conital	[15]	[16]	[17]	
	Short-term capital Long-term capital		[18]	[19] [21]	
	28% rate capital		[20]	[23]	
	Section 1231 loss	[24]	[25]	[26]	
	Ordinary business gain/loss	[27]	[28]	[29]	
	Spouse/Joint (T, S, J)				[2]
	dentification number				[3]
Name of a					[4]
State posta					[5]
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[15]	[16]	[17]	
on K1T-3	Short-term capital	[10]	[18]	[19]	
	Long-term capital		[20]	[21]	
	28% rate capital		[22]	[23]	
	Section 1231 loss	[24]	[25]	[26]	
	Ordinary business gain/loss	[27]	[28]	[29]	

Form ID: K1T

Form ID: Home	Sale of Principal Residence		40
Description			[1]
Taxpayer/Spouse/Joint (T, S, J)			[5]
State postal code			<u>—</u> : 7
·	on will be calculated and entire gain will be reported o	n Schedule D)	<u></u> - [7]
Date former residence was acquired			<u>—</u> [9]
Date former residence was sold			[10]
Selling price of former residence		+	[11]
Expenses related to the sale of your old home		+	[12]
Original cost of home sold including capital improver	ments	+	[13]
	Exclusion Information		
Mark if most use and ownership test without except	ions (2 years use within 5-year period preceding sale d	lato)	[10]
wark if meet use and ownership test without except	ions (2 years use within 5-year period preceding sale of	•	_[19]
Reduced exclusion days: (Enter only days within 5-ye	ear period ending on sale date)	Taxpayer	Spouse
Number of days each person used property as mail	· · · · · · · · · · · · · · · · · · ·	[21]	[22]
Number of days each person owned property used		[23]	[24]
Number of days between date of sale of the other		[25]	[26]
Form	6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed		+	[28]
Total current year payments received		+	[29]
, , ,			
Form 6252 -	Related Party Installment Sale Information	on	
Related party name			[30]
Address			[31]
City, State and Zip	[32]	[33]	[34]
Identifying number of related party		-	[35]
Was the property sold as a marketable security? (Y, N)			[36]
Enter date of second sale if more than 2 years after t			[37]
Indicate special conditions if applicable (1 = Sale/exchang	ge, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		[38]
Selling price of property sold by a related party		+	[40]

Preparer use only		
	2021 Information	Prior Year Information
Description	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[7]	
State postal code	[8]	
Date acquired	[19]	
Date sold	[20]	
Gross sales price of property sold	F[21]	
Mortgage and other debts the buyer assumed	F[23]	
Cost or other basis	F[25]	
	F[27]	
Gross profit percentage	[29]	
Total current year principal payments received	F[35]	l
Prior year principal payments received	F[37]	
Total ordinary income to recapture	[39]	
Total ordinary income previously recaptured		
Control Totals +		
Prior Year Installmen	nt Sale	
Preparer use only		
Preparer use only	2021 Information	Prior Year Information
Description	[3]	
Taxpayer/Spouse/Joint (T, S, J)		
State postal code	[8]	
Date acquired	[19]	
Date sold	[20]	
Gross sales price of property sold	F [21]	
Mortgage and other debts the buyer assumed	[23]	
Cost or other basis	F [25]	
Commissions and other expenses of the sale	F [27]	

Gross profit percentage

Total current year principal payments received

Total ordinary income previously recaptured

Control Totals +

Prior year principal payments received

Total ordinary income to recapture

[29]

[35]

[37]

[39]

[41]

Form 4797 and 6252 - General Information		42
Preparer use only		
Description		[3]
Taxpayer/Spouse/Joint (T, S, J)		[9]
State postal code		[10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1		[16]
Mark if disposition is due to casualty or theft		 [21]
Mark if disposition was to a related party		[22]
Sale Information		
Data considered		
Date acquired		[24]
Date sold		[25]
Gross sales price or insurance proceeds received	+	[26]
Cost or other basis	+	[27]
Commissions and other expenses of sale	+ <u> </u>	[28]
Depreciation allowed or allowable	+	[29]
Form 4797, Part III - Recapture		
Additional depreciation after 1975 (Section 1250)	+	[31]
Applicable percentage (if not 100%) (Section 1250)	·	[32]
Additional depreciation after 1969 (Section 1250)	+	[33]
Soil, water and land clearing expenses (Section 1252)	+	[34]
Applicable percentage (if not 100%) (Section 1252)		[35]
Intangible drilling and development costs (Section 1254)	+	[36]
Applicable payments excluded from income under sec. 126 (Section 1255)	+	[37]
Form 6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed	+	[38]
Total current year payments received	+	[39]
Form 6252 - Related Party Installment Sale Information	on	
Related party name		[40]
Address		[41]
City, State, and Zip [42]	[43]	[44]
Identifying number of related party		[45]
Was the property sold as a marketable security? (Y, N)		[46]
Enter date of second sale		[47]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		[48]
Selling price of property sold by a related party	+	[50]

Form ID: 8824 Like-	Kind Exchange General Information		43
Drawarar usa anlu			
Description of property given up			[4]
			[5]
Taxpayer/Spouse/Joint (T, S, J)			_[6]
State postal code			[7]
Description of property received			[10]
			[11]
	Date Information		
Date the like-kind property given up was acquired			[16]
Date you transferred your property to the other par	ty	-	[17]
Date the like-kind property received was identified		-	[18]
Date you received the like-kind property from the of	her party	<u>-</u>	[19]
	Gain and Basis Information		
Fair market value of other property given up			[20]
Adjusted basis of other property given up			[21]
Cash received	and the d		[22]
Fair market value of other (not like-kind) property re			[23]
Installment obligation received in like-kind exchange Fair market value of like-kind property you received	•		[24]
Fair market value of non-section 1245 property you	received		[25] [26]
Liabilities, including mortgages, assumed by you	received		[26] [27]
Cash paid			[28]
Adjusted basis of like-kind property given up		+	[29]
Adjusted basis of like-kind property from pass throu	gh entity	·	
Cost or other basis	,	+	[30]
Depreciation allowed or allowable excluding Sec	tion 179	+	[31]
Section 179 expense deduction passed through			[32]
Section 179 carryover		+	[33]
Liabilities, including mortgages, assumed by the other	er party	+	[34]
Exchange expenses incurred by you		+	[35]
Rel	ated Party Exchange Information		
Name of related party			[38]
Address of related party			[39]
City State			[40]
Zip code			[41]
Identifying number of related party			[42] [43]
Relationship to you			[43] [44]
During this tax year, did the related party sell or disp	oose of the property received? (Y. N)	-	[45]
During this tax year, did you sell or dispose of the lik			[46]
Indicate if any special conditions apply (1 = Death of eith			[47]
Mark if this exchange is a prior year like-kind exchan			[49]

ſ	Control Totals +	Form ID: 8824
	Control Totals +	l Form ID: 8824

Form	ID: 8938-2	

Statement of Specified Foreign Financial Assets

44

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service.

Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2021 Information	Prior Year Information
Asset description	[2]	
Asset identifying number or other designation	[3]	
Date asset acquired	[4]	
Date asset disposed	[6]	
Asset jointly owned with spouse	[7]	
Maximum value of asset	[9]	
Asset foreign entity information - (Enter either foreign entity information or issuer/	counterparty information, but not both)	
Type of foreign entity:(P = Partnership, C= Corporation, T = Trust, E = Estate)		[14
Foreign entity name		
Foreign entity address		[17
City, state, zip code	[18]	[19]
Foreign country code/name	[21]	[22
Foreign province/county		[23
Foreign postal code		[24
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name Address of issuer or counterparty	Person)	
City, state, zip code Foreign country code/name Foreign province/county Foreign postal code		
City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty)	on or issuer/counterparty information, but not both	n)
City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information)		n)
City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign		n)
City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name Address of issuer or counterparty		n)
City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name Address of issuer or counterparty City, state, zip code		n) —
City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name Address of issuer or counterparty		

Form	ID:	FrgnA	cct
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Foreign Financial Accounts

45

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)				[1
	2	021 Information	Prior Year	Information
Deposit or Custodial account (D= Deposit, C = Custod	lial)	[4]		
Type of Account:				
Bank		[5]		
Securities		[6]		
Other		[7]		
Maximum value of account		[8]		
Account number or other designation				
		[10]		
Financial institution		[12]		
Address of financial institution		[13]		
City, state, zip code	[14][15]	[16]		
Foreign country code/name	[17]	[18]		
For addresses in Mexico, enter state		[20]		
Foreign province/county		[23]		
Foreign postal code		[24]		
Account jointly owned with spouse		[25]		
Account opened during the tax year		[47]		_
Account closed during the tax year		[49]		
Information is reported for a financial account	which is:	[27]		
2 = Owned separately, 3 = Owned jointly, 4 = Authority	over but no financial interest			
Complete this section if there is a join	t owner other than the spouse, or you have sig	gnature authority	only over the	account
Taxpayer identification number of account hole	der/joint owner			[28]
Foreign identification number of account holder	=			[29]
Last name or organization name of account ho				[30]
First name and middle initial of account holder				[31] [32]
Address and apartment			[33]	[34]
City, state, zip code	·		[36]	
Foreign country code/name	[38]			
For addresses in Mexico, enter state				[41]
Foreign postal code				[44]
Number of joint owners (Not including taxpayer, if app	olicable)			[45]
Filer's title with this owner (If applicable)				[46]
NOTES/QUESTIONS:				

Form ID: 2555 Foreign Ea	arned Income Exclu	usion		46
Taxpayer/Spouse (T, S) [1]		State postal co	de	[3]
Foreign street address		[4] City		
State/Province		Country code		
		Postal code		
Employer's name				
U.S. address				
State postal code		Zip code		
Foreign street address State / Province				
State/Province Country		Country code		
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affilia	te of a LLS company F = OfMbr	 Ulf other specify tyr	ne	[8]
Country of citizenship	ice of a 0.5. company, 2 = <u>0</u> [ii]	, ii otilei, speeliy ty		[11]
If maintained a separate foreign residence for your family due	to adverse living condition	ons, provide city, co	ountry, and days	
			-	ays
6: 16 :				ays
List tax home(s) during the tax year and dates established:				
Tax home				
Tax home			Date	
Foreign Earned	Income Allocation	Information		
*U.S. Business Days and Travel Type Code: 1=Travel to United			Travel to foreign	country
U.S. business days and travel information:[16]	otates, in the terres.		. raver to roreign	-
Type Code* Name of Country including United S	tates	Date Arrived	Date Left	No. of U.S. business days
				•
<u> </u>			-	<u> </u>
- <u>-</u>				
<u> </u>	_			<u> </u>
Foreign days worked before and after foreign assignment [17]	Total days worked had	fore and after foreign	an assignment	
Total number of days worked during year (defaults to 240)	rotal days worked bei	ore and after foreig	gii assigiiiileiit	[18] [19]
		-		
	ide Residence Tes			
Date foreign residence began [21]	Date foreign residence		_	[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or			mployer)	[23]
If any family members lived abroad with you during any part of	•	•		fo.43
Relationship Relationship	Period abroad Period abroad			
Relationship	Period abroad			
Relationship	Period abroad			
Mark if you submitted a statement to foreign country authoriti		sident of that count	rv	[25]
Mark if required to pay income tax to that country	,		,	[26]
List any contractual terms or other conditions relating to length	of employment abroad	I		_
-				[27]
-				
Type of visa used to enter foreign country				[28]
Explanation if visa limited length of stay or employment				
				[29]
If maintained a home in U.S., enter address, whether it was rer	ited, names of occupant	s and their relation	ship to you:	
Address	[30]	City		
State postal code		Zip code		
Rented Occupant		Relati	onship	
Address	[30]	City		
State postal code		Zip code		
Rented Occupant		Relati	onship	
Physi	ical Presence Test			
Principal country of employment				[31]
				Form ID: 2555

Form ID: 2555-2	Foreign Earned Income Exclusion		47
Employer's name Taxpayer/Spouse (T, S) State postal code			
	Foreign Earned Income		
*Pleas	e use the Foreign Earned Income Allocation Codes loca	ted below Allocation	<u> </u>
Noncash income: Home (lodging) Meals Car		_[10][11] _[13][14]	+[12] +[15] +[18]
		- - - -	+ [20] +
Allowances, reimbursements or expenses Cost of living and overseas differential Family Education Home leave Quarters		[23] [25]	+ [22] + [24] + [26] + [28] + [30]
Other purposes (Please enter code her	re and description and amount below):	[31] - - -	+[32] + + +
Other foreign earned income (Please ente	er code here and description and amount below):	[33] 	+[34] + + +
2 3 4	*Foreign Earned Income Allocation Codes = 100% foreign during assignment = 100% U.S. during assignment = U.S. and foreign days worked during assignment = U.S. and foreign days before/after assignment = Days worked before, during, and after assignment		+[35]
	Deductions Allocable to Foreign Earned Inc	ome	
Other allocable deductions		Allocation Code* [36]	
	Housing Exclusion/Deduction		
Qualified housing expense			+[47]
NOTES/QUESTIONS:			
	Control Totals +		Form ID: 2555-2

Form ID: 3903 Armed Forces Moving Expenses		48	
Preparer use only			
Description of move			[2]
Taxpayer/Spouse/Joint (T, S, J)			[3]
Mark if the move was due to service in the armed for	orces		 _[7]
Number of miles from old home to new workplace			[8]
Number of miles from old home to old workplace			[9]
Mark if move is outside United States or its possess	ions		[10]
Transportation and storage expenses		+	[11]
Travel and lodging (not including meals)		+	[12]
Miles driven to new home			[13]
Total amount reimbursed for moving expenses		+	[15]

Employee Business Expenses

Preparer use only	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[2]
Occupation in which expenses were incurred		[3]
State postal code		[5]
If the employee expenses were from an occupation listed below, enter t		
1 = Qualified performing artist, 2 = Impairment-related work expense		
Parking fees and tolls	+	[18]
Local transportation		[20]
Travel expenses		[23]
Other business expenses:		
	+	[26]
	+	
	+	
	+	
	+	
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<u> </u>	<u>+</u>	
	+	
	+	
	++	
-		
-	+ +	
Nonvehicle depreciation	+	[29]
Meals	·	[32]
Meals for individuals subject to DOT hours of service limitation (certain:		[34]
	-	i
Employer Rein		
Enter Reimbursements not entered	on Screen W2, Box 12, Code L 2021 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2		[61]
Reimbursements for meals not included on Form W-2		[63]

[65]

Form ID: 2106

Reimbursements for meals for DOT service limitation not included on Form W-2+

Control Totals +

			Employee B	usiness Expenses			50
Preparer Taxpayer/Spouse (T, S Occupation in which State postal code	5)	incurred			[2] [3] [4]		
			Vehicle	Questions			
If you used your auto Was the vehicle a Was another veh Do you have evic	available for off- nicle available fo	duty personal r personal use?	use? (Y, N, Blank = No ' (Y, N)		2021 Information[5][7][9]	n Prior Year Ir	nformation — —
			Vehicle	Information			
Vehicle 1 -	Date placed Description Comments	in service					
Vehicle 2 -	Date placed Description Comments	in service					
Vehicle 3 -	Date placed Description	in service					
Vehicle 4 -	Comments Date placed Description Comments	in service				_	
			Vehicles A	ctual Expenses			
	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information Vehicle		7	Prior Year Informatio
Business mileage	rear [20]	Information		Prior Year		Vehicle 4[163][165]	
susiness mileage overage daily round tr commuting mileage otal commuting milea	rear [20]	Information	Vehicle 2[69][71][73][75]	Prior Year	3 Information _[116] _[118] _[120] _[122]	[163] [165] [167] [169]	
Business mileage Everage daily round tr commuting mileage Total commuting milea Gasoline Dil	rear [20]	Information	Vehicle 2 [69] [71] [73] [75] [77] [77]	Prior Year	3 Information [116] [118] [120] [122] [124] [126]	[163] [165] [167] [169] + [171] + [173]	
usiness mileage verage daily round tr commuting mileage otal commuting milea sasoline oil epairs Maintenance	rear [20] [24] ip [26] age [28] + [30]	Information	Vehicle 2[69][71][73][75] +[77]	Prior Year	3 Information [116] [118] [120] [122] [124]	[163] [165] [167] [169] + [171]	
usiness mileage everage daily round tr commuting mileage otal commuting milea Gasoline bil depairs Maintenance ires far washes nsurance	rear [20] [24] ip [26] age [28] + [30] + [32] + [34] + [36] + [38] + [40]	Information	Vehicle 2 [69][71] [73][75][77][79][81][83][85][85][87][89]	Prior Year	3 Information [116] [118] [120] [122] [124] [126] [128] [130] [132] [134] [136]	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [179] + [181] + [183]	
usiness mileage verage daily round tr commuting mileage otal commuting milea iasoline oil epairs Maintenance ires ar washes nsurance nterest egistration	rear [20]	Information	Vehicle 2 [69] [71] [73] [75] [77] [79] [81] [83] [85] [87] [87] [89] [91]	Prior Year	3 Information [116] [118] [120] [122] [124] [126] [128] [130] [132] [134] [136] [138] [140]	[163] [165] [167] [169] [169] [171] [173] [175] [177] [177] [179] [181] [183] [185] [187]	
usiness mileage average daily round tr commuting mileage otal commuting milea casoline oil epairs Maintenance ires far washes asurance nterest egistration icenses roperty taxes (Plates, ta	rear [20]		Vehicle 2 [69] [71] [73] [75] [77] [79] [81] [83] [85] [87] [88] [87] [89] [91] [93]	Prior Year	3 Information [116] [118] [120] [122] [124] [126] [128] [130] [132] [134] [136] [138]	[163] [165] [167] [169] [171] [173] [175] [177] [177] [179] [181] [183] [185]	
Fotal mileage for the yausiness mileage Average daily round troommuting mileage Fotal commuting mileag	rear [20]	Information	Vehicle 2 [69] [71] [73] [75] [77] [79] [81] [83] [85] [87] [89] [91] [93] [95]	Prior Year	3 Information [116] [118] [120] [122] [124] [126] [128] [130] [132] [134] [136] [138] [138] [140] [142] [144]	[163] [165] [167] [167] [169] [171] [173] [175] [177] [177] [179] [181] [183] [185] [185] [187] [189]	

Form ID: 2106-2

Control Totals +

Αl	lim	onv	Pa	id:

T/S	Date*	2021 Information	Prior Year Information
		+ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		

^{*} Date of divorce/separation agreement

	2021 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:		•	
+	[6]		7
	[6]		' ¹
+		+	<u> </u>
Other adjustments:			
+	[9]	+[1	.0]
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	Control Tabels	Farm ID Other Adi
	Control Totals +	l Form ID: OtherAdi l

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2021 that were issued after 1989, and you paid qualified higher education expenses in 2021 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution Name of person enrolled at eligible educational institution (First/Last) Name of eligible educational institution Address of eligible educational institution City, state, and zip code Qualified higher education expenses you paid in 2021 for person listed above		
Enter any nontaxable educational benefits received for 2021 for person listed above	Ť	[1]
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tu		
Financial institution name (ESA) or name of program (QTP) Financial institution address (ESA) or address of program (QTP)		
City, state and zip code		
Taynayar/Snausa/Jaint/T.s. II		
Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution		_
Name of the same and the district of the same of the s		
Name of oligible educational institution		
Address of eligible educational institution		
City, state, and zip code		-
Qualified higher education expenses you paid in 2021 for person listed above		[1]
Enter any nontaxable educational benefits received for 2021 for person listed above	·	[1]
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tu	uition Program)	
Financial institution many (FCA) or many of many (OTD)		
Financial institution name (ESA) or name of program (QTP) Financial institution address (ESA) or address of program (QTP)		
City, state and zip code		
		
Taxpayer/Spouse/Joint (T, S, J)		
SSN of person enrolled at eligible educational institution		_
Name of person enrolled at eligible educational institution (First/Last)		-
Name of eligible educational institution		_
Address of eligible educational institution		_
City, state, and zip code		
Qualified higher education expenses you paid in 2021 for person listed above		[1]
Enter any nontaxable educational benefits received for 2021 for person listed above	+	
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tu	ition Program)	
Financial institution name (ESA) or name of program (QTP)		
Financial institution address (ESA) or address of program (QTP)		
City, state and zip code		
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2021	+	[3]
	-	

Form ID: Educate2	Student Loan Interest Paid	53
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Complete this section if you paid interest on a qualified student loan in 2021 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2021. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2021 Interest Pa	nid	Prior Year Information
		+	[1]	
		+		
		+		
		+		
		· ·		

Form ID: Educ3

Education Credits and Tuition and Fees Deduction

54

Please provide all copies of Form 1098-T.

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (т, s)		
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit)		
Student's social security number		
Student's first name		
Student's last name		
Institution Information		
Enter information from each institution on a separate page, including the complete a	address and federal identifi	cation number of the i
Institution's federal identification number		
Institution's name		
Institution's street address		
Institution's street address	rmation	
Institution's street address Institution's city, state, zip code	d for the student during 20 g 2021.	
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during	d for the student during 20 g 2021. 2021 Information	21. Prior Year Information
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1)	d for the student during 20 g 2021.	
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3)	d for the student during 20 g 2021. 2021 Information	
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4)	d for the student during 20 g 2021. 2021 Information	
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5)	d for the student during 20 g 2021. 2021 Information	
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6)	d for the student during 20 g 2021. 2021 Information +[8]	
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2022	d for the student during 20 g 2021. 2021 Information +[8]	
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2022 At least half-time student (Box 8)	d for the student during 20 g 2021. 2021 Information +[8]	
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2022	d for the student during 20 g 2021. 2021 Information +[8]	
Institution's street address Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2022 At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No)	d for the student during 20 g 2021. 2021 Information +[8]	
Institution's city, state, zip code Tuition Paid and Related Infor Amounts reported in Box 1 may not reflect the actual amount paid Enter the amount actually paid during Tuition paid (Enter only the amount actually paid) (Box 1) Educational institution changed its reporting method for 2021 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March 2022 At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10)	d for the student during 20 g 2021. 2021 Information +[8] 2 (Box 7)	

Control Totals +	Form ID: Educ3

Eorm	ID.	1099Q
FOITH	IU.	TOBAC

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-	-

Qualified Educat		33
Please provide all copi	es of Form 1099Q	
Taxpayer/Spouse (T, S)	_[1]	
Payer name		
State postal code	[4]	
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)	· [6]	
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)		
Final distribution	[8]	
Contributions	and Basis	
Beneficiary's Information (if not taxpayer or spouse)		
Social security number	[11]	
First name	[12]	
Last name	[13]	
	2021 Information	Prior Year Information
Amount contributed in current year	+[14]	
Basis of this account at 12/31/20	+ [17]	
Value of this account at 12/31/21	+ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or s	pouse) +[24]	
Payments from Qualifie	d Education Programs	
	2021 Information	Prior Year Information
Gross distribution (Box 1)	+[30]	
Earnings (Box 2)	+[32]	
Basis (Box 3)	+[34]	
Trustee-to-trustee rollover (Box 4)	[36]	
Trustee-to-trustee rollover amount if different than Box 1	+[37]	
Box 5 -		
Private QTP	[39]	
State QTP	[40]	
Coverdell ESA	[41]	
Check if the recipient is not the designated beneficiary (Box 6)	[42]	
Qualified education expenses	+[43]	
Elementary and secondary education expenses	+[45]	

Federal Student Aid Application Information #1

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.

If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies? (I- Takeo aversidate, 2- Moder or teamorals, 3- Sudent for some seles return) The information for the FAFSA worksheet will be: (I- Calculated for the papers on the tram, 2 - Intered from somene else's return) Jayaayer's (and spouse's) current balance of all cash, savings and checking accounts Taxpayer's (and spouse's) or work on the investments, including real estate but do not include the primary residence Taxpayer's (and spouse's) in the worth in current businesses and/or investment farms Zo20 information Taxable earnings from need-based employment programs Student grant and scholarship aid included in adjusted gross income Earnings from work under a cooperative education program offered by a college Child support received but do not include foster care or adoption payments Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing	This FAFSA information is for the:	Preparer use only		
The information for the FAFSM worksheet will be: 1 - Calculated for the Inspirent on the Inspirent on Street, 2 is fared from someone desh return) [9] Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence Taxpayer's (and spouse's) net worth in current businesses and/or investment farms Child support paid because of divorce, separation, or a result of a legal requirement Taxable earnings from need-based employment programs Student grant and scholarship aid included in adjusted gross income 131 222 2020 Information 132 2020 Information 133 223 2021 Information 134 222 2021 Information 135 2021 Information 136 2022 Information 137 2022 Information 139 2022 Information 130 2022 Information 131 2022 Information 131 2022 Information 132 2022 Information 133 2022 Information 134 2022 Information 135 2022 Information 136 2022 Information 137 2022 Information 138 2022 Information 139 2022 Information 130 2022 Information 131 2022 Information 131 2022 Information 132 2022 Information 133 2022 Information 134 2022 Information 135 2022 Information 136 2022 Information 137 2022 Information 138 2022 Information 139 2022 Information 130 2022 Information 131 2022 Information 132 2022 Information 133 2022 Information 134 2022 Information 135 2022 Information 136 2022 Information 137 2022 Information 138 2022 Information 139 2022 Information 139 2022 Information 139 2022 Information 130 2022 Information 131 2022 Information 132 2022 Information 133 2022 Information 134 2022 Information 135 2022 Inf	Who is listed as the primary taxpayer on the tax i	return of the individual to whom this	information applies?	
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Taxapayer's (and spouse's) current balance of all cash, savings and checking accounts Taxapayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence Taxapayer's (and spouse's) net worth in current businesses and/or investment farms Child support paid because of divorce, separation, or a result of a legal requirement Taxable earnings from each-based employment programs Student grant and scholarship aid included in adjusted gross income [14] 4 [22] Earnings from work under a cooperative education program offered by a college [15] 4 [27] Earnings from work under a cooperative education program offered by a college [16] 14] 4 [27] Earnings from work under a cooperative education program offered by a college [17] 4 [27] Earnings from work under a cooperative education program offered by a college [18] 4 [27] Earnings from work under a cooperative education program offered by a college [18] 4 [27] Earnings from work under a cooperative education program offered by a college [18] 4 [27] Earnings from work under a cooperative education program offered by a college [18] 4 [27] Earnings from work under a cooperative ducation program offered by a college [18] 4 [27] Earnings from work under a cooperative ducation programs [18] 4 [27] Earnings from work under a cooperative ducation programs [18] 4 [27] Earnings from work under a cooperative ducation programs of the company of the co	The information for the FAFSA worksheet will be	:		
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	Money received or paid on behalf of the student	(For the student's worksheet only)	[19] +	[27]
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Schedule A - Medical and Dental Expenses

/J	2021 Information	Prior Year Informat
Medical and dental expenses, such as: Doctors, Dentists, Hospit Medical supplies, Hearing aids, Eyeglasses/contact lenses, and It		
1]	. [0]	
	•	-
	i	
	+	
Medical insurance premiums you paid:		
Do not include pre-tax amounts paid by an employer-sponsored plan or amounts self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entere		ır
	[6]	
	_	
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts self-employed business (Sch C, Sch F, Sch K-1, etc.)		ır
1	+[8]	
Prescription medicines and drugs:		
0]	+[11]	
	+	
	+	
3] Miles driven for medical items	[14]	
State/local income taxes paid:	2021 Information	Prior Year Informa
8]		
	+	-
2020 state and local income taxes paid in 2021:		
1]	+ [22]	
<u></u>	+	-
	+	
Real estate taxes paid:		
4]	+[25]	
	+	
	+	
Personal property taxes:		
7]	+[28]	
Other taxes, such as: foreign taxes and State disability taxes		-
-,	± [21]	
0]	+[31]	-
-		-
Sales tax paid on major purchases:		
6]	+ [37]	
Sales tax paid on actual expenses:		
9]	+[40]	
	•	
	+	
Control Totals +		Form ID: A

		Interest Expense	es		58
S/J Home mortgage inte	rest: From Form 1098	2021 Interest Paid ²]	2021 Points Paid	2021 Type* Mortgage In: Premiums Pa	s. Prior Year Informa
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		_++		+	
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· ·				⁺	-
		*Mortgage Type	_	<u> </u>	
Blank = Used to buy, b	uild or improve main/qualifie			, build, improve hom	ne or investment
/s/ı	Payee's Name	SSN or EIN	N 202	1 Information	Prior Year Information
	Home mortgage interest paid to	o individuals			
[4]			+	[5]	
Address City, state and zip code					
City, state and zip code	1				
Address			I'		
City, state and zip code					
_ Payer's/Borrowe	of other person who received er's name	Form 1098 for jointly lia			
Payer's/Borrowe Street Address City/State/Zip co Refinancing Points I Taxpayer/Spous Recipient/Lende Total points paid Points deemed a Date of refinance Term of new loa	paid in 2021 - e/Joint (T, s, J) er name d at time of refinance as paid in 2021 (Preparer use of the control of			[7]	
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Control Totals +	Form ID: A-2

Form ID: A-3

Charitable Contributions

Co		2021 Information		
	ntributions made by cash or check (including out-of-pocket expenses)			_
	Any contribution of cash, a check or other monetary gift requires a written record of the contribut			
'	ndividual contributions of \$250 or more must be accompanied by a written acknowledgment fron			tion on your return.
[2]				
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	+		_	
	+		_	_
	+		_	
	+		_	
	+		_	
-	lunteer miles driven		[6]	
No	ncash items, such as: Goodwill/Salvation Army/clothing/household goods			
8]	+		[9]	
	+		_	
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	+ + + + + + + + + + + + + + + + + + +	ions	_	Prior Year Informati
	+ Miscellaneous Deduct		_	Prior Year Informati
Otl	Miscellaneous Deduct	ions 2021 Information		<u> </u>
Otl	Miscellaneous Deduct	ions 2021 Information	_[13]	<u> </u>
Otl	Miscellaneous Deduct	ions 2021 Information	_[13]	<u> </u>
Otl	her expenses ++ ++ ++ ++ ++ ++ ++	ions 2021 Information	_[13]	<u> </u>
Otl	her expenses + + + + Miscellaneous Deduct + + + + + + + +	ions 2021 Information	_[13] _	<u> </u>
Otl	her expenses + + + + Miscellaneous Deduct + + + + + + + + + + +	ions 2021 Information	_[13]	<u> </u>
Otl	her expenses + + + + Miscellaneous Deduct + + + + + + + + + + +	ions 2021 Information	[13] 	<u> </u>
Otl	Miscellaneous Deduct her expenses + + + + + + + + + + + + + + + + + +	ions 2021 Information	[13] 	<u> </u>
Ottl 12]	Miscellaneous Deduct her expenses + + + + + + + + + + mbling losses: (Enter only if you have gambling income)	ions 2021 Information	_[13]	
Ottl 12] Ga	Miscellaneous Deduct her expenses + + + + + + + + + + + + + + holing losses: (Enter only if you have gambling income)	ions 2021 Information	_[13] 	
Ottl 12] Ga	her expenses +	ions 2021 Information	_[13] _ _ _ _ _ _ _ _[16]	
Otl 12] Ga	Miscellaneous Deduct her expenses + + + + + + + + + mbling losses: (Enter only if you have gambling income) + + + + + + + + + + + + + + + + + + +	ions 2021 Information	[13] 	
Ottl 12] Ga	Miscellaneous Deduct her expenses + + + + + + + + + mbling losses: (Enter only if you have gambling income) + + + + + + + + + + + + + + + + + + +	ions 2021 Information	[13] 	
12]	Miscellaneous Deduct her expenses + + + + + + + + + mbling losses: (Enter only if you have gambling income) + + + + + + + + + + + + + + + + + + +	ions 2021 Information	[13] 	
Otl 12] Ga 15]	Miscellaneous Deduct her expenses + + + + + + + + mbling losses: (Enter only if you have gambling income) + + + + + + + + + + + + + + + + + + +	ions 2021 Information	[13] 	
Otl 12] Ga 15]	Miscellaneous Deduct her expenses + + + + + + + + + mbling losses: (Enter only if you have gambling income) + + + + + + + + + + + + + + + + + + +	ions 2021 Information	[13] 	

Control Totals +

Form ID: A-St

Miscellaneous Itemized Deductions (State Use Only)

59a

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

/J	2021 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues,		
Business publications, Job seeking expenses, Educational expenses		
[1]	+[2	2]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Union dues, other than amounts reported on Form W-2:	· -	-
·	+ 10	51
1]	+[i	ال ^ر
·	+	-
	+	-
	+	-
7] Tax preparation fees	+[8	8]
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/cu	stodial fees	
10]	+[:	11]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
3] Safe deposit box rental	+[:	
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-		
6]	+[:	17]
	+	-
	+	
	+	-
	+	
	+	
	+	
	+	

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018 or later
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used. Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

	2021 Information	Prior Year Information
Description of loan/property	[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	
Loan origination date	[4]	
If refinanced debt, date of initial loan	[5]	
Fair market value of home	+[6]	
Number of months loan was outstanding in 2021, if not 12	[8]	
Number of months home was a qualifying home (If different from number of months loan was outstanding)	[10]	
Principal paid in 2021	+[12]	
Interest paid during 2021	+[14]	
Points reported on Form 1098 for 2021	+ [17]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name	[20]	
Recipient SSN or EIN	[21]	
Recipient address	[22]	
Recipient city, state, zip code[23]	[24][25]	
Grandfather debt as of 12/31/20 (or first day mortgage was outstanding)	+[26]	
Grandfather debt as of 12/31/21 (or last day mortgage was outstanding)	+[28]	
Home acquisition/improvement debt as of $12/31/20$ (or first day mortgage was outstand)	nd ih g) [30]	
Home acquisition/improvement debt as of 12/31/21 (or last day mortgage was outstar	ndi h g)[32]	
Home equity debt as of 12/31/20***(or first day mortgage was outstanding)	+[34]	
Home equity debt as of 12/31/21***(or last day mortgage was outstanding) *** ONLY portion of loan proceeds used to buy, build, or improve qualified residence	+[36]	
Average balance in 2021 of grandfather debt	+[41]	
Average balance in 2021 of home acquisition/improvement debt	+ [43]	
Average balance for 2021 all types of debt	+[45]	

Form ID: 8283

Noncash Contributions Exceeding \$500

61

Form ID: 8283

For donated securities, include the company name and number of shares in the donated property descrip	tion, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	[4]
Name of donee organization	[5]
Address of donee organization	[6]
City	[7]
State postal code	[8]
Zip code	[9]
Date contributed	[10]
Date acquired by donor	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) Donor's cost or basis +	[12] [13]
Fair market value +	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[14]
If other:	<u>—</u> [15] [16]
Control Totals +	
Noncock Contributions Eveneding \$500	
Noncash Contributions Exceeding \$500	tion holow
For donated securities, include the company name and number of shares in the donated property descrip	tion, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	[4]
Name of donee organization	<u>[</u> 5]
Address of donee organization	[6]
City	[7]
State postal code	[8]
Zip code	[9]
Date contributed Date acquired by donor	[10]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[11]
Donor's cost or basis +	[12] [13]
Fair market value +	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:	[16]
Control Totale	
Control Totals +	
Noncash Contributions Exceeding \$500	
For donated securities, include the company name and number of shares in the donated property descrip	tion, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	 [4]
Name of donee organization	[6]
Address of donee organization	[6]
City	[7]
State postal code	[8]
Zip code	[9]
Date contributed	[10]
Date acquired by donor	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis +	[13]
Fair market value +	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:	[16]
Control Tatela	
Control Totals +	

Form ID: 1098C

Contributions of Motor Vehicles, Boats & Airplanes

62

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S)		[1]
Donee's name		<u>—</u> [4]
State postal code		[3]
Date of contribution (Box 1)		<u></u> [9]
Odometer mileage (Box 2a)		[10]
Year of vehicle (Box 2b)	'	[11]
Make of vehicle (Box 2c)		[12]
Model of vehicle (Box 2d)		[13]
Vehicle or other identification number (Box 3)		[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)		[15]
Date of sale (Box 4b)		[16]
Gross proceeds from sale (Box 4c)	+	[17]
Donee certifies that vehicle will not be transferred for money, other property, or services		
before completion of material improvement or significant intervening use (Box 5a)		[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly		
below fair market value in furtherance of donee's charitable purpose (Box 5b)		[19]
Detailed description of material improvements or significant intervening use and duration of use (Box	5c)	_
	•	[20]
Did you provide goods or services in exchange for the vehicle? (Box 6a)	es [21]	No [22]
Value of goods and services provided in exchange for the vehicle (Box 6b)	+	[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)		[24]
Description of goods and services (Box 6c)		
		[25]
Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is ch	necked (Box 7)	[26]
		_
Other Information for Donated Property		
Overall physical condition of property		[31]
Date property was acquired by donor		[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		[33]
Donor's cost or basis	+	[34]
Fair market value on date of contribution	+	[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		[36]
If other:		[37]
Bargain sale amount received	+	[38]
Donee's address, and ZIP code		[42]
	[43] [44]	[45]
Donee's telephone number		[46]

Form ID: 4684B Casualty and Theft - Business/Income Producing Properties 63						
Preparer use	only					
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft	-					[3] [4] [5] [7]
Cas	sualty and 1	Theft - Busines	ss/Income P	Producing F	Properties	
Description of casualty or theft - Prope Description of casualty or theft - Prope Description of casualty or theft - Prope Description of casualty or theft - Prope	rty B rty C					[10] [23] [36] [49]
		Α	В		С	D
Property type (1 = Business, 2 = Income product Date acquired Cost or other basis of property Insurance or other reimbursement Fair market value before casualty Fair market value after casualty	+ + + +		_	[26] [30] [31] + [32] + [33] + [34] +	[39] [43] [44] + [45] + [46] + [47] +	[52] [56] [57] [58] [59] [60]
	Business	/Income Use I	Replacemer	nt Informat	ion	
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property D	- - - -					[61] [65] [69]
Mark if property was acquired from a r	elated party	A [62][63]	В	[66] [67]	C [70][71]	D [74]
Cost of replacement property	+	[64] +		[68] +	[72] +	[76]

Form ID: 4684P Casualty and Theft - Personal Use Properties						
Preparer use	only					
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft Mark if casualty resulted due to a fede by the President of the United States FEMA disaster declaration number	to warrant as	ssistance by the Fede			[3][4][5][8][9] 0][11]	
Casualty and Theft - Personal Use Properties						
Property A Property B Property C Property D Date acquired Cost or other basis of property Insurance or other reimbursement Fair market value before casualty		[53] [70] A [27] [28] + [29] + [31] +	City B [44] [45] + [46] + [48] +	State [20] [21] [38] [54] [55] [71] [72] C [61] [62] + [63] + [64] + [64] +	Zip code [22] [39] [56] [73] D [78] [79] [80] [81]	
Fair market value after casualty		[32] +			[82]	
	Pers	onai Use Keplac	ement Information	1		
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property C	- -				[85] [89] [93] [97]	
Mark if property was acquired from a Date acquired Cost of replacement property	related party	A [86][87][88] +	B [90][91][92] +	C[94][95][96] +	D[98][99][100]	

Form ID: 4684PY Prior Year Casualty and Theft - Business/Income Producing Properties 65					
Preparer use o	nly				
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft				_	[3] _[4] [5] [6]
Prior Year Cas	sualty and Th	eft - Busines	ss/Income Produci	ng Properties (Cont	'd)
Description of casualty or theft - Propert Description of casualty or theft - Propert Description of casualty or theft - Propert Description of casualty or theft - Propert	y B				[8] [17] [26] [35]
	Α	1	В	С	D
Property type (1 = Business, 2 = Income producing Date acquired	g, 3 = Employee prop)	[9] [12]	[18] [21]	[27] [30]	[36] [39]
Cost or other basis of property	+	[13] +	[22] +	[31] +	
Insurance or other reimbursement	+			[32] +	
Fair market value before casualty Fair market value after casualty				[33] + [34] +	
Curre	nt Year Busin	ess/Income	Use Replacement	Information	
Description of replacement property A					[44]
Description of replacement property B					[50]
Description of replacement property C					[56]
Description of replacement property D					[62]
	А		В	С	D
Date acquired		[45]	[51]	[57]	[63]
Prior year cost of replacement property				[58] +	
Cost of replacement property				[59] +	
Postponed gain				[60] +	
Adjusted basis of replacement property	+	[49] +	[55] +	[61] +	[67]

Form ID: CasPY Prior Year Casualty and Theft - Personal Use Properties				
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft Damage to personal residence from corros Amount paid to repair damage to home of 25% loss available from 2020			+ +	[1] [2] [3] [4] [5] [6]
Prior Yea	ar Casualty and Theft - P	ersonal Use Prope	rties (Cont'd)	
Type of property B Type of property C	[15] [26] [37] [48]	City A City B City C City D		[27]
State postal code Zip code Date acquired Cost or other basis of property Insurance or other reimbursement Principal residence exclusion taken Fair market value before casualty Fair market value after casualty	+[24] +	[35] +	[45] +	
	Personal Use Replace	ment Information		
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property D				[59] [65] [71]
Cost of replacement property Postponed gain	A [60] + [61] + + [62] + + [63] + + [64] +	[66] [67] + [68] + [69] + [70] +	[72] [73] + [74] + [75] + [76] +	[78] [79] [80] [81] [82]
NOTES/QUESTIONS:				

Control Totals + Form ID: CasPY

Form ID: 8829	67			
Preparer use only				
Principal business or profession				[3]
Taxpayer/Spouse/Joint (T, S, J)				[3] [4]
State postal code				
	Business Use of H	ome		
			2021 Information	Prior Year Information
Total area of home			[14]	
Area used exclusively for business			[16]	
Information for day-care facilities only:				
Total hours used for day-care during this year			[18]	
Total hours used this year, if less than 8760			[20]	
Special computation for certain day-care facilities:				
Area used regularly and exclusively for day-care	e business		[22]	
Area used partly for day-care business			[24]	
List as direct expenses any e	vnancas which are attributal	ام ما	ly to the business next of	vour homo
List as direct expenses any expenses any expe	-		•	•
List as muneet expenses any expe	iises willen are attributable i	o tile	overall upkeep and runn	ing or your nome.
		_	nation	Prior Year Information
	Direct Expenses		Indirect Expenses	
Mortgage interest:			[31]	
Mortgage insurance premiums			[35]	
Real estate taxes:			[39]	
Excess mortgage interest			[43]	-
Insurance			[50]	
Rent Repairs & maintenance	+[54]			-
Utilities	+[57]		[61]	·
Other expenses, such as: Supplies & Security syster		_	[01]	
other expenses, such as. Supplies & Security system		+	[64]	
	+	· —	[04]	
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
	+	+		
Excess casualty losses		+	[66]	
Carryovers:				
Operating expenses		+	[67]	
Casualty losses		+	[68]	
Depreciation	1	+_	[70]	
Business expenses not from business use of home,	such as:			
Travel, Supplies, Business telephone expenses		<u>†</u> —	[71]	
Depreciation		+_	[75]	
			'	

Form ID: 8829

Control Totals +

				Worksheet				
Г			e for business p	urposes, please	complete the	e following info	ormation.	
D	Preparer u	-						
Description of	business or profession							[3
			Ve	ehicles				
'ehicle 1 -	Date placed in service							
	Description							
	Comments							
	Date placed in service						_	
	Description							
	Comments		-					
	Date placed in service Description						_	
	Comments		-					
	Date placed in service		_					
	Description						_	
	Comments							
			Vehicl	e Questions				
				Vehicle Prio	r Vehicle F	Prior Vehicle	Prior Ve	hicle Prior
				1 Year	r 2 \	rear 3	Year	4 Year
	automobile for work p							
Was the vehi	icle available for off-du			_[60] _	_ [62]	_ [64]	<u> </u>	_[66] _
		ersonal use? (Y		[68]	_ [70]	[72]		_[74] _
Was another	•		. .					
Do you have	evidence to support y		? (Y, N)	_[76] _	_ [78]	_ [80]		_[82] _
Do you have	•		? (Y, N)	[76] _ [84] _	_	[88]		[82] [90]
Do you have	evidence to support y		? (Y, N)					
Do you have	evidence to support y			[84]				
Do you have	evidence to support y							
Do you have	evidence to support ynce written? (Y, N)	our deduction?	Vehic	le Expenses Prior Year	[86]	Prior Year		[90]
Do you have Is this evider	evidence to support y nce written? (Y, N) Vehicle 1	our deduction?	Vehicle 2	le Expenses Prior Year	Vehicle 3	[88]	Vehicle 4	Prior Yea
Do you have Is this eviden	vehicle 1	our deduction?	Vehicle 2	le Expenses Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Yea
Do you have Is this eviden otal miles for you	vehicle 1 ear [32]	our deduction?	Vehicle 2 [34] [44]	le Expenses Prior Year	Vehicle 3 [36] [46]	Prior Year	Vehicle 4	Prior Yea Informat
Do you have Is this eviden otal miles for your commuting miles cusiness miles	vehicle 1	our deduction?	Vehicle 2 [34] [44] [54]	le Expenses Prior Year	Vehicle 3 [36] [46] [56]	Prior Year	Vehicle 4[38[48	Prior Yea Informat
Do you have Is this eviden Total miles for you Commuting miles Jusiness miles Tarking fees	Vehicle 1 ear [32] es [42] [52]	Prior Year Information	Vehicle 2 [34] [44]	le Expenses Prior Year	Vehicle 3 [36] [46]	Prior Year Information	Vehicle 4	Prior Yea Informat
Do you have Is this evident otal miles for you commuting miles the commuting miles the commuting fees olls	Vehicle 1 ear [32] es [42] + [92]	Prior Year Information	Vehicle 2 [34] [44] [54] [54]	Prior Year Information	Vehicle 3 [36] [46] [56] [96]	Prior Year Information	Vehicle 4	Prior Yea Informat
Do you have Is this evident otal miles for you commuting mile tusiness miles arking fees oils issoline	Vehicle 1 ear [32] es [42] + [92] + [100	Prior Year Information	Vehicle 2[34][44][54][94][102]	Prior Year Information	Vehicle 3 [36] [46] [56] [96] [104]	Prior Year Information	Vehicle 4	Prior Yea Informat
Do you have Is this eviden Total miles for you Commuting miles Fusiness miles Farking fees Folls Gasoline Dil	vehicle 1 ear [32] es [42] + [92] + [100] + [108]	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [102]	Prior Year Information	Vehicle 3 [36] [46] [56] [96] [104]	Prior Year Information	Vehicle 4	Prior Yea Informat
Do you have Is this eviden Total miles for you Commuting miles Business miles Tarking fees Tolls Gasoline Dill Repairs	vehicle 1 ear [32] es [42] + [92] + [100] + [116]	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [102] [110] [118]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [120]	Prior Year Information	Vehicle 4[38[48[58[98[1011	Prior Yea Informat
Do you have Is this evident otal miles for you commuting miles arking fees colls casoline oil eepairs Maintenance ires	Vehicle 1 ear [32] es [42] + [100] + [116] + [116] + [116]	Prior Year Information	Vehicle 2 [34][44][54][102][110][118][126][134]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [120] [128]	Prior Year Information + + + + + + + + + +	Vehicle 4[38[48[58[10112112	Prior Year Informate
Do you have Is this evident will be suited to the service of the s	Vehicle 1 ear [32] es [42] + [92] + [100 + [116 + [124 + [132 + [140 + [148	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126]	Prior Year Information ++ ++ ++ ++ ++	Vehicle 3 [36] [46] [96] [104] [112] [120] [128] [136] [144] [152]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [98 [10 [11] [12] [13] [14] [15]	Prior Yea Informat
Do you have Is this evident Total miles for you Commuting miles Parking fees Folls Gasoline Dil Repairs Maintenance Tires Car washes Insurance	Vehicle 1 ear [32] es [42] + [92] + [100 + [116 + [124 + [132 + [140 + [140 + [156	Prior Year Information	Vehicle 2 [34][44][54][102][110][118][126][134][150][158]	Prior Year Information ++ ++ ++ ++ ++ ++	Vehicle 3 [36] [46] [96] [104] [112] [120] [128] [136] [144] [152] [160]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [98] [10] [11] [12] [13] [14] [15] [14] [15]	Prior Year Informat
Do you have Is this evident of the second of	vehicle 1 ear [32] es [42] + [100] + [116] + [114] + [132] + [140] + [140] + [140] + [140] + [140] + [140] + [140] + [140] + [140] + [140] + [140]	Prior Year Information	Vehicle 2 [34] [44] [54] [102] [110] [118] [126] [134] [142] [150] [150]	Prior Year Information ++ ++ ++ ++ ++ ++ ++ ++	Vehicle 3 [36] [46] [56] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [10] [11] [12] [13] [14] [15] [14] [15] [16] [16]	Prior Yea Informat
Do you have Is this evident otal miles for you ommuting miles usiness miles arking fees olls easoline oil epairs Maintenance ires ar washes nsurance enterest egistration	Vehicle 1 ear [32] es [42] + [100] + [116] + [124] + [132] + [140] + [148] + [156] + [156] + [172	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [110] [118] [126] [134] [142] [155] [158]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [120] [128] [136] [144] [152] [160] [168] [176]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [98 [10 [11] [12] [13] [14] [15] [16] [16] [17]	Prior Yealinformat
Do you have Is this evident otal miles for you commuting miles the sarking fees folls fees fees folls fees fees fees fees fees fees fees f	Vehicle 1 ear [32] es [42] + [100] + [116] + [114] + [144] + [148] + [156] + [156] + [164] + [172]	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [110] [118] [126] [134] [142] [150] [150] [158] [166]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [11] [12 [13 [13 [14 [15] [17 [17 [17 [18] [18] [18] [18] [18] [18] [18] [18]	Prior Year Informat
Do you have Is this evident of the series of	Vehicle 1 ear [32] es [42] + [100] + [116] + [124] + [140] +	Prior Year Information	Vehicle 2 [34][44][54][102][110][118][126][150][150][158][166][174]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [128] [136] [144] [152] [160] [168] [176] [184] [192]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [11] [12] [13] [14] [15] [15] [16] [17] [17] [18] [19]	Prior Year Informate
Do you have Is this evident Total miles for you Commuting miles Business miles Foils Gasoline Dil Repairs Maintenance Fires Car washes Insurance Interest Registration Icenses Property taxes Other vehicle ex	Vehicle 1 ear [32] es [42] + [92] + [100 + [116 + [124 + [132 + [140 + [148 + [156 + [164 + [172 + [180 + [188 epenses+ [196	Prior Year Information	Vehicle 2 [34][44][54][102][110][126][126]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [10 [11 [12 [13 [13 [14 [17 [17 [17 [18 [19 [19 [19 [19 [19 [19 [19 [19 [19 [19	Prior Yea Informat
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Do you have	Vehicle 1 ear [32] ess [42] + [92] + [100 + [116 + [124 + [132 + [140 + [148 + [156 + [164 + [172 + [180 + [188 epenses+ [196 + [204	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [155] [158] [166] [174] [182] [190] [198]	Prior Year Information ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ +	Vehicle 3 [36] [46] [56] [96] [104] [112] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [10] [11] [12] [13] [14] [15] [15] [16] [17] [17] [18] [19] [19] [10] [10] [10] [11] [12] [12] [13] [14] [15] [16] [17] [18] [19] [19] [10] [10] [10] [10] [10] [10] [10] [10	Prior Yealnformat

Form ID: Auto

Control Totals +

Form ID: Coverage	Health Care Coverage	69

2021 Information		Prior Year Information
	Spouse	
[2] +	[3]	
+		
[5] +	[6]	
+		
-	[2] + +	Spouse [2] +[3] +[3]

ACA - Health Insurance Marketplace Statement #1

T /C /T-C		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S))		•		[1]
Marketplace identifie	r (Box 1)				[6]
Marketplace-assigned	policy number (Box 2	2)			[7]
Policy issuer's name (I	Box 3)				[2]
Part III Household Inf	ormation -				
	A. 2021 Monthly Premium Amount	Prior Year Information	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+[12]		+[25]	+[38]	
February	+ [13]		+[26]	+[39]	
March	+[14]		+[27]	+[40]	
April	+ [15]		+[28]	+[41]	
May	+[16]		+[29]	+[42]	
June	+[17]	l l	+[30]	+[43]	
July	+[18]	l l	+[31]	+[44]	
August	+[19]	l l	+[32]	+[45]	
September	+[20]	l l	+[33]	+[46]	
October	+[21]	<u> </u>	+[34]	+[47]	
November	+[22]	<u> </u>	+[35]	+[48]	<u> </u>
December	+[23]		+[36]	+[49]	
Annual total	+[24]		+[37]	+[50]	
			Control Totale		
			Control Totals +		
	AC	A - Health Ins	urance Marketplace State	ment #2	
		Diagon			
- (0 (-0					
Taxpaver/Spouse (1.5))	ricase	provide all Forms 1095-A		[1]
Taxpayer/Spouse (T,S) Marketplace identifie		i icasc	provide all Forms 1095-A		[1] [6]
Marketplace identifie	r (Box 1)		provide all Forms 1095-A		[6]
Marketplace identified Marketplace-assigned	r (Box 1) policy number (Box 2		provide all Forms 1095-A		[6] [7]
Marketplace identifie	r (Box 1) policy number (Box 2 Box 3)		provide all Forms 1095-A		[6]
Marketplace identifier Marketplace-assigned Policy issuer's name (I	r (Box 1) policy number (Box 2 Box 3) ormation - A. 2021 Monthly Premium	2) Prior Year	B. 2021 Monthly Premium Amount of Second	C. 2021 Monthly Advance Payment	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf	r (Box 1) I policy number (Box 2) Box 3) ormation - A. 2021 Monthly Premium Amount	2) Prior	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January	r (Box 1) I policy number (Box 2) Box 3) ormation - A. 2021 Monthly Premium Amount +[12]	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) ormation - A. 2021 Monthly Premium Amount +[12]	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[39]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) ormation - A. 2021 Monthly Premium Amount	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) pormation - A. 2021 Monthly Premium Amount +[12] +[13] +[14] +[15]	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May	r (Box 1) I policy number (Box 2) Box 3) ormation - A. 2021 Monthly	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May June	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) cormation - A. 2021 Monthly Premium Amount	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May June July	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) cormation - A. 2021 Monthly Premium Amount	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May June July August	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) pormation - A. 2021 Monthly Premium Amount	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May June July	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) pormation - A. 2021 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20]	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45] +[46]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May June July August September	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) pormation - A. 2021 Monthly Premium Amount	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May June July August September October	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) pormation - A. 2021 Monthly Premium Amount	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May June July August September October November	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) pormation - A. 2021 Monthly Premium Amount	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May June July August September October November December	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) pormation - A. 2021 Monthly Premium Amount	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[30] +[31] +[32] +[33] +[34] +[35] +[36] +[37]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Info January February March April May June July August September October November December	r (Box 1) policy number (Box 2) policy number (Box 2) Box 3) pormation - A. 2021 Monthly Premium Amount	2) Prior Year	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35] +[36]	C. 2021 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	[6] [7] [2] Prior Year

	Form ID: 1095A

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2021 Information	Prior Year Information
Taxpayer/Spouse (T, s)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Indicate type of health or medical savings account:		
HSA	[6]	
Archer MSA	[7]	
MA (Medicare Advantage) MSA	[9]	
Total HSA/MSA contributions made		
for 2021 (Enter all amounts contributed, including through employer cafeteria plans)	+[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only	, 2 = Family)[12]	
Number of months in qualified high deductible health plan in 2021	[13]	
Mark if you want to contribute the maximum allowable health or		
medical savings account contribution amount	[14]	
Total HSA/MSA contribution to be made for 2021	+[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+[16]	
Excess contributions for 2020 taken as constructive contributions for 2021	+[19]	
Rollover contribution (Form 5498-SA, Box 4)	+[21]	
Complete this section if your account is an	Archer MSA or MA MSA	
Amount of annual deductible	+ [24]	
Enter compensation from employer maintaining high deductible health plan	+ [27]	
If self-employed, enter earned income from business		
under which plan was established	+[31]	
Complete this section if your acc	ount is an HSA	
Was the high deductible health plan in effect for December 2021? (Y, N)	_[33]	

Health, Medical Savings Account Distributions

Please provide all For	ms 1099	I-SA.	
		2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of Trustee		[4]	
State postal code		[2]	
Gross distributions received (Box 1)	+	[7]	
Earnings on excess contributions (Box 2)	+	[9]	
Distribution code (Box 3)		[11]	
Fair Market Value on date of death (Box 4)	+	[12]	
Box 5 -			
HSA		[13]	
Archer MSA		[14]	
MA MSA		[15]	
All distributions were used to pay unreimbursed qualified medical expenses		[17]	<u> </u>
If some distributions were used to pay for other than qualified medical expe	enses,		
enter the unreimbursed qualified medical expenses for 2021	+	[19]	
Withdrawal of excess contributions by the due date of the return	+	[21]	
Amount of distribution rolled over for 2021	+	[23]	
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/20	+	[27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2020 and			
in effect for the month of December 2020? (Y, N)		[29]	
Was the high deductible health plan coverage ended before 12/31/21?	Y, N)	[30]	

Long Term Care (LTC) Service and Contracts

Pl	ease provide all Forms 1099-LTC.		
	202	21 Information	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)			
Per diem		[46]	
Reimbursed amount		[47]	
Qualified contract (Box 4)		[48]	
Check, if applicable (Box 5)			
Chronically ill		[49]	
Terminally ill		[50]	
Are there other individuals who received LTC payments	s during 2021? (Y, N)	[52]	
If the insured is terminally ill, were payments received	on account of terminal illness? (Y, N	[53]	
Number of days during the long-term care period		[54]	
Cost incurred for qualified long-term care services during	ng the		
long-term care period	+	[55]	

Control Totals +	Form ID: 1099SA

ABLE Account Information #1

Please provide all Forms 10	99-QA and 5498-QA				
	2021 Information	Prior Year Information			
Taxpayer/Spouse (T, s)	[1]				
Payer name	[3]				
State postal code	[4]				
Recipient's Social Security Number	[7]				
Recipient's Name [8]	<u>[</u> 9]				
Gross distribution (Form 1099-QA Box 1)	+[10]				
Earnings (Form 1099-QA Box 2)	+[12]				
Basis (Form 1099-QA Box 3)	+[14]				
Program-to-program transfer (Form 1099-QA Box 4)	[16]				
Check if ABLE account terminated in 2021 (Form 1099-QA Box 5)	[17]				
Check if the recipient is not the designated beneficiary (Form 1099-QA Box	 [18]				
Qualified disability expenses	+[19]				
Amount of rollover	+[21]				
Amount contributed in 2021 (Form 5498-QA Box 1)	+[23]				
Value of account on 12/31/21 (Form 5498-QA Box 4)	+[25]				
Control Total	als+				
ABLE Account Information #2					
Able Account in	formation #2				
Please provide all Forms 10	99-QA and 5498-QA	Duian Vasu Information			
Please provide all Forms 10	99-QA and 5498-QA 2021 Information	Prior Year Information			
Please provide all Forms 10	99-QA and 5498-QA 2021 Information[1]	Prior Year Information			
Please provide all Forms 10: Taxpayer/Spouse (T, S) Payer name	99-QA and 5498-QA 2021 Information[1][3]	Prior Year Information			
Please provide all Forms 10 Taxpayer/Spouse (T, S) Payer name State postal code	99-QA and 5498-QA 2021 Information[1][3][4]	Prior Year Information			
Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number	99-QA and 5498-QA 2021 Information [1] [3] [4] [7]	Prior Year Information			
Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name [8]	99-QA and 5498-QA 2021 Information [1][3][4][7][9]	Prior Year Information			
Please provide all Forms 10 Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1)	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10]	Prior Year Information			
Please provide all Forms 10 Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2)	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10] +[12]	Prior Year Information			
Please provide all Forms 10 Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3)	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10] +[12] +[14]	Prior Year Information			
Please provide all Forms 10 Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4)	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10] +[12] +[14][16]	Prior Year Information			
Please provide all Forms 10 Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2021 (Form 1099-QA Box 5)	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10] +[12] +[14][16][17]	Prior Year Information			
Please provide all Forms 10 Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2021 (Form 1099-QA Box 5) Check if the recipient is not the designated beneficiary (Form 1099-QA Box	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10] +[12] +[14][16][17][18]				
Please provide all Forms 10 Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2021 (Form 1099-QA Box 5) Check if the recipient is not the designated beneficiary (Form 1099-QA Box Qualified disability expenses	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10] +[12] +[14][16][17] 6)[18] +[19]	Prior Year Information			
Please provide all Forms 10 Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2021 (Form 1099-QA Box 5) Check if the recipient is not the designated beneficiary (Form 1099-QA Box Qualified disability expenses Amount of rollover	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10] +[12] +[14][16][17] 6)[18] +[19] +[21]				
Please provide all Forms 10 Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2021 (Form 1099-QA Box 5) Check if the recipient is not the designated beneficiary (Form 1099-QA Box Qualified disability expenses Amount of rollover Amount contributed in 2021 (Form 5498-QA Box 1)	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10] +[12] +[14][16][17] 6)[18] +[19] +[21] +[23]				
Please provide all Forms 10 Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2021 (Form 1099-QA Box 5) Check if the recipient is not the designated beneficiary (Form 1099-QA Box Qualified disability expenses Amount of rollover	99-QA and 5498-QA 2021 Information [1][3][4][7][9] +[10] +[12] +[14][16][17] 6)[18] +[19] +[21]				

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2021.

	Taxpayer	2021 Inform	nation Spouse		Prior `	Year Information
al cash and charge tips under \$20 per mont ot reported to employer	• •	[3] +	· 	<u>[</u> 4]		
Complete if you received cash/char	ge tips of \$20 or more in a	month and	did not report	all of those	e tips to	your employer.
Employer name	e	Em identifi	nployer cation number	Total received	tips in 2021	Total tips reported in 2021
payer informatio n]						
se information [2]						
Complete if you received pay social secur		erformed no ere not with	ot as an indepen held from the p	ident cont	ractor a	nd
Complete if you received pay social secur (**Ple Firm name	•	erformed no ere not with s located at Reason	ot as an indepen held from the p the bottom) Date of IRS determination	6 Ma on or 1099 nce or 109	rk if -MISC - 99-NEC v	nd Total wages receiv with no social secu r Medicare tax wit
Complete if you received pay social secur (**Ple Firm name	from a firm for services pe ity and Medicare taxes we ease refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an indepen held from the p the bottom) Date of IRS determinatio corresponder	6 Ma on or 1099 nce or 109	rk if -MISC - 99-NEC v	Total wages receiv
Complete if you received pay social secur (**Ple Firm name	from a firm for services pe ity and Medicare taxes we ease refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an indepen held from the p the bottom) Date of IRS determinatio corresponder	6 Ma on or 1099 nce or 109	rk if -MISC - 99-NEC v	Total wages receiv
Complete if you received pay social secur (**Ple Firm name	from a firm for services pe ity and Medicare taxes we ease refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an indepen held from the p the bottom) Date of IRS determinatio corresponder	6 Ma on or 1099 nce or 109	rk if -MISC - 99-NEC v	Total wages receiv
Complete if you received pay social secur (**Ple Firm name ayer informatio[6]	from a firm for services pe ity and Medicare taxes we ease refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an indepen held from the p the bottom) Date of IRS determinatio corresponder	6 Ma on or 1099 nce or 109	rk if -MISC - 99-NEC v	Total wages receiv
Complete if you received pay social secur (**Ple Firm name payer informatio(6)	from a firm for services pe ity and Medicare taxes we ease refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an indepen held from the p the bottom) Date of IRS determinatio corresponder	6 Ma on or 1099 nce or 109	rk if -MISC - 99-NEC v	Total wages receiv
Complete if you received pay social secur (**Ple Firm name payer informatio[6]	from a firm for services pe ity and Medicare taxes we ease refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an indepen held from the p the bottom) Date of IRS determinatio corresponder	6 Ma on or 1099 nce or 109	rk if -MISC - 99-NEC v	Total wages receiv
Complete if you received pay social secur (**Ple Firm name payer informatio(6)	from a firm for services pe ity and Medicare taxes we ease refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an indepen held from the p the bottom) Date of IRS determinatio corresponder	6 Ma on or 1099 nce or 109	rk if -MISC - 99-NEC v	Total wages receiv
Complete if you received pay social secur (**Ple Firm name Dayer informatio[6]	from a firm for services perity and Medicare taxes we ease refer to Reason Codes Firm's federal identification number	reformed not ere not with solocated at Reason Code **	t as an indepen held from the p the bottom) Date of IRS determinatio corresponder	6 Ma on or 1099 nce or 109	rk if -MISC - 99-NEC v	Total wages receiv
Complete if you received pay social secur (**Ple	from a firm for services per ity and Medicare taxes we ease refer to Reason Codes Firm's federal identification number	Reason Code **	ot as an independed from the position the position the position of the positio	6 Ma on or 1099 nce or 109 reco	rk if -MISC - 99-NEC v eived or	Total wages receiv with no social secu r Medicare tax wit

Form	ID: (Clergy
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Minister, Clergy, Religious Workers

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•	-

	Taxpayer	Spouse	
State postal code	[1		_[2]
	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, ple	ease complete the followin	g information:	
Fair rental value of parsonage provided by church	+[5] +	[6]
Actual parsonage utilities expense	+[1	1] +	[12]
If you received a rental or parsonage allowance provide Utilities allowance,	ed by the church, please co	mplete the following inf	ormation:
if separate from parsonage allowance	+[1	7] +	[18]
Actual parsonage expense	+[2	0] +	[21]
Fair rental value of home	+[2	3] +	_[24]
Actual utilities expense	+[2	6] +	[27]
Mark if you have claimed exemption from self-employr	nent tax		
by filing Form 4361 with the IRS	[2	9]	_[30]
If you are a self-employed minister, enter any tax-dedu	ctible		
contributions to a 403(b) retirement plan	+[3	3] +	
Unreimbursed Business Expenses - net reimbursed and	after 50% Meals & Enterta	ainment reduction:	
	_+[3	6] +	[37]
	_+	+	_
	+	+	_
	+	+	_
	+	+	
	_+	+	_
	_+	+	_
	_+	+	_
	_+	+	
		+	

Form ID: 8615	76		
Enter parent's information for children under	r age 19 on 1/1/22 or a	full-time student under age 24 with unearned inc	ome of more than \$2,2
Parent's social security number (Enter the name an	d social security number of the	parent listed first on the return)	[1]
Parent's first name			[2]
Parent's last name			[3]
Parent's filing status (1 = Single, 2 = Married/filing joint	ly, 3 = Married separately, 4 = H	ead of household, 5 = Qualifying widow(er))	[4]
	All Other Child	ren's Information	
Enter informa		unearned income of more than \$2,200. on Screen 8615Sib	
Child #1 social security number	[1]	Child #2 social security number	[1]
Child #1 first name	[2]	Child #2 first name	[2]
Child #1 last name	[3]	Child H2 had as as	[3]
Child #1 date of birth (mm/dd/yyyy)	[4]	Child #2 date of birth (mm/dd/yyyy)	[4]
Child #3 social security number	[1]	Child #4 social security number	[1]
Child #3 first name	[2]	Child #4 first name	[2]
Child #3 last name	[3]	Child #4 last name	[3]
Child #3 date of birth (mm/dd/yyyy)	[4]	Child #4 date of birth (mm/dd/yyyy)	[4]
Child #5 social security number	[1]	Child #6 social security number	[1]
Child #5 first name	r-1	Child #6 first name	[2]
Child #5 last name	[3]	Child #6 last name	[3]
Child #5 date of birth (mm/dd/yyyy)	[4]	Child #6 date of birth (mm/dd/yyyy)	[4]
Child #7 social security number	[1]	Child #8 social security number	[1]
Child #7 first name	[2]	Child #8 first name	[2]
Child #7 last name	[3]	Child #8 last name	[3]

[3]

Child #8 date of birth (mm/dd/yyyy)

Child #10 social security number

Child #10 date of birth (mm/dd/yyyy)

Child #12 social security number

Child #12 date of birth (mm/dd/yyyy)

Child #10 first name

Child #10 last name

Child #12 first name

Child #12 last name

NOTES/QUESTIONS:

Child #7 date of birth (mm/dd/yyyy)

Child #9 social security number

Child #9 date of birth (mm/dd/yyyy)

Child #11 social security number

Child #11 date of birth (mm/dd/yyyy)

Child #9 first name

Child #9 last name

Child #11 first name

Child #11 last name

[1]

[2]

[3]

[1]

[2]

[3]

Children's Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Complete a separate Organizer Form ID: 8814 for each child.

Chi	ld's d	social secu date of bir name		nber		Con	inpiete a separate	organizer rom		acii ciiia.		_	[1] [2] [4]
Тур	9	er/Spouse See codes be		S, J)	Payer				Interest [6] Income	Tax Exempt Income	U.S. Obligations' \$ or %	* Tax Exempt* \$ or %	Prior Year Information
_ _ _ _								+ _					
_				Bla	ınk = Regular Int	terest 3 = Non	ninee Distribution	**Interest Co	odes		t 6 = ABP Adjust		
							Childr	en's Dividen	d Income				
Type Code	(** S	ee codes bel		dinary[8] idends		Total Capital Ga	of all Form 1099 ain Section 1250		28%	Tax Exemp	t U.S. Obligations	* Tax Exempt* \$ or %	Prior Year Information
	1	Payer											
	2	Amount: Payer	\$ +										
	2	Amount	+										
	3	Payer				•	•	•	•	•	•	•	
	3	Amount	+										
	4	Payer											
	Ľ	Amount	+										
	5	Payer				T	T	T	T	T		T	
		Amount	+										
	6	Payer Amounts	· _										
		Amount) T			Г		***					
						-		**Dividend C					
							Blank =	Other	3 = Nomine	ee			
Ala	ska F	Permanen	t Fund o	ividends:							Inf	2021 ormation ^[10]	Prior Year Information
											+		
								Control Totals	+				Form ID: 8814

Form ID: H Household Employment Tax		78
Complete if you paid cash wages of \$1,000 or more to any	y household employee.	
Taxpayer/Spouse (T, s)		[1]
Employer identification number		[2]
Total cash wages subject to social security taxes	+	[4]
Total cash wages subject to Medicare taxes	+	 [5]
Total cash wages subject to Additional Medicare Tax withholding	+	[6]
Federal income tax withheld	+	 [7]
State disability plan social security & Medicare withheld	+	[8]
Did you:		
(A) pay any household employee cash wages of \$2,300 or more in 2021? (Y, N)		[9]
(B) withhold Federal income tax for any household employee? (Y, N)		
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of	of 2020 or 2021? (Y, N)	_[1:
Federal Unemployment (FUTA)	Тах	
If you answered "Yes" to question (C) above, complete the Complete only items marked with an asterisk (*) if total cash wages sub as defined by your State act and unemployment contributions	eject to FUTA tax amount is also to	axable
Complete only items marked with an asterisk (*) if total cash wages sub as defined by your State act and unemployment contributions	eject to FUTA tax amount is also to	
Complete only items marked with an asterisk (*) if total cash wages sub as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax	eject to FUTA tax amount is also to	
Complete only items marked with an asterisk (*) if total cash wages sub as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information	eject to FUTA tax amount is also to	[1:
Complete only items marked with an asterisk (*) if total cash wages sub as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions *	eject to FUTA tax amount is also to	[1:
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Complete only items marked with an asterisk (*) if total cash wages sub as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act)	eject to FUTA tax amount is also to	[1 [1. [1
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Complete only items marked with an asterisk (*) if total cash wages subset as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act) State experience rate period: From	oject to FUTA tax amount is also to s are paid to only one State. +	[1: [1: [1: [1:
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Complete only items marked with an asterisk (*) if total cash wages subset as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act) State experience rate period: From To State experience rate (xxx.xx)	oject to FUTA tax amount is also to s are paid to only one State. +	[1:[1:[1:[1:
Complete only items marked with an asterisk (*) if total cash wages subset as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act) State experience rate period: From To	oject to FUTA tax amount is also to s are paid to only one State. +	[1:[1:[1:[1:[1:[1:[2:
Complete only items marked with an asterisk (*) if total cash wages subset as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act) State experience rate period: From To State experience rate (xxx.xx) Contributions paid to state unemployment fund *	oject to FUTA tax amount is also to s are paid to only one State. +	[1 [1 [1 [1 [1
Complete only items marked with an asterisk (*) if total cash wages subset as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act) State experience rate period: From To State experience rate (xxx.xx) Contributions paid to state unemployment fund * Contributions for 2021 paid after 04/18/22	oject to FUTA tax amount is also to s are paid to only one State. +	[1: [1: [1: [1: [2: [2:
Complete only items marked with an asterisk (*) if total cash wages subset as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act) State experience rate period: From To State experience rate (xxx.xx) Contributions paid to state unemployment fund * Contributions for 2021 paid after 04/18/22 State #2 information	oject to FUTA tax amount is also to s are paid to only one State. +	
Complete only items marked with an asterisk (*) if total cash wages sub as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act) State experience rate period: From To State experience rate (xxx.xx) Contributions paid to state unemployment fund * Contributions for 2021 paid after 04/18/22 State #2 information State postal code where you have to pay unemployment contributions	oject to FUTA tax amount is also to s are paid to only one State. +	
Complete only items marked with an asterisk (*) if total cash wages sub as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act) State experience rate period: From To State experience rate (xxx.xx) Contributions paid to state unemployment fund * Contributions for 2021 paid after 04/18/22 State #2 information State postal code where you have to pay unemployment contributions State reporting number as shown on state unemployment tax return	eject to FUTA tax amount is also to sare paid to only one State. +	
Complete only items marked with an asterisk (*) if total cash wages sub as defined by your State act and unemployment contributions Total cash wages subject to FUTA tax State #1 information State postal code where you have to pay unemployment contributions * State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act) State experience rate period: From To State experience rate (xxx.xx) Contributions paid to state unemployment fund * Contributions for 2021 paid after 04/18/22 State #2 information State postal code where you have to pay unemployment contributions State reporting number as shown on state unemployment tax return Taxable wages (as defined in state act)	eject to FUTA tax amount is also to sare paid to only one State. +	
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Control Totals +	Form ID: H

First-Time Homebuyer Credit Repayment

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You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040		
Address		[1]
City/State/Zip code	[2][3]	[4]
Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11)		[5]
Purchase price of the home		[6]
Date the home was sold or ceased being used as principal residence		[13]
If you sold your home, enter the selling price		[14]
If you sold your home, enter the expense of sale		[15]
Were you and your spouse married on the purchase date? (Y, N)		[18]
If your home was transferred to your ex-spouse due to a divorce settlement,		
enter his or her full name		[19]
If you own the principal residence with another person enter their name and allocation percentage		
Other owner name		[22]
Allocation percentage		

Form ID: Rebate

Recovery Rebate Credit (Economic Impact Payment)

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Please provide copies of all Notice(s) 1444-C and Letter(s) 6475

A third round of stimulus payments was issued in 2021 for qualifying individuals. The third economic impact payment, referred to as EIP3, was issued in 2021 to qualifying individuals. Refer to the IRS notice or letter indicating the payment amount received. You can look up your EIP3 amount by either creating or viewing your IRS online account at https://www.irs.gov/payments/view-your-tax-account.

The EIP3 was an advance on a 2021 tax credit. The payments will be used to determine if you qualify for an additional recovery rebate credit on your 2021 return. The EIP3 will not increase the total amount of tax you pay but may reduce the amount owed or increase a tax refund.

	Taxpayer/Joint	Sı	oouse
Economic impact payment (EIP). Enter a zero (0) if none was received:			
EIP no. 3 reported on Notice 1444-C +_	[1]	+	[2]
Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed			
Forces in 2020			[3]
EIP3 amount projected from your prior year return		+	[4]
EIP3 projection tax year			[5]
Mark if the EIP3 you received matches the EIP3 amount projected from your prior	year return		[6]

Child and Dependent Care Expenses

Please enter all amounts paid in 2021 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2020 employer-provided dependent care benefits used during 2021 grace period	+ [3] -	+[4]
Employer-provided dependent care benefits that were forfeited in 2021		+ [6]
Total qualified expenses incurred in 2021		[9]
Were you or your spouse a full time student or disabled? (Yes or No)	[10]	[11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)	[12]
		·
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = P	rovider moved and unable to get TIN,	4 = Provider refuses to give T <u>IN</u>)
Amount paid to care provider in 2021	-	+[7]
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = P	rovider moved and unable to get TIN,	4 = Provider refuses to give T <u>IN</u>)
Amount paid to care provider in 2021	-	+
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = P	rovider moved and unable to get TIN	Λ = Provider refuses to give TIN)
Amount paid to care provider in 2021		+
Foreign province or state of provider		·
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = P	rovider moved and unable to get TIN,	4 = Provider refuses to give TIN)
Amount paid to care provider in 2021	-	+
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
		_
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		-
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = P	rovider moved and unable to get TIN,	4 = Provider refuses to give T <u>IN</u>)
Amount paid to care provider in 2021	-	+
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		T
Control Totals +		Form ID: 2441

Advanced Child Tax Credit Payments

Please provide copies of all IRS Letter 6419

The Child tax credit payments were an advance on the 2021 Child tax credit. These advance payments will be used to reduce your 2021 Child tax credit for qualifying individuals. Refer to the IRS letter indicating the amount of Advanced Child Tax Credit payments received. You can look up your Advanced Child Tax Credit amounts by either creating or viewing your IRS online account at https://www.irs.gov/credits-deductions/child-tax-credit-update-portal.

	Taxpayer/Joint		Spouse	
Advanced Child Tax Credit payments. Enter a zero (0), if none was received:				
July	+	[1]	+	[2]
August	+	[3]	+	[4]
September	+	[5]	+	[6]
October	+	[7]	+	[8]
November	+	[9]	+	[10]
December	+	[11]	+	[12]
Number of qualifying children used to determine Adv CTC Payments rec'd (Let	tter 6419)	[13]	_	[14]

Form ID: 7202

Credit For Sick Leave and Family Leave due to COVID-19

82

Complete this form if you are self-employed and received paid sick or family leave in 2021 due to COVID-19 Please provide all copies of Form W-2 or other statement reporting paid sick or family leave pay from your employer

Taxpayer/Spouse (τ, s)	[1]
Part 1: Sick Leave for Self-Employed Individuals 1/1-3/31	
Number of days unable to perform self-employment activities due to COVID-19 2021 Dates sick leave taken (Enter MM/DD):	[2] [3]
Number of days unable to perform self-employment activities due to COVID-19 care provided to another 2021 Dates sick leave taken - care provided to another (Enter MM/DD):	[4] [5]
Sick leave pay when unable to work due to COVID-19 at your regular rate of pay Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay	+[6] +[7]
2020 Form 7202 Line 4: Number of sick leave days claimed in 2020 2020 Form 7202 Line 6: Number of sick leave days - care provided to another claimed in 2020 2020 Form 7202 Line 15: Sick leave pay subject to \$511 per day limit 2020 Form 7202 Line 16: Sick leave pay subject to \$200 per day limit 2020 Form 7202 Line 7 or Line 26: Net self-employment income	[8]
Part 2: Family Leave for Self-Employed Individuals 1/1-3/31	
Number of days unable to perform self-employment activities due to COVID-19 care for son/daughter Family leave wages received	[13] +[14]
2020 Form 7202 Line 25: Number of family leave days claimed in 2020 2020 Form 7202 Line 31: Family leave wages received in 2020	[15] +[16]
Part 3: Sick Leave for Self-Employed Individuals 4/1-9/30	
Number of days unable to perform self-employment activities due to COVID-19 2021 Dates sick leave taken (Enter MM/DD):	[17] [18]
Number of days unable to perform self-employment activities due to COVID-19 care provided to another 2021 Dates sick leave taken - care provided to another (Enter MM/DD):	[19] [20]
Sick leave pay when unable to work due to COVID-19 at your regular rate of pay Sick leave pay when unable to work due to COVID-19 care provided to another at 2/3 of your regular rate of pay	+ [21] + [22]
Part 4: Family Leave for Self-Employed Individuals 4/1-9/30	
Number of days unable to perform self-employment activities due to COVID-19 care you required or for another Family leave wages received	[23] +[24]
NOTES/QUESTIONS:	

Form ID: R

Credit For The Elderly or Disabled

83

Please complete if you were age 65 or older at the end of 2021, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer		Spouse	
Nontaxable disability/pension income received in 2021	+	[7]	+	[8]
Taxable disability income received in 2021	+	<u>[</u> 9]	+	[10]

Control Totals +	Form ID: R

Form ID: 5695

Residential Energy Credit

84

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	[5]
Enter the total amount of costs for exterior windows	+	[7]
Enter the total amount of costs for exterior doors	+	[9]
Enter the total amount of costs for qualified metal roofs	+	[11]
Enter the total amount of costs for energy-efficient building property	+	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers +		[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furna	ce +	[10]
Enter the total amount of costs for qualified solar electric property	+	[12]
Enter the total amount of costs for qualified solar water heating property	+	[14]
Enter the total amount of costs for qualified small wind energy property	+	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	[13]
Enter the total amount of costs for qualified fuel cell property	+	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		[17]

Form ID: 1116 Fo	reign Tax Credit		85
	eign taxes to a foreign country or U.S. posse	ssion in 20	21.
Preparer use only			
Treparer use only			
Description			[3]
Taxpayer/Spouse (T, S) Category of income*			[9] [11]
Description of income			[12]
		1	_
*C A = Section 951A income	Category of Income E = Section 901(j) income		
B = Foreign Branch income	F = Certain income re-sourced by treaty		
C = Passive income	G = Lump-sum distributions		
D = General income			
Fore	ign Income or Loss		
Country code			[19]
Country name			[20]
Foreign gross income	Regular +		AMT, if different
Foreign gross income Definitely related expenses:	<u> </u>	[23] +	[24]
	+	[31] +	[32]
	+	+	
	+	+	
-	+	+	
Foreign source losses	+	[45] +	[46]
Foreign	Taxes Paid or Accrued		
roteign	Taxes Faid Of Accided		
Fausing towns said as assured:			
Foreign taxes paid or accrued: Date paid or accrued			[47]
In foreign currency - taxes withheld on:			[+/]
Dividends			+[48]
Rents & royalties			+[49]
Interest Other foreign taxes			+[50]
In US dollars - taxes withheld on:			+[51]
Dividends			+[53]
Rents & Royalties			+[54]
Interest Other ferging toyes			+[55]
Other foreign taxes			+[56]
NOTES/QUESTIONS:			
•			

Control Totals +	Form ID: 1116

Complete this form if you paid qualified adoption expenses in 2021. Indicate if the adoption was final in or before 2021.

Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.

Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name			
Child's date of birth		_	_
Mark if this child was:	_		
born before '04 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2020 for this child			
Employer-provided benefits received in 2020 for this child			
Total qualified adoption expenses paid in 2021 for this child			
Employer-provided benefits received in 2021 for this child			
Adoption final in (1 = '21, 2 = Pre '21)			
	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	Ciliid 4	Cima 3	Cillia 0
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '04 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2020 for this child			
Employer-provided benefits received in 2020 for this child			
Total qualified adoption expenses paid in 2021 for this child			
Employer-provided benefits received in 2021 for this child			
Adoption final in (1 = '21, 2 = Pre '21)			
If the adoption was incomplete or unsuccessful please provide	information below:		
,			[9]
			[10
			[11

*Select the Type of Use codes from the chart below

		pe of Use*		Rate	Gallons
	use of gasoline -			40.400	
_	vay business use			\$0.183	+[1
Use on a				0.183	+[2
	ntaxable use	[3]		0.183	+[4
Exported				0.184	+[
	e use of aviation gasoline -			0.45	
	cial aviation	r1		0.15	+[6
	ntaxable use	[7]		0.193	+[8
Exported				0.194	+[9
_	underground storage tank (LUST) tax			0.001	+[1
	e use of undyed diesel fuel - ion of evidence of dyes:				
Explanati	on or evidence or dyes.				[1
					L-
Other no	ntaxable use	[12]		0.243	+[1
Use on a	farm			0.243	+[1
Trains				0.243	+[1
Intercity	/ local bus			0.17	+[1
Exported				0.244	+[
					[:
Other no	ntaxable use	[19]		0.243	+ [2
Use on a	farm			0.243	+ [2
Intercity	/ local buses			0.17	+[2
Exported				0.244	+[2
Other no	ntaxable use taxed at \$.044	[24]		0.043	+[2
Other no	ntaxable use taxed at \$.219	[26]		0.218	+ [2
Kerosene u	sed in aviation -				
Kerosene	e taxed at \$.244			0.200	+[2
Kerosene	e taxed at \$.219			0.175	+[2
	ntaxable use taxed at \$.244	[30]		0.243	+[
Other no	ntaxable use taxed at \$.219/.044	[32]		0.218	+[
Leaking ι	underground storage tank (LUST) tax			0.001	+[
			*Type of Use		
	1 = Farming purposes		8 = Diesel & Kerosene fuel other than tr	ain or hig	hway vehicle
	2 = Off highway business use		9 = Foreign trade	Ū	-
	3 = Export		10 = Certain helicopter and fixed wing a	ir ambula	nce uses
	4 = Commercial fishing		11 = Aviation fuel other than propulsion	engines	
	5 = Intercity/local bus		13 = Exclusive use by a nonprofit educat	_	anization
	6 = In a qualified local bus		14 = Exclusive use by a state, political su	_	
	7 = School bus		15 = In an aircraft or vehicle owned by a		

Control Totals +	Form ID: 4136

*Select the Type of Use codes from the chart below

Type of Use*		Rate	Gallons	
Sales by registered ultimate vendors of undyed diesel fuel	-			
Registration Number		-		[1]
Explanation of evidence of dyes:				[2]
				[2]
State / local government		0.243	+	[3]
Intercity / local buses		0.17	+	[4]
Sales by registered ultimate vendors of undyed kerosene	-			
Registration Number		_		[5]
Explanation of evidence of dyes:				
-				[6]
Use by state/local government		0.243	+	 [7]
Sales from a blocked pump		0.243	+	[8]
Intercity / local buses		0.17	+	[9]
Sales by registered ultimate vendors of kerosene in aviation	on -			
Registration Number		0.475		[10]
Commercial aviation taxed at \$.219 (Other than foreign t	•	0.175	+	[11]
Commercial aviation taxed at \$.244 (Other than foreign t	rade)	0.200	+	[12]
Nonexempt use in noncommercial aviation		0.025	+	[13]
Other nontaxable uses taxed at \$.244[14]		0.243	+	[15]
Other nontaxable uses taxed at \$.219/.044[16]		0.218	+	[17]
Leaking underground storage tank (LUST) tax		0.001	+	[18]
	*Type of Use			7
1 = Farming purposes	8 = Diesel & Kerosen	e fuel other than train or	highway vehicle	1
2 = Off highway business use	9 = Foreign trade			
3 = Export	10 = Certain helicopt	er and fixed wing air amb	ulance uses	
4 = Commercial fishing		ner than propulsion engir		
5 = Intercity/local bus	13 = Exclusive use by	a nonprofit educational	organization	
6 = In a qualified local bus	14 = Exclusive use by	a state, political subdivis	ion or DC	
7 = School bus	15 = In an aircraft or	vehicle owned by an airc	raft museum	

Control Totals +	Form ID: 4136-2

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -		
Liquefied petroleum gas (LPG)[1]	0.183	+[2]
"P Series" fuels[3]	0.183	+[4]
Compressed natural gas (CNG)[5]	0.183	+[6]
Liquefied hydrogen[7]	0.183	+[8]
Any liquid fuel derived from coal through		
the Fischer-Tropsch process[9]	0.243	+[10]
Liquid hydrocarbons derived from biomass[11]	0.243	+[12]
Liquefied natural gas (LNG)[13]	0.243	+[14]
Liquefied gas derived from biomass[15]	0.183	+[16]
Alternative fuel credit and alternative fuel mixture credit -		
Registration Number		[17]
Liquefied hydrogen	0.50	+[18]
Registered credit card users -		
Registration Number		[19]
Diesel for state / local government	0.243	+[20]
Kerosene for state / local government	0.243	+[21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044	0.218	+[22]
Nontaxable use of a diesel-water fuel emulsion -		
Other nontaxable use[23]	0.197	+[24]
Exported	0.198	+[25]
Diesel-water fuel emulsion blending -		
Registration Number		[26]
Blender credit	0.046	+[27]
Exported dyed fuels -		
Exported dyed diesel fuel	0.001	+[28]
Exported dyed kerosene	0.001	+[29]

	*Type of Use
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

Control Totals +	Form ID: 4136-3

90

Section 1231 Nonrecaptured Losses

		Section 1231 Ionrecaptured Losses	N	AMI Section 1231 Ionrecaptured Losses
2016	+	[13]	+	[18]
2017	+	[14]	+	[19]
2018	+	[15]	+	[20]
2019	+	[16]	+	[21]
2020	+	[17]	+	[22]

Charitable Contribution Carryover Items

Prior C/O Year	100% Contributions		60% Contributions		50% Contributions		30% Contributions		50/30% Cap Gain Prop		20% Contributions
2016				+	[33]	+	[38]	+	[43]	+	[48]
2017				+	[34]	+	[39]	+	[44]	+	[49]
2018		+_	[30]	+	[35]	+	[40]	+	[45]	+	[50]
2019		+_	[31]	+	[36]	+	[41]	+	[46]	+	[51]
2020 +	[27]	+_	[32]	+	[37]	+	[42]	+	[47]	+	[52]

AMT Charitable Contribution Carryover Items

Prior C/O Year	100% AMT Contributions	C	60% AMT Contributions		50% AMT Contributions		30% AMT Contributions		50/30% AMT Cap Gain Prop		20% AMT Contributions
2016				+	[63]	+	[68]	+	[73]	+	[78]
2017				+	[64]	+	[69]	+	[74]	+	[79]
2018		+ _	[60]	+	[65]	+	[70]	+	[75]	+	[80]
2019		+ _	[61]	+	[66]	+	[71]	+	[76]	+	[81]
2020	+[57]	+_	[62]	+	[67]	+	[72]	+	[77]	+	[82]

Qualified Conservation Contribution Carryover Items

Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.

Prior C/O Year		d Conservation butions		ual Conservation ributions		ed Conservation butions		Qual Conservation ributions
2006	+	[1]	+	[16]	+	[31]	+	[46]
2007	+	[2]	+	[17]	+	[32]	+	[47]
2008	+	[3]	+	[18]	+	[33]	+	[48]
2009	+	[4]	+	[19]	+	[34]	+	[49]
2010	+	[5]	+	[20]	+	[35]	+	[50]
2011	+	[6]	+	[21]	+	[36]	+	[51]
2012	+	[7]	+	[22]	+	[37]	+	[52]
2013	+	[8]	+	[23]	+	[38]	+	[53]
2014	+	 [9]	+	[24]	+	[39]	+	[54]
2015	+	[10]	+	[25]	+	[40]	+	[55]
2016	+	[11]	+	[26]	+	[41]	+	[56]
2017	+	[12]	+	[27]	+	[42]	+	[57]
2018	+	[13]	+	[28]	+	[43]	+	[58]
2019	+	[14]	+	[29]	+	[44]	+	[59]
2020	+	[15]	+	[30]	+	[45]	+	[60]

Form ID: C	OGBCr	Busine	ess Cred	dit Carryover Inforn	nation -	Preparer Use Only	/	91
	Description							
Α								[2]
В								[2]
С								[2]
D								[2]
Prior		Α		В		С		D
C/O Year		[1]		[1]		[1]		[1]
2001	+	[3]	+		+	[3]	+	[3]
2002	+	[4]	+	[4]	+	[4]	+	[4]
2003	+		+		+		+	 [5]
2004	+	[6]	+	[6]	+	[6]	+	[6]
2005	+		+		+		+	
2006	+	[8]		[8]	+	[8]	+	[8
2007	+	[9]	+	[9]	+	[9]	+	[9]
2008	+	[10]	+	[10]	+	[10]	+	[10
2009	+	[11]	+	[11]	+	[11]	+	[1
2010	+	[12]	+	[12]	+	[12]	+	[1:
2011	+	[13]	+	[13]	+	[13]	+	[1:
2012	+	[14]	+	[14]	+	[14]	+	[14
2013	+	[15]	+	[15]	+	[15]	+	[1:
2014	+	[16]	+	[16]	+	[16]	+	[1
2015	+	[17]	+	[17]	+	[17]	+	[1
2016	+	[18]	+	[18]	+	[18]	+	[13
2017	+	[19]	+	[19]	+	[19]	+	[19
2018	+	[20]	+	[20]	+	[20]	+	[20

[22]

NOTES/QUESTIONS:

2019 2020

20 Year Carryovers - Pre-TCJA

Prior C/O Year	Net Operating Loss		AMT Net Operating Loss	
2001	+	1] +		[21]
2002	+	2] +		[22]
2003	+[3] +		[23]
2004		4] +		[24]
2005	+[5] +		[25]
2006	+[5] +		[26]
2007	+[7] +		[27]
2008	+[3] +		[28]
2009	+[9] +		[29]
2010	+[10] +		[30]
2011	+[11] +		[31]
2012		12] +		[32]
2013	+[13] +		[33]
2014	+[14] +		[34]
2015		15] +		[35]
2016		16] +		[36]
2017	+	17] +		[37]
definite Carryovers - Starting in 2018				
	Net Operating Loss		AMT Net Operating Loss	
Post-TCJA		20] +		[40]

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2017 Amounts	2018 Amounts	2019 Amounts	2020 Amounts
Filing Status				
(1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)				
Salaries and wages				
Interest income				
Tax-exempt interest				
Dividend income				
Qualified dividends				
Business income/loss				
Capital gains and losses				
Other gains and losses				
IRA distributions, pensions, annuities				
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				
Other income/loss				
Total income -				
Total adjustments to income	·			
Adjusted gross income -	·			
Medical expenses	·			
State and local taxes	·			
Interest expenses				
Charitable contributions				
Other itemized deductions				
Allowable itemized deductions				
Standard deduction				
Standard or itemized deduction taken -				
Exemptions				
Qualified Business Income Deduction				
Taxable income -				
Tax on taxable income				
Alternative minimum tax				
Total credits		-		
Net tax liability -				
Self-employment taxes				
Other taxes	·			
Total tax - Income tax withheld				
Estimated tax payments				
Other payments				
Total payments -				-
Tax due/-refund -				
Penalties and interest				-
Net tax due/-refund -				
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate -	%	%	%	%
Effective tax rate -	%	%	%	%

I Form ID: Histo	orv
TOTAL D. HISC	~· y

General: 1040		Personal	Information		
Filing (Marital) status code	2 (1 = Single, 2 = Married filing joint	., 3 = Married filing sep	arate, 4 = Head of household, 5	5 = Qualifying widow(er))	
Mark if you were married			ark if your nonresident		ot have an ITIN
•	,		Taxpayer	•	Spouse
Social security number		<u> </u>			
First name		•			
Last name					
Occupation					
Designate \$3.00 to the pre	esidential election campaig	gn fund? (1 = Yes, 2	= No, 3=Blank)		
Mark if legally blind					
Mark if dependent of anot	ther taxpayer				
Taxpayer between 19 and	23, full-time student, with	income less that	n 1/2 suppor <u>t? (Y</u> , N)		
Date of birth					
Date of death					
Work/daytime telephone	number/ext number		<u> </u>		
Do you authorize us to dis	cuss your return with the	RS (Y, N)			
General: 1040, Contact		Present Ma	ailing Address		
Address					
Apartment number					
City/State postal code/Zip	code				
Foreign country name	Couc	_		-	
Foreign phone number				•	-
Home/evening telephone	numher				
Taxpayer email address	Hullibel				
Spouse email address					
Spouse email address					
General: 1040		Dependen	t Information		
					Care
					Months expenses in paid for
First Name	Last Name	Date of Birth	Social Security No.	Relationship	home dependent
Credits: 2441	Chi	ld and Deper	ndent Care Expens	es	
Provider information:					
Business name					
First and Last name					
Street address					
City, state, and zip code		-			
	OR Employer identification				
-	road Foreign Care Provide	(1 = TE, 2 = LAFCP)			_
Amount paid to care pro	ovider in 2021				
		6 6 11 1		Taxpayer	Spouse
Employer-provided depen	ident care benefits that we	ere forfeited			
Credits: AdvCTC	Adva	anced Child T	ax Payments		
				Taxpayer	Spouse
Advanced Child Tax Payme	ants received (Latter 6/10)	١.		Tuxpuyer	Spouse
·	cinto received (Letter 0419)	,.			
July					
August					
September					
October					
November					
December				1:4. 4	CENEDAL INFORMATION
				Lite-1	GENERAL INFORMATION

Lite-2 Rebate/W-2/1099-R/K-1/W-2G/1099-Q

Credits: Rebate

Economic Impact Payment (EIP)/Stimulus Payment

Look up your EIP3 am	Please provide all copies of Notice 1444- ount by creating or viewing your IRS online accou		nents/view-your-tax-account
		Taxpayer	Spouse
conomic impact payment(s)) 3 (EIP3) received f married, was member of US Armed Forces in 202	1	
	i married, was member of OS Affried Forces in 202	1	
Income: W2	Salary and Wa	ages	
Below is a list of the Fo	Please provide all copies of Form orm(s) W-2 as reported in last year's tax return. I	W-2 that you receive. f a particular W-2 no longer app	lies, mark the not applicable bo
T/S	Description	Prior Year Information	Mark if no longer applicable
etirement: 1099R	Pension, IRA, and Annui	ty Distributions	
Below is a list of the Forn	Please provide all copies of Form 1 n(s) 1099-R as reported in last year's tax return. I	099-R that you receive. f a particular 1099-R no longer a	pplies, mark the not applicable
T/S	Description	Prior Year Information	Mark if no longer applicable
			<u> </u>
ncome: K1, K1T	Schedules K	-1	
Below is a list of the Sch	Please provide all copies of Schedu nedule(s) K-1 as reported in last year's tax return.	le K-1 that you receive. If a particular K-1 no longer app	
T/S/J	Description	Form	Mark if no longer applicable
			<u>—</u>
			_
come: W2G	Gambling Inco	ome	
Below is a list of the For	Please provide all copies of Form \rm(s) W-2G as reported in last year's tax return. I	W-2G that you receive. f a particular W-2G no longer ap	plies, mark the not applicable l
T/S	Description	Prior Year Information	Mark if no longer applicable
			<u> </u>
ducate: 1099Q	Qualified Education Pla	n Distributions	
Below is a list of the Form	Please provide all copies of Form 1 n(s) 1099-Q as reported in last year's tax return. I	f a particular 1099-Q no longer a	
T/S	Description	Prior Year Information	Mark if no longer applicable
			<u>—</u> —

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
	- —		_
			_
			_
			_
			_
			_
			_
	_		_
	_		<u>—</u>
			_
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	_		
		-	
	-		<u> </u>
	_		
			_

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1	Ir	nterest Income	EKEST/DIVIDENDS/C		
Please provide all copies of	Form 1	099-INT or other staten	nents reporting inte	rest income.	
T/S/J Payer	Name			Interest Income	Prior Year Information
Income: B3 Sell	er Fin	anced Mortgage Ir	nterest		
T, S, J Payer's name Payer's address, city, state, zip code		Pa	ayer's social security	number	
Amount received in 2021	-	Ar	mount received in 20	20	
Income: B2	Di	ividend Income			
Please provide copies of all	Form 10	99-DIV or other statem	-		
T/S/J Payer Name			Ordinary Dividends	Qualified Dividends	Prior Year Information
Income: D	<u> </u>	with a soul Other to			
	-	rities, and Other In pies of all Forms 1099-E		erty	
T/S/J Description of Property		Date Acquired	Gros	s Sales Price expenses of sale)	Cost or Other Basis
Income: Income	(Other Income			
Please prov	ide cop	ies of all supporting do	cumentation. 2021 Informati	ion Prio	r Year Information
State and local income tax refunds					
Alimony received	T/S	Agreement Date	2021 Informati	ion Prio	r Year Information
		Taxpayer	Spouse	Prio	r Year Information
Unemployment compensation Unemployment compensation repaid					
Social security benefits Medicare premiums to be reported on Schedule A	_				
Railroad retirement benefits	_				
T/S/J Other Income:			2021 Informati	on Prior	r Year Information
<u> </u>		_			
		Lite-3 INTI	EREST/DIVIDENDS/C	APITAL GAIN	IS/OTHER INCOME

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

			,	,	Taxpayer	Spouse
		A Contributions for				
•			kimum allowable traditional IRA c			
			Deductible only, 2 = Both deductible and no	ndeductible)		
			ntributions made for use in 2021			
		tributions for 2021				
			ne maximum Roth IRA contribution	n		
inter tr	ne tota	II KOTN IKA CONTRIDU	tions made for use in 2021			
Educate	e: Educa	te2	Higher Education	n Deductions and/or	Credits	
	Co	mplete this section	if you paid interest on a qualifie your spouse, or a person who wa	d student loan in 2021 for s your dependent when y	qualified higher educa ou took out the loan.	ation expenses for you,
T/S		Q	ualified student loan interest pai	d 20	021 Information	Prior Year Information
	Qual		e this section if you paid qualified enses include tuition and fees re			
-			Please provide	all copies of Form 1098-T	•	
	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Nan	ne Qualified Ex	Prior Year spenses Information
			- 			
	*E	ducation Expense C	code: 1 = American opportunity c	redit; 2 = Lifetime learning	g credit; 3 = Tuition and	d fees deduction
The s	studen	t qualifies for the A	merican opportunity credit wher completed the first 4 years of pos	n enrolled at least half-tim	e in a program leading	to a degree, certificate.
1040 A	dj: 3903		Job Relate	ed Moving Expenses		
.		-	plete this section if you moved to	a new home due to servi	ce in the armed forces.	•
Descrip				_		
		use/Joint (T, S, J)	in the armed forces			
		iles from old home	vice in the armed forces			_
			•			
		iles from old home				
			ates or its possessions			_
		n and storage expe			-	
		dging (not including			-	
rotai ai	mount	reimbursed for mo	ving expenses		-	
1040 A	dj: Othei	Adj	Other Adj	ustments to Income		
Alimo	ny Pai	d:				
T/S	Da	te*	Recipient name	Recipient SSN	2021 Information	Prior Year Information
C+====	et addr					
-		and Zip code			· · · · · · · · · · · · · · · · · · ·	
Enter	trie divo	rce/separation agreement	date	Taxpayer	Spouse	Prior Year Information
Educa	ator ex	penses:		Тахрауст	Spouse	Filor real illiorillation
Other	r adjus	tments:				
						NUICTRAERITO (55.15.5
					Lite-4 AD	DJUSTMENTS/EDUCATE

ITEMIZED DEDUCTIONS

Itemized	Medical a	nd Dental Expe	nses		<u> </u>
T/S/J			2021 Information	Prior	Year Information
_	Medical and dental expenses		-		
_	Medical insurance premiums you paid*** Long-term care premiums you paid***				
_	Prescription medicines and drugs				
_	Miles driven for medical items				
*	**Do not include pre-tax amounts paid by an employer-sponsored plan, amou	nts paid for your self-emplo	oyed business, or Medicare prem	niums entered	d on Form Lite-3
Itemized	: A1	x Expenses			
T/S/J			2021 Information	Prior	Year Information
_	State/local income taxes paid			-	
_	2020 state and local income taxes paid in 2021				
_	Sales tax paid on actual expenses				
_	Real estate taxes paid Personal property taxes			-	
_	Other taxes			-	
 Itemized	. ^?			-	
	Inter	est Expenses			
T/S/J			2021 Information	Prior	Year Information
_	Home mortgage interest From Form 1098				
T (c ()	Other home mortgage interest paid to individuals:	CCN - FIN	2024 - (1'	5.	. W I . C 12
T/S/J	Payee's Name	SSN or EIN	2021 Information	Prio	r Year Information
_	Address		City	State	Zip Code
T/S/J			2021 Information	Prior	Year Information
	Investment interest expense, other than on Sch K-1s:		Refinan	#2	
T/S/J	ncing Information: Refinance #1		Kefinan	ce #2	
	pient/Lender name	_			_
	l points paid at time of refinance				
	of refinance				
	of new loan (in months)			_	
	orted on Form 1098 in 2021	<u>—</u>			
Itemized	: A3 Charitak	ole Contribution	ıs		
T/S/J			2021 Information	Prior	
., 5, 5	Contributions made by cash or check		LOLI IIIIOIIIIIIIIII	11101	real information
_	Volunteer miles driven			-	
_	Noncash items, such as: Goodwill, Salvation Army				
	: A3, A-St				
itemizeu	Miscella	neous Deductio	ns		
T/S/J			2021 Information	Prior	Year Information
	Other expenses				
_	Carabinatary (astronomic for the constitution of	<u></u>			
_	Gambling losses (enter only if you have gambling income) ***STATE USE ONLY - Complete the following fiel		state return in AL AR C	 А НІ МN	NV or PA
T/C/1	STATE OSE ONET - complete the following he	ius offiy if you file a			
T/S/J	Unreimbursed expenses***		2021 Information	Prior	Year Information
_	Union dues, other than amounts reported on Form W-2**	**		-	
_	Tax preparation fees***		-		-
_	Other expenses, subject to 2% AGI limitation***:				
_	· · · · · · · · · · · · · · · · · · ·				
_					
_	Safe deposit box rental***				
_	Investment expenses, other than on Schedule(s) K-1 or Fo	rm(s) 1099-DIV/INT*	***		
			Lite-5	ITEMIZ	ZED DEDUCTIONS

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.	_
Primary account:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	_
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	_
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	_
Enter the maximum dollar amount, or percentage of total refund Dollar or Percent (xx	(x.xx)
Secondary account #1:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	_
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	_
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	<u></u>
Enter the maximum dollar amount, or percentage of total refund Dollar On Percent (xx	(x.xx)
Secondary account #2:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	-
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	-
Enter the maximum dollar amount, or percentage of total refund Dollar or Percent (xx	xx.xx)
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial ir	estitution.
Electronic Filing: ID Auth Identity Authentication	
Taxpayer -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	
Identification number	
Issue date	
Expiration date	_
Location of issuance	
Document number (New York only)	
Spouse -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	
Identification number	
Issue date	
Expiration date	
Location of issuance	
Document number (New York only)	

Form ID: OrgDp	Depreciation - Asset List	94

		Preparer use only
Activity name		
HOW T	O REPOR	T DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/13	42,500
ZATON EL	Collected in 5 equal payments over 2 yrs	03/09/21	20,000
			Form ID: OrgD

Form	ID:	OrgDp2
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Depreciation - Asset Acquisitions

Preparer use only

Activity name

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

			Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		_	2021 Model T - (EXAMPLE ASSET)	03/09/21	25,750
		Comments:	22,500 job-related miles, 25,000 total miles	1	T
1 -					
		Comments:			
2					
		Comments:			
3 -		Comments:			1
		comments.			
4 –		Comments:			1
_					
5		Comments:			
6					
		Comments:		T	1
7					
		Comments:			1
8 –		Comments:			
		comments:			
9 –		Comments:			
4.0		comments.			
10		Comments:			•
11					
11		Comments:			_
12					
		Comments:			1
13					
		Comments:			
14		Comments:			
		Comments.			
15		Comments:			l
16					
16		Comments:		<u>.</u>	
17					
		Comments:			1
18 –					
		Comments:			
19		Comments:			
		Comments.			
20		Comments:			1
24					
21		Comments:			
22					
		Comments:		T	1
23					
		Comments:			1
24	-	Comments			1
		Comments:			
25		Comments:		I	1
					Form ID: OrgDp2

Ohio General Information							
Enter your current Ohio county of residence School district number	[1] [2]						
Use Tax							
Purchases subject to use tax	[3]						
Contributions							
Amount of charitable contributions you wish to make to:							
Military injury relief fund	[4]						
Nature preserves and scenic rivers	[5]						
Wildlife species and endangered wildlife	[6]						
Ohio History Fund	[7]						
Breast and cervical cancer project	[8]						
Wishes for sick children	[9]						
Credits							
Taxpayer Spouse							
Displaced worker training expenses for 12-month period since loss of job[10]	[11]						
Part-year Resident and Nonresident Information							
If you were a part-year resident during the tax year, enter the dates you lived in Ohio							
Taxpayer S	pouse						
Part-year residency dates:							
From[12]	[14]						
To[13]	[15]						
Taxpayer	Spouse						
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident) [16]	• [17]						
State of residency while not a resident of Ohio[18]	[19]						
If foreign, enter country of residency [20]	[21]						