

**Fox Valley CPAs, LLC
2401 W Wisconsin Ave
Appleton, WI 54914-3110
920-991-0862**

Client Name
Address
City, WI Zip

Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2021 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Fox Valley CPAs LLC

Accepted By: _____

Date: _____

**Fox Valley CPAs, LLC
2401 W Wisconsin Ave
Appleton, WI 54914-3110
920-991-0862**

Client Name
Address
City, WI Zip

Dear Client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2021 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2020 personal income tax return.

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (**_*_*_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2021 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

In order to meet the filing deadline for your 2021 tax return, your completed tax organizer needs to be received by our office no later than March 1, 2022. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

Fox Valley CPAs LLC

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive advanced Child Tax Credit (CTC) payments in July, August, September, October, November, and December? Please include Letter 6419 with your tax documentation.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive a Round 3 Economic Impact Payment (EIP) in March 2021 as reported on Notice 1444-C? If so, how much? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you apply for Paycheck Protection Program (PPP) loan forgiveness? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority (either personal or for work) or over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have sales or other exchanges of virtual currencies including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services?	<input type="checkbox"/>	<input type="checkbox"/>
Education Information		
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attached any Form(s) 1098-T and receipts for qualified tuition and related expenses.	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Have you made any contributions to a Wisconsin-sponsored College Savings Plan (Edvest or Tomorrow's Scholar)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement Information

- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If you received any qualified disaster retirement plan distributions in 2020, did you repay any of the distributions in 2021? If yes, how much? _____
- Did you make any qualified charitable distributions from an IRA? If so, how much? _____
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you receive any Social Security benefits during the year?
- Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-A, 1095-B and/or 1095-C you received.
- Did you make any contributions to a Health Savings Account (HSA)?
- Did you receive any distributions from a Health Savings Account (HSA)?
- Did you pay long-term care premiums for yourself or your family?

Purchases, Sales and Debt Information

- Did you sell, exchange, or purchase any real estate during the year?
- Did you purchase or sell a principal residence during the year?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?

Itemized Deduction Information

- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.
- Did you pay any real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____

State Information

- Did you pay for private school tuition?
- If you are self-employed, did you receive any Wisconsin grants?
- If you do not own your home, how much rent did you pay during 2021? _____
- Did the rent that you paid include heat?
- Have you made out-of-state purchases on which you have not paid sales tax? If so, what is the gross amount of such purchases? _____

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____[1]
 Mark if you were married but living apart all year _____[2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____[3]

	Taxpayer		Spouse
Social security number	_____ [4]		_____ [5]
First name	_____ [6]		_____ [7]
Last name	_____ [8]		_____ [9]
Occupation	_____ [10]		_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]		_____ [14]
Mark if dependent of another taxpayer	_____ [15]		_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]		
Mark if legally blind	_____ [20]		_____ [21]
Date of birth	_____ [22]		_____ [24]
Date of death	_____ [26]		_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]		_____ [30] _____ [31]
Home/evening telephone number	_____ [32]		_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]		

Present Mailing Address

Address _____ [40]
 Apartment number _____ [41]
 City, state postal code, zip code _____ [42] _____ [43] _____ [44]
 Foreign country name _____ [46]
 Foreign phone number _____ [49]
 In care of addressee _____ [50]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^{51]}	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [52]
 Social security number of qualifying person _____ [53]

Dependent Codes

- | | |
|---|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

Preparer - Enter on Screen Contact

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]

NOTES/QUESTIONS:

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. [1]

Primary account:

Financial institution routing transit number _____ [3]

Name of financial institution _____ [4]

Your account number _____ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [9]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [10]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #1:

Financial institution routing transit number _____ [27]

Name of financial institution _____ [28]

Your account number _____ [29]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [30]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [31]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [32]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Secondary account #2:

Financial institution routing transit number _____ [33]

Name of financial institution _____ [34]

Your account number _____ [35]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [36]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [38]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [17] or Percent (xxx.xx) _____ [18]

*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 institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [15] or Percent (xxx.xx) _____ [16]

Bond 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 bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]

Owner's name (First Last) _____ [40] _____ [41]

Co-owner or beneficiary (First Last) _____ [42] _____ [43]

Mark if the name listed above is a beneficiary [44]

Bond 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 bonds Dollar _____ [23] or Percent (xxx.xx) _____ [24]

Owner's name (First Last) _____ [45] _____ [46]

Co-owner or beneficiary (First Last) _____ [47] _____ [48]

Mark if the name listed above is a beneficiary [49]

If you have an overpayment of 2021 taxes, do you want the excess:

Refunded _____ [52]

Applied to 2022 estimated tax liability _____ [53]

Do you expect a considerable change in your 2022 income? (Y, N) _____ [54]

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2022? (Y, N) _____ [59]

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2022 withholding? (Y, N) _____ [64]

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2022? (Y, N) _____ [69]

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____ [74]

2021 Federal Estimated Tax Payments

2020 overpayment applied to 2021 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/21	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/21	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/21	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/18/22	_____ [12]	+ _____ [13]	_____	_____
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/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2020 return + _____ [3]

2020 overpayment applied to '21 estimates + _____ [4]

Treat calculated amounts as paid _____ [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]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

2021 City Estimated Tax Payments

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2020 return + _____ [31]		Amount paid with 2020 return + _____ [53]	
2020 overpayment applied to '21 estimates- _____ [32]		2020 overpayment applied to '21 estimates- _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2020 return + _____ [75]		Amount paid with 2020 return + _____ [97]	
2020 overpayment applied to '21 estimates- _____ [76]		2020 overpayment applied to '21 estimates- _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

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 <small>(**See codes below)</small>	Interest Income ^[1]	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

Dividend Income

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	(**See codes below)	Ordinary 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	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	+											

**Dividend Codes	
Blank = Other	3 = Nominee

Consolidated Broker Statement

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

T/S/J _____	Employer identification number _____
Broker Name _____	Margin interest _____
Account number _____	Investment management/advisory fees _____

*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.

Type Code	1099-INT	Interest 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 +							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
1	Payer											
	Amounts+											
2	Payer											
	Amounts+											
3	Payer											
	Amounts+											
4	Payer											
	Amounts+											
5	Payer											
	Amounts+											

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback
_____	_____	_____	_____

Control Totals +

	2021 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date		2021 Information	Prior Year Information
Alimony received	—	_____	+	_____ [3]	
	—	_____	+	_____ [3]	

****Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

	Taxpayer		Spouse	Prior Year Information
Unemployment compensation**	+ _____ [9]	+	_____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation repaid	+ _____ [12]	+	_____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+	_____ [19]	

	T/S/J		Self-Employment Income ? (Y, N)		2021 Information	Prior Year Information
				Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	
—		—		_____	+	

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

	2021 Information	Prior Year Information
Name of payer _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	

	Control Totals +	
--	-------------------------	--

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

	2021 Information	Prior Year Information
Name of payer _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
State postal code _____ [2]

Social Security Benefits

	2021 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
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 Benefits

	2021 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		_____ _____
Portion of Tier 1 Paid in 2021 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2021 or receive any prior year benefits in 2021. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

- _____ [40]
- _____ [41]
- _____ [42]
- _____ [43]
- _____ [44]

NOTES/QUESTIONS:

Traditional IRA

	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]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2020 Form 8606 not prepared 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	+ _____ [31]	+ _____ [32]
Enter the amount a 2021 Roth IRA conversion should be adjusted by	+ _____ [39]	+ _____ [40]
Enter the total contribution Roth IRA basis on December 31, 2020	+ _____ [43]	+ _____ [44]
Enter the total Roth IRA contribution recharacterizations for 2021	+ _____ [45]	+ _____ [46]
Enter the Roth conversion IRA basis on December 31, 2020	+ _____ [47]	+ _____ [48]
Value of all your Roth IRA's on December 31, 2021:		
_____	+ _____ [49]	+ _____ [50]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

	2021 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ___ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2021 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

Rents and royalties	2021 Information	Prior Year Information
_____ + _____	[33]	_____
_____		_____

Rent and Royalty Expenses

	2021 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____	[35] _____	[36] _____
Auto	+ _____	[38] _____	[39] _____
Travel	+ _____	[41] _____	[42] _____
Cleaning and maintenance	+ _____	[44] _____	[45] _____
Commissions:			
_____	+ _____	[47] _____	[49] _____
_____	+ _____		
Insurance:			
_____	+ _____	[50] _____	[52] _____
_____	+ _____		
Legal and professional fees	+ _____	[54] _____	[55] _____
Management fees:			
_____	+ _____	[57] _____	[59] _____
_____	+ _____		
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____	[60] _____	[62] _____
_____	+ _____		
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] _____
Depreciation	+ _____	[84] _____	[85] _____
Depletion	+ _____	[87] _____	[88] _____
Other expenses:			
_____	+ _____	[90] _____	
_____	+ _____		
_____	+ _____		
_____	+ _____		

Control Totals +

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

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 Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="background-color: #cccccc; border: 1px solid black; padding: 2px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 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 address and federal identification number of the institution.

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2021.

Enter the amount actually paid during 2021.

	2021 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	[]
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 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2021		

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 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) _____ [7]
 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]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
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 spouse)	+ _____ [24]					

Payments from Qualified Education Programs

	2021 Information	Prior Year Information										
Gross distribution (Box 1)	+ _____ [30]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>										
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]											

NOTES/QUESTIONS:

T/S/J

2021 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] _____	+ _____ [2]	_____ _____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] _____	+ _____ [5]	_____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] _____	+ _____ [8]	_____ _____
_____	+ _____	

Prescription medicines and drugs:

[10] _____	+ _____ [11]	_____ _____ _____
_____	+ _____	
_____	+ _____	

[13] Miles driven for medical items _____	_____ [14]	_____
---	------------	-------

Schedule A - Tax Expenses

T/S/J

2021 Information

Prior Year Information

State/local income taxes paid:

[18] _____	+ _____ [19]	_____ _____ _____ _____ _____
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

2020 state and local income taxes paid in 2021:

[21] _____	+ _____ [22]	_____ _____ _____
_____	+ _____	
_____	+ _____	

Real estate taxes paid:

[24] _____	+ _____ [25]	_____ _____ _____
_____	+ _____	
_____	+ _____	

Personal property taxes:

[27] _____	+ _____ [28]	_____ _____
_____	+ _____	

Other taxes, such as: foreign taxes and State disability taxes

[30] _____	+ _____ [31]	_____ _____ _____
_____	+ _____	
_____	+ _____	

Sales tax paid on major purchases:

[36] _____	+ _____ [37]	_____ _____
_____	+ _____	

Sales tax paid on actual expenses:

[39] _____	+ _____ [40]	_____ _____ _____
_____	+ _____	
_____	+ _____	

Control Totals +

Interest Expenses

T/S/J	2021 Interest Paid ^{2]}	2021 Points Paid	Type*	2021 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2021 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
Address		_____		
City, state and zip code		_____		
_____	_____	_____	+	_____
Address		_____		
City, state and zip code		_____		

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

_____ Payer's/Borrower's name _____ [7]
 _____ Street Address _____
 _____ City/State/Zip code _____

Refinancing Points paid in 2021 -

_____ Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 _____ Recipient/Lender name _____
 _____ Total points paid at time of refinance _____
 _____ Points deemed as paid in 2021 (Preparer use only) + _____ [12]
 _____ Date of refinance _____
 _____ Term of new loan (in months) _____
 _____ Reported on Form 1098 in 2021 _____

_____ Taxpayer/Spouse/Joint (T, S, J) _____
 _____ Recipient/Lender name _____
 _____ Total points paid at time of refinance _____
 _____ Points deemed as paid in 2021 (Preparer use only) + _____
 _____ Date of refinance _____
 _____ Term of new loan (in months) _____
 _____ Reported on Form 1098 in 2021 _____

T/S/J	2021 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	+	[16] _____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	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]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	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]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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 account is an HSA

Was the high deductible health plan in effect for December 2021? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-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]	
If some distributions were used to pay for other than qualified medical expenses, 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

Please provide all Forms 1099-LTC.

2021 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 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 the long-term care period	+	_____[55]	

NOTES/QUESTIONS:

Recovery Rebate Credit (Economic Impact Payment)**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	Spouse
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]

NOTES/QUESTIONS:

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	+ _____ [5]	+ _____ [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 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 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 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 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 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 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 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 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 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2021 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals+

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 (Letter 6419)	_____ [13]	_____ [14]

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____ [1]
 Village of residence _____ [2]
 Town of residence _____ [3]
 County of residence _____ [4]
 School district _____ [5]
 Mark if divorce decree _____ [6]
 Enter rent paid:
 Heat included _____ [7]
 Heat not included _____ [8]

Use Tax

Mark if not subject to Use Tax _____ [9]

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [10]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of charitable contributions you wish to make to:

Cancer research	_____ [11]	Red Cross WI disaster relief	_____ [15]
Endangered resources	_____ [12]	Second Harvest / Feeding America	_____ [16]
Military family relief	_____ [13]	Special Olympics Wisconsin	_____ [17]
Multiple sclerosis	_____ [14]	Veterans trust fund	_____ [18]

Part-year Resident and Nonresident Information

Residency code _____ [19]

Residency code

Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
---	---

If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [20]	_____ [22]
To	_____ [21]	_____ [23]
State of residency (Nonresidents only)	_____ [24]	_____ [25]
Country of residency (Nonresidents only)	_____ [26]	_____ [27]
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien		_____ [28]
Resident of:	IL _____ [29]	IN _____ [30]
	KY _____ [31]	MI _____ [32]

NOTES/QUESTIONS: