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2021	1040	US	Tax Organizer
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Fusion Legal & Tax
44 Cook St Ste 255
Denver CO 80206
Telephone number: 7209221120
Fax number:
E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please enter all pertinent 2021 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial....		
Last name.....		
Title/suffix.....		
Social security number...		
Occupation.....		
Date of birth (m/d/y)....		
Date of death (m/d/y)....		
1=blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		

Address	In care of.....	
	Street address.....	
	Apartment number...	
	City.....	
	State.....	
	ZIP code.....	

DEPENDENTS

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y)....		
Date of death (m/d/y)....		
Date of adoption (m/d/y) .		
Social security number...		
Relationship.....		
Months lived at home....		

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y)....		
Date of death (m/d/y)....		
Date of adoption (m/d/y) .		
Social security number...		
Relationship.....		
Months lived at home....		

2021	1040	US	Tax Organizer
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Please enter all pertinent 2021 information. If you have attached
a government form for an item, check the box and do not enter a 2021 amount.

WAGES, SALARIES AND TIPS

Employer name:

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

2021 Amount

2020 Amount

Attach Forms W-2

INTEREST INCOME

Payer name:

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

Attach Forms 1099-INT

DIVIDEND INCOME

Payer name:

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

Attach Forms 1099-DIV

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

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

Attach Forms
1099-R & W-2G

Winnings not reported on W-2G.....

Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history)
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements)

Attach Forms 1099

<input type="checkbox"/>	Form 1099-G - State tax refunds
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Attach Forms 1099

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation
<input type="checkbox"/>	Form 1099-Q (529 Plan)
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation
<input type="checkbox"/>	Form 1099-Q (529 Plan)
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099

2021	1040	US	Tax Organizer
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MISCELLANEOUS INCOME

Taxpayer: Alimony received

Spouse: Alimony received

Other:

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Spouse: Traditional IRA contributions (1=maximum)

Roth IRA contributions (1=maximum)

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

2021 Amount	2020 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS☐ Form 1098-E - Student loan interest☐ Form 1098-T - Tuition and related expenses**Attach Forms 1098****AFFORDABLE CARE ACT**☐ Form 1095-A - Health Insurance Marketplace Statement☐ Form 1095-B - Health Coverage☐ Form 1095-C - Employer-Provided Health Insurance Offer and Coverage**Attach Forms 1095****ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

.....

.....

Alimony paid - Recipient name & SSN

.....

.....

Spouse:

Self-employed health insurance premiums

Educator expenses

Other adjustments to income:

.....

.....

Alimony paid - Recipient name & SSN

.....

.....

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs

Doctors, dentists and nurses

Hospitals and nursing homes

Insurance premiums

Long-term care premiums - taxpayer

Long-term care premiums - spouse

Insurance reimbursement

Out-of-pocket lodging and transportation expenses

Number of medical miles

Other:

.....

TAXES PAID

State income taxes - 1/21 payment on 2020 state estimate

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2021 Amount

2020 Amount

[illegible]

Attach Tax Notice

Attach Forms 1098

Attach Forms 1098	
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CASH CONTRIBUTIONS

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NONCASH CONTRIBUTIONS

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

2021

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US

Client Information

1

Fusion Legal & Tax
44 Cook St Ste 255
Denver CO 80206
Telephone number: 7209221120
Fax number:
E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table).....	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2019 or 2020)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

1 = Single
 2 = Married filing joint
 3 = Married filing separate
 4 = Head of household
 5 = Qualifying widow(er)

1

2021	1040	US	Client Information (continued)	1 p2
Please add, change or delete information for 2021.				
CLIENT INFORMATION				
Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile	
	Work phone.....			
	Work extension.....			
	Daytime phone (table).....			
	Mobile phone.....			
	Fax number.....			
	E-mail address.....			
Spouse Contact Information	Home phone.....			
	Work phone.....			
	Work extension.....			
	Daytime phone (table).....			
	Mobile phone.....			
	Fax number.....			
	E-mail address.....			
Taxpayer Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			
Spouse Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			

2021	1040	US	Dependents	2
Please add, change or delete information for 2021.				
DEPENDENTS				
	Dependent	Dependent	<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying widow(er) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <p>1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement</p> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <p>1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement</p>	
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
	Dependent	Dependent		
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
	Dependent	Dependent		
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				

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

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2021?
<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2021?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2021, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?
<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CARE COVERAGE
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
<input type="checkbox"/>	<input type="checkbox"/>	PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2021?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

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

YES

NO

RETIREMENT PLANS

- ☐ ☐ Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you transfer or rollover any amount from one retirement plan to another retirement plan?

EDUCATION

- ☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- ☐ ☐ Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

- ☐ ☐ Did you incur a loss because of damaged or stolen property?
- ☐ ☐ Did you work out of town for part of the year?
- ☐ ☐ Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

- ☐ ☐ Did you apply an overpayment of 2020 taxes to your 2021 estimated tax (instead of being refunded)?
- ☐ ☐ If you have an overpayment of 2021 taxes, do you want the excess applied to your 2022 estimated tax (instead of being refunded)?
- ☐ ☐ Do you expect your 2022 taxable income and withholdings to be different from 2021?

MISCELLANEOUS

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

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

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

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

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

☐☐

Was your home rented out or used for business?

☐☐

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

☐☐

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

☐☐

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

☐☐

Did you engage the services of any household employees?

☐☐

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

☐☐

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

☐☐

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

☐☐

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

COVID-19 RELATED TAX LEGISLATION☐☐

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

☐☐

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

☐☐

Did your business have any PPP loan amounts forgiven?

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

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an economic impact payment? If so, how much?

2021	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6
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Please enter all pertinent 2021 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account

1=electronic payment of balance due

1=electronic payment of estimated tax

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2021 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
<div style="border: 1px solid black; padding: 5px; text-align: center;">Additional Estimated Tax Payments</div>				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
<div style="border: 1px solid black; padding: 5px; text-align: center;">Additional Estimated Tax Payments</div>				
Paid with extension				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default) 6 = Coverdell savings account (ESA)
 2 = Taxpayer's IRA (next year limits) 7 = Other
 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits)
 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits)
 5 = Archer MSA

3, 6

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2021 information.

APPLICATION OF 2021 OVERPAYMENT (7.1)

If you have an overpayment of 2021 taxes, do you want the excess refunded? ☐ or applied to 2022 estimate? ☐

Other (please explain): _____

2022 ESTIMATED TAX INFORMATION

Do you expect your 2022 taxable income to be different from 2021? Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2022 withholding to be different from 2021? Yes ☐ No ☐

If "yes" explain any differences: _____

7.1

2021	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2021 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2020 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/21	2020 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE									
		1=spouse									

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2020 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses.....
Winnings not reported on Form W-2G.....

2021 Amount	TS	2020 Amount

10, 13.1, 13.2

2021	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2021 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2020 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2020 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

11, 12

2021	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2021 amounts and attach all 1099-MISC, 1099-NEC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

14.1

2021	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2021 information as appropriate.
Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

2021 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2021 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund		
	Tax year for box 2 if not 2020 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different		
	Farm amounts:		
	Agriculture payments (Box 7)		
	1=agriculture payments are from conservation reserve program		
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2021 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund		
	Tax year for box 2 if not 2020 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different		
	Farm amounts:		
	Agriculture payments (Box 7)		
	1=agriculture payments are from conservation reserve program		
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11).....			

2021	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2021 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

		2021 Amount	2020 Amount
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2021 contributions to this ESA			
Value of this account at 12/31/21 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/20			
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2021 contributions to this ESA			
Value of this account at 12/31/21 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/20			
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...		
	ESA's only:		
2021 contributions to this ESA			
Value of this account at 12/31/21 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/20			

2021	1040	US	ABLE Distributions	14.4
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

ABLE DISTRIBUTIONS / CONTRIBUTIONS

		2021 Amount	2020 Amount
No. <input type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
Earnings on excess contributions			

No. <input type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
Earnings on excess contributions			

No. <input type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
Earnings on excess contributions			

Series: 51

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2021 Amount	2020 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Series: 52 Capital Gains & Losses (Schedule D)

2021	1040	US	Sale of Home & Moving Expenses	17, 27
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**If you sold your home or moved in 2021, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=first-time homebuyer credit was previously taken on this home	
1=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence	

Adjusted Basis

Original cost	
Improvements:	

Adjusted basis	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..	
1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint	
1=armed forces move due to permanent change of station	
Miles from old home to new work place	
Miles from old home to old work place	
Expenses for transportation and storage of household goods and personal effects	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile)	
Parking fees and tolls	
Gas and oil	
Miles driven to new home	

(* owned and used property as main home for at least 2 of 5 years before sale)

	17, 27
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2021

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2021 Amount	2020 Amount
Description of property		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate ...	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate ..	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

INCOME

	2021 Amount	2020 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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GENERAL INFORMATION

Foreign region.....
Foreign postal code.....
Foreign country.....

OIL AND GAS

Production type (preparer use only)

Cost depletion.....

Percentage depletion rate or amount

State cost depletion, if different (-1 if none)

State % depletion rate or amount, if different (-1 if none)

2021 Amount

2020 Amount

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use

Number of days owned (if optional method elected)

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....

Association dues.....

Auto and travel (not entered elsewhere).....

Cleaning and maintenance.....

Commissions.....

Gardening.....

Insurance.....

Legal and professional fees.....

Licenses and permits.....

Management fees.....

Miscellaneous.....

Mortgage interest (paid to banks, etc.).....

Qualified mortgage insurance premiums.....

Excess mortgage interest.....

Other interest (not entered elsewhere).....

Painting and decorating.....

Pest control.....

Plumbing and electrical.....

Repairs.....

Supplies.....

Taxes - real estate.....

Taxes - other (not entered elsewhere).....

Telephone.....

Utilities.....

Wages and salaries.....

Other:

Other:

2021**1040****US****Farm Income (Schedule F/Form 4835)**No. **19**

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product.....

Employer ID number.....

Agricultural activity code.....	<input type="text"/>	
Accounting method: 1=cash, 2=accrual.....	<input type="text"/>	
1=spouse, 2=joint.....	<input type="text"/>	
1=farm rental (Form 4835).....	<input type="text"/>	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other.....	<input type="text"/>	
1=crop insurance proceeds election.....	<input type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	<input type="text"/>	
1=did not "materially participate" (Schedule F only).....	<input type="text"/>	
1=did not actively participate (Farm rental only).....	<input type="text"/>	
1=real estate professional (farm rental only).....	<input type="text"/>	
1=single member limited liability company.....	<input type="text"/>	
% of ownership if not 100% (.xxxx) (Farm rental only).....	<input type="text"/>	

FARM INCOME

Cash method:

2021 Amount**2020 Amount**

Sales of livestock and other resale items.....

Cost or basis of livestock or other resale items.....

Sales of products raised.....

Accrual method:

Sales of livestock, produce, etc.....

Beginning inventory of livestock, etc.....

Cost of livestock, etc. purchased.....

Ending inventory of livestock, etc.....

Other farm income:

Total cooperative distributions.....

Taxable cooperative distributions.....

Total agricultural program payments (other than CRP).....

Taxable agricultural program payments (other than CRP).....

Total conservation reserve program payments.....

Taxable conservation reserve program payments.....

Commodity credit loans reported under election.....

Total commodity credit loans forfeited or repaid.....

Taxable commodity credit loans forfeited or repaid.....

Total crop insurance proceeds received in 2021.....

Taxable crop insurance proceeds received in 2021.....

Taxable crop insurance proceeds deferred from 2020.....

Custom hire (machine work) income not included above.....

19

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

FARM INCOME (continued)

Other income:

	2021 Amount	2020 Amount

FARM EXPENSES

Car and truck expenses (not entered elsewhere)

Chemicals

Conservation expenses

Custom hire (machine work)

Employee benefit programs

Feed purchased

Fertilizers and lime

Freight and trucking

Gasoline, fuel, and oil

Insurance (other than health)

Mortgage interest (paid to banks, etc.)

Other interest (not entered elsewhere)

Labor hired

Pension and profit sharing - contributions

Pension and profit sharing plans - admin. and education costs

Rent - vehicles, machinery, and equipment (not entered elsewhere)

Rent - other (land, animals, etc.)

Repairs and maintenance

Seeds and plants purchased

Storage and warehousing

Supplies purchased

Taxes (not entered elsewhere)

Utilities

Veterinary, breeding, and medicine

Capitalized preproductive period expenses (also enter below)

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2021	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2021 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

	20.1,20.2
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Series: 57, 58 Estate or Trust and REMIC Information

Series: 61 Asset Disposition List

Series: 61 Asset Acquisition List

2021

1040

US

Vehicle Expenses

No.

22 p3

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2021 Amount	2020 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

22 p3

2021	1040	US	Adjustments to Income	24
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Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2021 payments from 1/1/22 to 4/15/22				

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) ..				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make ..				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer	Spouse
Date of divorce or sep. agreement		
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2020 amt:	2020 amt:

	24
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2021	1040	US	Itemized Deductions
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25

**Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2021 Amount	TS	2020 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2021 estimates are automatic.)

State income taxes - 1/21 payment on 2020 state estimate			
State income taxes - paid with 2020 state return extension			
State income taxes - paid with 2020 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/21 payment on 2020 city/local estimate			
City/local income taxes - paid with 2020 city/local extension			
City/local income taxes - paid with 2020 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2021 purchases			
Use taxes paid with 2020 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:

Real estate taxes - held for investment :

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...

Foreign income taxes			
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Other taxes:

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2021 1040 US Itemized Deductions (continued)**25** p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2021 Amount**TS****2020 Amount**

Home mortgage interest not reported on Form 1098:

Payee's name.....
 Payee's SSN or FEIN....
 Payee's street address..
 Payee's city.....
 Payee's state.....
 Payee's ZIP code.....
 Payee's region.....
 Payee's postal code....
 Payee's country.....

Amount paid.....

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Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

--	--	--

Investment interest (interest on margin accounts):

Passive interest.....

--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage.
 For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles.....

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles.....

25 p2

2021	1040	US	Itemized Deductions (continued)	25 p3
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2021 Amount

TS

2020 Amount

30% limitation (see above):

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Investment expense:

Tax return preparation fee

Safe deposit box rental

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

25 p3

OTHER MISCELLANEOUS DEDUCTIONS

2020 Amount

[illegible]

2021	1040	US	Itemized Deductions (continued)	25 p5
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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2021 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2021 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

	2021 Amount	TS	2020 Amount
Fair market value of the property on the date that the last debt was secured .			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name

Form (see table)

Number of form

1=taxpayer, 2=spouse, blank=joint

Interest paid

Points paid

Total principal paid

Lump sum principal payment (if paid off)

Months outstanding (if not 12)

1=home acquisition debt incurred after 12/15/17

Home acquisition debt balance - beginning of year

Home acquisition debt borrowed in 2021

Home equity debt balance - beginning of year

Home equity debt borrowed in 2021

Grandfather debt balance - beginning of year

Loan #2

Lender's name

Form (see table)

Number of form

1=taxpayer, 2=spouse, blank=joint

Interest paid

Points paid

Total principal paid

Lump sum principal payment (if paid off)

Months outstanding (if not 12)

1=home acquisition debt incurred after 12/15/17

Home acquisition debt balance - beginning of year

Home acquisition debt borrowed in 2021

Home equity debt balance - beginning of year

Home equity debt borrowed in 2021

Grandfather debt balance - beginning of year

Form

- 1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

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2021	1040	US	Itemized Deductions (continued)
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25	p5 cont
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Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

2021 Amount

TS

2020 Amount

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2021.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2021.....

Grandfather debt balance - beginning of year.....

Loan #4

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2021.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2021.....

Grandfather debt balance - beginning of year.....

Form

- 1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

25	p5 cont
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2021	1040	US	Noncash Contributions (Form 8283)	26
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If your total noncash contributions are in excess of \$500 in 2021, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input style="width: 40px;" type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Identification number (VIN)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y)	
		Date acquired by donor (m/y)	
		How acquired by donor (Table 1 or describe)	
Donor's cost or basis			
Fair market value			
Method used to determine FMV (Table 2 or describe)			

No. <input style="width: 40px;" type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
		Identification number (VIN)	
		Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y)	
		Date acquired by donor (m/y)	
		How acquired by donor (Table 1 or describe)	
Donor's cost or basis			
Fair market value			
Method used to determine FMV (Table 2 or describe)			

<p>1 How Property was Acquired</p> <div style="display: flex; justify-content: space-between;"> <div> 1 = Purchase 2 = Gift </div> <div> 3 = Inheritance 4 = Exchange </div> </div>	<p>2 Method Used to Determine FMV</p> <div style="display: flex; justify-content: space-between;"> <div> 1 = Appraisal 2 = Thrift shop value </div> <div> 3 = Catalog 4 = Comparable sales </div> </div> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
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2021	1040	US	Business Use of Home (Form 8829)	No. 	29
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**Please enter 2021 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2021 Amount	2020 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
Area of home included above used exclusively for daycare business, if any (sq ft)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

2021	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No. <input type="text"/>	30
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040	<input type="text"/>	
Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.)	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official	<input type="text"/>	
1=minister's expenses	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2021 Amount	2020 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.)	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

1=vehicle used primarily by more than 5% owner

1=vehicle is available for off-duty personal use

1=no other vehicle is available for personal use

1=no evidence to support your deduction

1=no written evidence to support your deduction

2021 Amount	2020 Amount

VEHICLE 1

Description of vehicle

Date placed in service (m/d/y)

Total mileage (for the tax year)

Business mileage

Commuting mileage (for the tax year)

Average daily round-trip commute

Number of months of business use if changed from 100% personal use

Parking fees and tolls (business portion only)

Actual expenses:

Gasoline, lube, oil

Repairs

Tires

Insurance

Miscellaneous

Auto license (other than personal property taxes)

Personal property taxes (based on car's value)

Interest (car loan) (for Schedule C, E & F)

Vehicle rent or lease payments

Inclusion amount (enter as positive)

Value of employer-provided vehicle on Form W-2 (2106)

VEHICLE 2

Description of vehicle

Date placed in service (m/d/y)

Total mileage (for the tax year)

Business mileage

Commuting mileage (for the tax year)

Average daily round-trip commute

Number of months of business use if changed from 100% personal use

Parking fees and tolls (business portion only)

Actual expenses:

Gasoline, lube, oil

Repairs

Tires

Insurance

Miscellaneous

Auto license (other than personal property taxes)

Personal property taxes (based on car's value)

Interest (car loan) (for Schedule C, E and F)

Vehicle rent or lease payments

Inclusion amount (enter as positive)

Value of employer-provided vehicle on Form W-2 (2106)

2021

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2021 information.

GENERAL INFORMATION

1=spouse.....

Foreign address of taxpayer, if different from Form 1040:

Street address..... City..... Region..... Postal code..... Country.....

Employer:

Name..... U.S. street address..... U.S. city..... U.S. state..... U.S. ZIP code..... Foreign street address..... Foreign city..... Foreign region..... Foreign postal code..... Foreign country..... Employer type: 1=foreign entity, 2=U.S. company,
3=self, 4=foreign affiliate of U.S. company, 5=other..... Employer type, if other.....

Type of exclusion revoked if revoked in earlier year (if applicable):

Tax year revocation was effective

Country of citizenship..... City and country of separate foreign residence if maintained due to
adverse living conditions (if applicable):Number of days during tax year at separate
foreign address (if applicable)

Tax homes(s) during tax year:

Dates tax home(s) were
established (m/d/y)

31.1

2021

1040

US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2021 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2021 as well as travel for 2022 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)

Ending date for bona fide residence (m/d/y)

Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer

Names of family living abroad with taxpayer (if applicable):

Relationship

Period family lived abroad

1=submitted statement to country of bona fide residence

1=required to pay income tax to country of bona fide residence

Contractual terms relating to length of employment abroad

Type of visa you entered foreign country under

Explanation why visa limited stay or employment in country (if applicable)

Address of home in U.S. maintained while living abroad (if applicable):

ZIP Code

1=U.S. home rented (if applicable)

Names of occupants in U.S. home (if applicable)

Relationship of occupants in U.S. home (if applicable)

Principal country of employment

FOREIGN HOUSING EXPENSES

2021 Amount

2020 Amount

Qualified housing expenses

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Location of housing expenses:

Qualifying days in location (multiple locations only)

Travel Type

- 1 = Travel to U.S. (default)
2 = Travel to foreign country
3 = Travel to restricted country

31.1 p2

2021	1040	US	Foreign Income Exclusion (Form 2555)	No. 	31.2
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**Please enter all pertinent 2021 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

FOREIGN WAGES, SALARIES, TIPS

	2021 Amount	2020 Amount
Name or number.....		
1=spouse.....		
1=retirement plan (Box 13).....		
Name of employer (Box c).....		
Wages, tips, other compensation (Box 1).....		
Federal income tax withheld (Box 2).....		
Social security tax withheld (Box 4).....		
Medicare tax withheld (Box 6).....		
State income tax withheld (Box 17).....		
Local income tax withheld (Box 19).....		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....		
Meals.....		
Car.....		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential.....		
Family.....		
Education.....		
Home leave.....		
Quarters.....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119).....		
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Other Foreign Earned Income

2021 Days Worked Allocation Information

Total number of days worked (if not 240).....		
Total days worked before and after foreign assignment.....		
Foreign days worked before and after foreign assignment.....		

	31.2
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2021	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2021 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2021, a high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$ 7,000 for self-only coverage or \$14,000 for family coverage.

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

32.1

2021	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2021 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2021				
Employer-provided benefits forfeited in 2021				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2021		2020 amt:
	1=disabled		
	1=spouse, 2=joint		

No. <input type="text"/>	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2021		2020 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2021		2020 amt:
	1=spouse, 2=joint		

2021

1040

US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

2021 Amount

2020 Amount

No. <input type="text"/>	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 2004 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2021		
	1=spouse, 2=joint		
	Qualified Adoption Expenses Paid in	2020 for adoption not finalized by end of 2021	
	Prior years for adoption of foreign child finalized in 2021		
	2020 and 2021 for adoption finalized in 2021		
	2021 for adoption finalized before 2021		

No. <input type="text"/>	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 2004 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2021		
	1=spouse, 2=joint		
	Qualified Adoption Expenses Paid in	2020 for adoption not finalized by end of 2021	
	Prior years for adoption of foreign child finalized in 2021		
	2020 and 2021 for adoption finalized in 2021		
	2021 for adoption finalized before 2021		

No. <input type="text"/>	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 2004 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2021		
	1=spouse, 2=joint		
	Qualified Adoption Expenses Paid in	2020 for adoption not finalized by end of 2021	
	Prior years for adoption of foreign child finalized in 2021		
	2020 and 2021 for adoption finalized in 2021		
	2021 for adoption finalized before 2021		

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2021

1040

US

Education Credits / Tuition Deduction

No.

38

Please complete the information below if you paid qualified education expenses in 2021 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse.....

First name.....

Last name.....

Social security number.....

Number of years hope credit claimed.....

Number of prior years AOC claimed.....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2021 (or the first 3 months of 2022 if the qualified expenses were made in 2021) at an eligible institution in a qualified program.....

1=student completed first four years of post-secondary education before 2021.....

1=student was convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance.....

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2021 Form 1098-T was NOT received.....

1=2021 Form 1098-T received with Box 2 & 7 completed.....

1=2020 Form 1098-T received with Box 2 & 7 completed.....

Federal ID number from Form 1098-T.....

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2021 Form 1098-T was NOT received.....

1=2021 Form 1098-T received with Box 2 & 7 completed.....

1=2020 Form 1098-T received with Box 2 & 7 completed.....

Federal ID number from Form 1098-T.....

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2021 (net of refund or assistance, & not entered elsewhere).....

Books & supplies required to be purchased from institution.....

Books & supplies not entered above.....

Amount of prior year refund or assistance *.....

2021 Amount

2020 Amount

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

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2021**1040****US****Household Employment Taxes (Schedule H)****42**

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$ 2,300 or more in 2021; withheld federal income tax during 2021 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to household employees, please complete the following:

Employer identification number
 1=spouse, 2=joint.....

Social security, Medicare and income taxes:

2021 Amount**2020 Amount**

1=paid any one employee cash wages of \$2,300 or more
 1=withheld federal income tax for household employee
 Total cash wages subject to social security taxes
 Total cash wages subject to Medicare taxes
 Federal income tax withheld
 Taxes withheld from state disability payments

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar
 quarter of 2020 or 2021
 Total cash wages subject to FUTA tax
 1=paid unemployment contributions to only one state
 1=paid all state unemployment contributions by 4/15/22
 1=all wages taxable for FUTA were also taxable for state unemployment
 Name of state
 Contributions paid to state unemployment fund

42

2021

1040

US

Parent's Election to Report Child's Inc.

No.

44

Please enter all pertinent 2021 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....
Last name.....
Social security number.....
Date of birth (m/d/y).....
1=nontaxable to federal.....
1=nontaxable to state.....

INTEREST INCOME (Form 1099-INT)

Banks, credit unions, etc. (Box 1):

2021 Amount

2020 Amount

.....
.....

U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):

.....
.....

Tax-exempt interest:

Total municipal bonds.....
In-state municipal bonds.....

Adjustments:

Nominee distribution.....
Accrued interest.....
Tax-exempt interest (1099-INT in error).....
OID adjustment.....
ABP adjustment.....

Foreign:

1=interest in or authority over foreign account.....
Name of foreign country.....
1=grantor/transferor or received distribution from foreign trust.....

Post 8/7/86 private activity bond interest (included above) (6251)

--	--

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):

.....
.....

Qualified dividends (Box 1b)

--	--

Total capital gain distributions (Box 2a):

.....
.....

Unrecaptured section 1250 gain (Box 2b)

--	--

Section 1202 gain (Box 2c)

--	--

Collectibles (28%) gain (Box 2d)

--	--

Nontaxable distributions (Box 3)

--	--

Tax-exempt interest:

Total municipal bonds.....
In-state municipal bonds.....

Nominee distributions:

Ordinary dividends.....
Qualified dividends.....
Capital gain distributions.....

Alaska permanent fund dividends included above

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44

2021	1040	US	Report of Foreign Bank and Financial Accounts	82.1
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2021 Amount	2020 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		

82.1

2021

1040

US

Report of Foreign Bank & Fin. Accts.

No.

82.1 p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

INFORMATION ON FINANCIAL ACCOUNTS

1=spouse.....

Type of account: 1=bank account, 2=securities account, or specify

Maximum value of account (-1 if unknown)

Financial institution:

Name of institution (Line 1) (mandatory)

Name of institution (Line 2)

Mailing address.....

Account number

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts owned jointly:

Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)

Principal joint owner:

Taxpayer identification number, if not joint filer

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....

Last name.....

First name.....

Middle initial.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts where filer has no financial interest:

Last name or org. name (mandatory)

First name.....

Middle initial.....

Taxpayer identification number

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Filer's title.....

2021 Amount

2020 Amount

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82.1 p2

2021	1040	US	Foreign Reporting (8938)	No. <input type="text"/>	82.2 p2
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2021 Amount	2020 Amount
Description of asset		
Type of account: 1=deposit, 2=custodial		
Use financial institution information from Form 114		
Financial institution information (if not filing Form 114):		
Maximum value of account during year		
Name of institution		
Account number (mandatory for part I)		
Mailing address of institution		
City of institution		
State/province of institution		
Postal code of institution		
Country of institution		
1=account opened during year		
1=account closed during year		
1=account jointly owned with spouse		
1=no tax item in Part III with respect to this account		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which account is maintained		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II)		
Date asset acquired during year (m/d/y)		
Date asset disposed of during year (m/d/y)		
1=jointly owned with spouse		
1=no tax item in Part III with respect to this asset		
Maximum value of asset during year		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which asset is denominated		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		
Foreign entity information (complete if stock or interest):		
Name of entity		
Type of entity		
Mailing address of entity		
City of entity		
State/province of entity		
Postal code of entity		
Country of entity		

1

Type of Entity

- 1 = Partnership
- 2 = Corporation
- 3 = Trust
- 4 = Estate

2021

1040

US

Foreign Reporting (8938) (continued)

No.

82.2 p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City

State/province

Postal code

Country

Issuer or counterparty (#2):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City

State/province

Postal code

Country

Issuer or counterparty (#3):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City

State/province

Postal code

Country

Issuer or counterparty (#4):

Name

1=issuer, 2=counterparty

Type of issuer or counterparty (see table 2)

Issuer or counterparty: 1=US person, 2=foreign person

Mailing address

City

State/province

Postal code

Country

2

Type of Issuer or Counterparty

1 = Individual
 2 = Partnership
 3 = Corporation
 4 = Trust
 5 = Estate

82.2 p2

Series:	Additional Information
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