

2021 INCOME TAX RETURN

| | ☐ Married (date:) ☐ Taxpayer Death (date: | ☐ Divorced (date:) ☐ Spouse Dea |) ath (date:) | |
|--|---|--|--|--|
| | TAXPAYER | | SPOUSE | |
| Name Occupation | | The second secon | | |
| The state of the s | Date of Birth | | Date of Birth | |
| | Disabled | | Disabled | |
| Work Phone | Blind | Work Phone | Blind | |
| Cell Phone | 2 | Cell Phone | THE PROPERTY OF THE PROPERTY O | |
| Best Time to Call | | Best Time to Call | | |
| Fax | | Fax | | |
| Email | | Email | | |
| Address | process and the second | | County | |
| City | | State | Zip Code | |
| | | Date Address Changed | | |
| All of the following n January 1, 2022 and home for the entire of Must be unmarried is the principal hom | nust apply: your spouse died in 2019 or d you paid over half the cost of maintair year. (or considered unmarried) at the end of e of a qualifying person (generally your | 2020; in that year you qualit ning your home, which was y the tax year, and maintain a child or relative). You may l | fied to file jointly; you did not remarry befor your dependent child's (or stepchild's) mai home that for more than half of the tax yea be considered unmarried if your spouse di | |
| All of the following n January 1, 2022 and home for the entire Must be unmarried is the principal hom not live in your hom not need to live with | nust apply: your spouse died in 2019 or d you paid over half the cost of maintain year. (or considered unmarried) at the end of e of a qualifying person (generally your e during the last six months of the tax you to qualify. | 2020; in that year you qualithing your home, which was yethe tax year, and maintain a child or relative). You may lyear. If you are maintaining | fied to file jointly; you did not remarry befor your dependent child's (or stepchild's) mai home that for more than half of the tax yea be considered unmarried if your spouse di the household of a parent, the parent doe | |
| All of the following n January 1, 2022 and home for the entire Must be unmarried is the principal hom not live in your hom not need to live with | nust apply: your spouse died in 2019 or d you paid over half the cost of maintain year. (or considered unmarried) at the end of e of a qualifying person (generally your e during the last six months of the tax | 2020; in that year you qualithing your home, which was yethe tax year, and maintain a child or relative). You may lyear. If you are maintaining | fied to file jointly; you did not remarry before your dependent child's (or stepchild's) main home that for more than half of the tax year be considered unmarried if your spouse did the household of a parent, the parent doe | |
| All of the following n January 1, 2022 and home for the entire Must be unmarried is the principal hom not live in your hom not need to live with | nust apply: your spouse died in 2019 or d you paid over half the cost of maintain year. (or considered unmarried) at the end of e of a qualifying person (generally your e during the last six months of the tax you to qualify. All Forms W-2 (wages), 1095, 1 1099-B for sale of securities; 10 1099-G for state tax refunds, une for social security; 1099-K for n | 2020; in that year you qualitating your home, which was yethe tax year, and maintain a child or relative). You may lear. If you are maintaining 221227 and D 298, and 1099 (such as 1099-R for annuities, pensions employment compensation, nerchant card and third-part | fied to file jointly; you did not remarry before your dependent child's (or stepchild's) main home that for more than half of the tax year be considered unmarried if your spouse did the household of a parent, the parent doe | |
| All of the following in January 1, 2022 and home for the entire is the principal hom not live in your hom not need to live with Person | nust apply: your spouse died in 2019 or d you paid over half the cost of maintain year. (or considered unmarried) at the end of e of a qualifying person (generally your e during the last six months of the tax you to qualify. All Forms W-2 (wages), 1095, 1 1099-B for sale of securities; 10 1099-G for state tax refunds, une for social security; 1099-K for n royalties, prizes, and awards, etc. Schedules K-1 for partnerships, | 2020; in that year you qualifying your home, which was you the tax year, and maintain a child or relative). You may lyear. If you are maintaining 2222222222222222222222222222222222 | fied to file jointly; you did not remarry before your dependent child's (or stepchild's) main home that for more than half of the tax year be considered unmarried if your spouse did the household of a parent, the parent does the household of a parent, the parent does so that the parent does so the parent does so the parent does so the paren | |
| All of the following in January 1, 2022 and home for the entire. Must be unmarried is the principal hom not live in your hom not need to live with Person CHECKLIST Documents needed in addition to your completed. | nust apply: your spouse died in 2019 or d you paid over half the cost of maintain year. (or considered unmarried) at the end of e of a qualifying person (generally your e during the last six months of the tax you to qualify. All Forms W-2 (wages), 1095, 1 1099-B for sale of securities; 10 1099-G for state tax refunds, une for social security; 1099-K for n royalties, prizes, and awards, etc. Schedules K-1 for partnerships, ments to make your tax appoints | 2020; in that year you qualitating your home, which was you the tax year, and maintain a child or relative). You may year. If you are maintaining 221227 212 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25 | fied to file jointly; you did not remarry before your dependent child's (or stepchild's) main home that for more than half of the tax year be considered unmarried if your spouse did the household of a parent, the parent does the household of a parent, the parent does the household of a parent, the parent does a parent, the parent does the household of a parent, the parent does a late of the parent does a later date.) Definition of the tax year the parent does a parent, the parent does a later date.) | |
| All of the following in January 1, 2022 and home for the entire in Must be unmarried is the principal hom not live in your hom not need to live with Person CHECKLIST Documents needed in addition | nust apply: your spouse died in 2019 or d you paid over half the cost of maintain year. (or considered unmarried) at the end of e of a qualifying person (generally your e during the last six months of the tax you to qualify. All Forms W-2 (wages), 1095, 1 1099-B for sale of securities; 10 1099-G for state tax refunds, une for social security; 1099-K for n royalties, prizes, and awards, etc. Schedules K-1 for partnerships, ments to make your tax appoints. | 2020; in that year you qualitating your home, which was you the tax year, and maintain a child or relative). You may lear. If you are maintaining 2021 and 2 | fied to file jointly; you did not remarry before your dependent child's (or stepchild's) main home that for more than half of the tax year be considered unmarried if your spouse did the household of a parent, the parent does the parent does not need these does at a later date.) | |
| All of the following in January 1, 2022 and home for the entire. Must be unmarried is the principal hom not live in your hom not need to live with Person CHECKLIST Documents needed in addition to your completed. | nust apply: your spouse died in 2019 or d you paid over half the cost of maintain year. (or considered unmarried) at the end of e of a qualifying person (generally your e during the last six months of the tax you to qualify. All Forms W-2 (wages), 1095, 1 1099-B for sale of securities; 10 1099-G for state tax refunds, une for social security; 1099-K for n royalties, prizes, and awards, etc. Schedules K-1 for partnerships, ments to make your tax appoints. | 2020; in that year you qualitating your home, which was you the tax year, and maintain a child or relative). You may lear. If you are maintaining 2008, and 1099 (such as 1099-R for annuities, pensions employment compensation, merchant card and third-part; and 1099-NEC for nonemp S corporations, estates, or ment. You can provide them mutual fund shares during the da home or other property in the state of t | fied to file jointly; you did not remarry before your dependent child's (or stepchild's) main home that for more than half of the tax year be considered unmarried if your spouse did the household of a parent, the parent does the household of a parent, the parent does a parent, the parent does a parent, the parent does a later date.) Peduction Finder® 99-INT for interest; 1099-DIV for dividences, IRA or other retirement plan withdrawals etc.; 1099-S for real estate sales; SSA-109 year, network payments; 1099-MISC for rents loyee compensation, etc.). Include all copies trusts. (Note: You do not need these doct at a later date.) the year, see STEP 4. | |

| STEP | 1 The following items may affect your tax return. Please answer carefully. |
|---------------------------------------|---|
| These question | ns pertain to calendar year 2021 unless otherwise noted. |
| 1) Y O N O | Did you pay or receive alimony (Tax Tip 1)? Do not include child support. (Select one.) Pay O Receive O |
| | To/From: Name Social Security Number Amount \$ |
| | Date of original divorce or separation agreement: |
| · · · · · · · · · · · · · · · · · · · | |
| 3)YO NO | Did you receive an advance premium for health insurance purchased through a Health Insurance Marketplace (Exchange)? If yes, attach Form 1095-A. |
| 4) Y O N O | Did you (or do you plan to before April 18, 2022) contribute to a traditional IRA or Roth IRA for 2021? (Tax Tip 2) Self: Traditional IRA \$ Roth IRA \$ |
| 51 V O V O | Did you convert a traditional IRA or roll a qualified plan distribution to a Roth IRA in 2021? |
| 5)YONO | If yes, amount converted/rolled over: \$ |
| 6) Y O N O | Did you (or do you plan to before April 18, 2022) contribute to a health savings account (HSA) for 2021? (Tax Tip 3) |
| | Amount of contribution: (Do not list employer contributions, including amounts you elected to contribute under a cafeteria plan, shown on your Form W-2.) |
| | Self: \$ Spouse: \$ Type of health plan coverage: Self-only O Family O |
| 7) Y O N O | Did you receive any distributions from your health savings account (HSA)? Amount of distributions: \$ Amount of unreimbursed qualified medical expenses (attach list): \$ |
| 8)YONO | Are you a grade K-12 teacher? |
| | If yes, enter amount of out-of-pocket classroom costs you paid (Tax Tip 4): \$ |
| 9) Y O N O | Did you pay child care costs for a dependent child under age 13, or costs of caring for a disabled dependent or spouse, |
| | so you could work, attend school, or look for a job? If yes, provide the amounts paid for each individual and the names, addresses, and taxpayer identification numbers of the care providers. |
| | Amount, if any, reimbursed by an employer dependent care plan (Tax Tip 5): |
| 10) YO NO | Did you pay expenses related to adopting a child? If yes, provide details of any expenses incurred (attach list). |
| 11) YO NO | Did you pay any individual \$2,300 or more to perform household services during the year, such as a babysitter, caretaker, housekeeper, cook, or gardener? |
| 12) YO NO | Did you have any debts cancelled or reduced (including credit cards and student loans), property repossessed or foreclosed upon, or did you file for bankruptcy? (Tax Tip 6) |
| 13)YO NO | Did you have a financial interest in, or signature authority over, a financial account (such as a bank or securities account) located in a foreign country at any time during 2021? A financial account is located in a foreign country if it is physically located outside of the U.S., including an account maintained with a branch of a U.S. bank that is physically located outside of the U.S. |
| | YONO If yes, did the aggregate value of all accounts located in a foreign country (other than accounts maintained on a U.S. military installation) exceed \$10,000 at any time during the year? |
| 14) YO NO | |
| 15) YO NO | \$50,000 on the last day of the year or more than \$75,000 at any time during the year (\$100,000 and \$150,000, respectively, if married filing a joint return)? |
| 16) YO NO | Did you own any other foreign financial assets (such as stock in a foreign corporation or an interest in a foreign partnership) that are not held in a financial account? |
| 17) T□ S□ | Do you (T) [or your spouse (S)] want to designate \$3 to the Presidential Election Campaign Fund? (Does not change amount due or refund.) Leave blank if neither wishes to designate \$3. |
| 18) YO NO | Do you want to allow your preparer or another individual to discuss your federal return with the IRS? Provide name, phone number, and personal identification number of individual if not preparer. |
| | Name: Phone Number: Identification Number: |
| 19) YO NO | Have you (or your spouse) received an Identity Protection Personal Identification Number (IP PIN) from the IRS? |
| | If yes, enter six-digit code: Self: Spouse: |
| 20) YO NO | Did you make gifts to a trust or gifts totaling more than \$15,000 to any individual during the year? If so, provide recipient's name, address, relationship to you, and the amount of the gift. |
| 21) YO NO | Did you receive an economic stimulus payment during 2021? Amount \$ |
| 22) YO NO | Did you receive a Paycheck Protection Program loan for your Schedule C business? Amount \$ Amount forgiven \$ |
| 23) Y O N O | Amount 5 Amount torgiven 5 |

| STEP 1 Check any of | the boxes b | elow that apply t | o you for 202 | 21: | |
|--|----------------------|--|---------------------------------------|----------------------|----------------------------|
| Purchased health insurance for yourself of 1095-A (Heath Insurance Marketplace St | | r through the Health Insi | urance Marketplac | e (Exchange). | [Attach Form |
| ☐ Was granted stock options by your emplo | | sed employer stock opti | ons. | | |
| Owned any securities or held any debts | • | , , | | | |
| ☐ Contributed to or received distributions fr | | • • | MSA). | | |
| ☐ Traveled more than 100 miles from home | | ** ' | • | d member or r | eservist |
| Performed services in the performing art | - | - · | is a Hallonai Guai | d member of r | Cadi Viat. |
| Lived or worked in a foreign country. | o loi at loadt two t | imployers. | | | |
| ☐ Purchased the following new plug-in elec | stria vahiolas | | | | |
| ☐ Was in the military (or reservist). | and venicle; | | | | |
| | | | | | f . t . t |
| Was an active-duty member of the militar | | · | and incident to a p | ermanent char | ige of station. |
| Received any notice from the IRS or a st | • | • | | | |
| Contributed to or received distributions for | _ | · | (ABLE) account. | | |
| ☐ I can be claimed as a dependent on ano | | | | | |
| Please provide any other informa | ition related to y | our 2021 taxes not rep | orted elsewhere | on this <i>Organ</i> | izer: |
| | | The state of the s | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| STEP 2 Dependents | (Tax Tip 7) (a | ttach additional sheet, | if necessary) | | |
| | V | | | I | |
| Children | ahaal full floor far | at local five months dud | na tha caan coha | | |
| Age 18 or younger (age 19-23 if attending s lived with you more than half the year and w | | | | | |
| permanently and totally disabled child). | no dia not provide | more mannan or men | own support (or a | | 21 Unearned |
| Full Name | | Date of Birth | SSN | | vestment) ne > \$1,100? |
| <u>sandes de la collège des santantes de la cale de santaja de la cale de la cale de la cale de la cale de la cale</u> | | | | | |
| | | | | | |
| | | THE STATE OF THE S | | | |
| | | | | | |
| ☐ Check if it is possible that a different tax | payer might claim | a child listed above as a | a dependent. | | |
| Check if you are divorced and either sign | ned or received Fo | orm 8332 (release of exe | emption for child). | (Provide Form | 8332.) |
| region de la companya de la company | | | | # Months | |
| | | | Is 2021 Gross | Resided In | Support |
| Other Dependents | | Social | Income less | Your Home | Received |
| (relatives and/or members of household) | Relationship | Security Number | than \$4,300? | in 2021 | From You |
| | | | | | |
| | | | | | |
| | | | | | |
| STEP 3 Income | | | | | |
| | | | | | |
| | - Wages—Pr | ovide Forms W-2 | | | |
| Number of employers (during the year): | Self: | Spouse: | | | |
| | | | | | |
| | | d Interest Incom | proposition and the second | | |
| Provide all Forms 1099-INT, 1099-DIV, and but do not duplicate what's reported on the 1 | | | | | parate sheet, |
| Ins | tallment Sal | Payments Rece | ived | | |
| Total Payments \$ | Is pa | yer a relative or related | party? Yes O | №О | |
| Interest \$ | If pay | er uses property as a p | rincipal residence, | provide payer | 's: |
| Principal \$ | Nam | 9 | | | |
| Did sale occur in 2021? Yes O No O | Addr | | | | |
| | | | | | |

| STEP 3 Income (Co | ontinued) | | | | |
|---|--|---|-------------------|------------|--------------|
| Retire | ement Plan and So | cial Security Income | | | |
| Did you receive distributions from IRA (including amounts rolled over and inlf yes, provide all Forms 1099-R recei Form 1099-R here | s, SEPs, pensions, 401(k); plan Roth rollovers)? ved. Enter amounts receive | s, or other retirement plans | Yes O | No O | |
| 2) Amount of distribution rolled over to a | | | | | |
| 3) Amount of distribution rolled over to a | | | | | |
| 4) Amount of distribution rolled over to a | | | | | |
| 5) Amount of distribution made directly to 6) If you were under age 59½ when the exception to the 10% penalty on early Explain: | distribution was received, c | lo you qualify for an | | No O | |
| 7) If age 70½ or older on December 31, tions from your IRAs (other than Roth | | | Self: Spouse: | Yes O | No O No O |
| 8) Did you recontribute any of your 2021 | required minimum distribu | tions to your IRAs and quali- | орошьс | . 103 🔾 | 110 0 |
| fied retirement plans? | | | Self: | Yes O | No O |
| | | | Spouse | Yes O | No O |
| 9) Did you receive social security or railr If yes, provide all Forms SSA-1099 or | oad retirement benefits? RRB-1099 received. | | Yes O | ΝοΟ | |
| Partners | ships, Estates, Trus | sts, and S Corporatio | ns | | |
| Provide a list of all the partnerships and | | | | ch vou are | a heneficiar |
| Indicate on the list whether you materially not engaged in a trade or business (for exsuch as stocks and bonds). Provide all So | cample, an entity whose on chedules K-1 received for t | ly activity is ownership of rent he tax year. See also Tax Tip | al real es 20. | | |
| Other | Income—Provide | Forms 1098 and 1099 | 9 | | |
| Bartering Income | *************************************** | | \$ | | |
| Bonuses and Prizes not reported on Forn | | | | | |
| Cancellation of Debt (Form 1099-A or 109 | | | | | |
| Commissions and Fees (Not reported in S | | | | | |
| Disability Income not included on Form W | | | | | |
| Education Savings Account or Qualified 1 | | | | | |
| Gambling/Lottery Winnings (Form W-2G) | ` ' | • | | | |
| | ********************************* | | | | |
| Scholarships (Form 1098-T) | | | | | |
| State Income Tax Refund (Form 1099-G) | | | | | |
| Tips and Gratuities not reported on Form | | | | | |
| Unemployment Compensation (Form 109 | | | | | |
| Veterans' Pension and Disability | , | | | | |
| Workers' Compensation | | | | | |
| Other (attach separate sheets if necessar | | | | | |
| | | | | | |
| STEP 4 Sales and | Exchanges | | | | |
| Provide information about sales of stock, supporting information. Attach separate provide, there is no need to complete the | sheet if necessary. If all tra | ansactions, including basis, a | re reporte | | |
| • | Asset #1 | Asset #2 | | Ass | et #3 |
| Deparintion of Property | STATE OF THE PROPERTY OF THE P | | | | |
| Description of Property | | 1 | _ - | | |
| Date Acquired | | i | | | |
| Date Sold | | | | | |
| Sales Price | | 1 | 1 ' | | <u> </u> |
| Basis (Tax Tip 12 and Tax Tip 13) | | <u></u> | _ - | | |
| Expenses of Sale | | | | | |

| any single-member limited liability com | | | parately for each | 1. Also include |
|--|--------------------------------|---|--------------------------------------|--------------------------|
| Business Activity/Product: | | | | |
| Business Name: | | | | |
| Did you begin or end the business in 2021? Begin O End O | | | | |
| Gross Receipts (provide all Forms 1099-MISC, 1099-NEC, and 109 | 39-K)¹ | | 6 | |
| Inventory—Beginning of Year | - | | | |
| Merchandise Purchases (less Product for Personal Use) | | | | |
| Labor, Materials, and Other Costs of Inventory | | | | |
| Inventory—End of Year | | | | |
| Did you make any payments requiring Forms 1099 be filed? ^{1,2} | | | | 0 |
| If Yes, did you file Forms 1099? | | | | 0 |
| ¹ Virtual currency receipts or payments must be reported. | | | | |
| ² Generally, payments of \$600 or more made to individuals and no reported. Common examples are payments for non-employee co | | | of a trade or bus | siness must be |
| STEP 6 Rental and Royalty Income | | | | |
| Physical Address (Street, City, State, Zip Code) | Type¹ | Rent/Royalty Received | Fair Rental Days | Personal Use Days |
| | | \$ | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Did you make any payments requiring Forms 1099 be filed? | | *************************************** | Yes O No C |) |
| If Yes, did you file Forms 1099? | | | Yes O No C |) |
| Were 250 or more hours spent on rental services for each rental a | | | | |
| 1 1—Single family residence; 2—Multi-family residence; 3—Vaca 7—Self-rental; 8—Other (describe). | | | | |
| /—Self-terital, 6—Other (describe). | | | | |
| | | | | |
| STEP 7 Business Travel and Meal E | ., | | | |
| Travel expenses are deductible if you traveled away from home or deductible (subject to limits), provided you have records showing or | ernight on bu late, amount, | siness. Business me persons present, and | als when not tra d business purpo | aveling are also ose. |
| Use Correct C | olumn 🐨 | Self-Employed | Rent | al Activity |
| Travel: | | | | |
| Airplane, Train, Taxi, Auto Rental | s | l | \$ | |
| Restaurant Meals | 1 | | | |
| Non-Restaurant Meals (See Tip C under Self-Employed Tax Tip | s) | | | |
| Lodging | - | | | |
| Telephone/Internet Connection | i | | _ | |
| Cleaning and Laundry | | | _ | |
| Baggage and Shipping | | | | |
| Other: | | | | |
| Restaurant Meals Not Associated With Travel | ! | | | |
| Non-Restaurant Meals Not Associated With Travel | | | | |

Self-Employment Income (See also STEP 7, STEP 8, and STEP 9)

| STEP 8 Self-Employment and R | ental Expenses | | |
|--|--------------------------|---|----------------------------|
| Do you qualify for business use of home deductions? | If yes, attach list of e | expenses related to hom | e. Do not duplicate below. |
| Yes O No O | Business sq. ft. | | |
| (See Tip B under Self-Employed Tax Tips.) | Total sq. ft. | | |
| | , | or business: | |
| Us | e Correct Column 🦃 | Self-Employed¹ | Rental ¹ |
| Advertising | | \$ | \$ |
| Cleaning and Maintenance | | | |
| Commissions and Fees Paid | | | |
| Contract Labor | | | |
| Employee Benefit Programs (include health insurance for en | nployees) | | |
| Insurance (not including health) | | | |
| Interest • Mortgage (Form 1098) | | | |
| Other Interest | | | |
| Legal and Professional Fees | | | |
| Licenses | | | |
| Management Fees | | | |
| Office Expenses | | | |
| Pension/Profit-Sharing Plan Contributions Made for Employe | es | | |
| Rent Paid • Vehicles, Machinery, and Equipment | | | |
| Other Business Property | | | |
| Repairs and Maintenance | | | |
| Supplies | | | |
| Taxes | | | |
| Utilities | | VALUE AND ADDRESS OF THE PARTY | |
| Wages Paid | | | |
| Other Expenses (provide list) | | | |
| ¹ If more than one business or rental property, provide inform | nation separately for ea | ch. | (|
| Business or rental asset purchases or sales. Provide a seand property description. Include copies of sales receipts or | | dates of purchase or sa | ale, purchase/sales price, |
| STEP 9 Health Insurance and R | etirement Plans | for the Self-Emp | loyed |
| Insurance premiums paid: Health \$ Include premiums paid for yourself, spouse, dependents, a any premiums for months self-employed person was eligible instead. | | 7, as well as Medicare j | |
| Contributions made to your SEP, SIMPLE, or qualified retired See Tip D under <i>Self-Employed Tax Tips</i> . | ment plan for 2021. | \$ | |
| Self-Em | ployed Tax Tips | | |

- A) Business Assets. Special rules apply that allow the cost of certain business assets (for example, furniture and equipment) purchased and placed in service in 2021 to be fully deducted. See Tax Tip 18 and Tax Tip 19.
- B) Business Use of Home Deduction. If an area of the home is used regularly and exclusively for business, a deduction for a portion of mortgage interest, taxes, insurance, other operating costs, and depreciation may be allowed. Special rules apply for inventory storage and daycare. Ask for details.
- C) Per Diem Meal Rates. In lieu of using actual expenses incurred for meals and incidental expenses while travelling, self-employed individuals may deduct IRS-approved per diem amounts. The amounts depend on location. Provide detailed list of dates and locations of business travel.
- D) **Self-Employed Retirement Plans.** Many retirement plans (funded with pre-tax dollars) are available to self-employed business owners. The deadlines for establishing and contributing to a retirement plan vary. If you have employees, matching contributions may be required.
- E) Small Employer Health Insurance Credit. A credit is available to qualified small employers that pay health insurance premiums for employees. Premiums paid for the business owner and his family members don't qualify. Ask us for details.

STEP 10 Vehicle Expense

- · Commuting between your home and regular work location is not deductible.
- Commuting expenses for going between your home and a temporary work location outside the metropolitan area where you live and
 normally work are deductible. Travel expenses between your home and a temporary work location within your metropolitan area are
 not deductible unless either of the following tests are met:
 - 1) You have one or more regular work locations away from your home or
 - 2) Your home is your principal place of business.
- There are two methods to determine the deduction for vehicles used for business: (1) actual expenses or (2) standard mileage rate (for 2021, 56¢ per mile).
- For each vehicle used for business, complete lines 1–6. If you know that you use standard mileage allowance, ignore lines 7–13. If
 you purchased a vehicle this year and do not use standard mileage allowance, provide a copy of the sales invoice.

| Vel | nicle | #1 | | #2 | 2 | # | 3 |
|-------------------------------------|---|---------------|---|---------------------------------------|--------------|-------------|-------------|
| 1) Total miles driven this year: | Business | | | | | | |
| , | Commuting | | | | | | |
| | Other Personal | | | | | | |
| 2) Vehicle Description | | | *************************************** | , , , , , , , , , , , , , , , , , , , | | | |
| 3) Date Vehicle Was First Used | for Business | | | **** | | | |
| 4) Cost (cash paid, net of any tra | ade allowance) | \$ | | \$ | | \$ | |
| Was a car traded in? | | Yes O | No O | Yes O | No O | Yes O | No O |
| or Lease Payments (for the | year) | | | | | | |
| 5) Interest Paid on Vehicle Loan | (Self-Employed Only) | | | | | | |
| 6) Parking and Tolts | | | | | | | |
| 7) Gasoline, Oil, Lubrication | | | *************************************** | | | | |
| 8) Repairs, Maintenance, Car W | /ashes | | | | | | |
| 9) Tires and Supplies | | | | | | | |
| 10) Insurance | | | | | | | |
| 11) Tags and Licenses | | | | | | | |
| 12) Garage Rent | | | | l —— | | <u></u> | |
| 13) Other: | | _ | | <u> </u> | | | |
| · · | | l | No O | Yes O | №О | Yes O | №О |
| If yes, date sold | | | | | | | |
| 15) If yes, provide sales price and | d any trade information | | | | | | |
| Questions for All Taxpayers Cl | aiming Vehicle Expenses: | | | J | | | |
| 1) Do you have evidence to sup | port business use? | ************* | | | | Yes O | No O |
| 2) If yes, is the evidence written | ? | | | | | Yes O | No O |
| 3) Do you (or your spouse) have | e another vehicle available for person | nal use? | | | | Yes O | No O |
| | penses will not be allowed by the IRS he best protection in case of an aud | | lequate re | cords or su | fficient evi | dence verif | ying busi- |

| Include information about education expe | nses incurre | d for you, | your | spouse, o | r your de | epend | lents. | |
|---|---|--------------|-----------|-----------------|---|---|-----------------------------|---------------------------------------|
| 1) Student's Name | | | | | | | | |
| If in college, was student enrolled at least half-time for | | | | | | | | |
| at least one academic period beginning in 2021? | Yes O | No O | | Yes O | No O | | Yes O | №О |
| 3) Felony Conviction?¹ | Yes O | ΝοΟ | | Yes O | No O | | Yes O | No O |
| 4) Educational Purpose (degree seeking, job related) | | | | | | | | |
| 5) Name of Institution | *************************************** | | | | | | | |
| 6) Total Amount Paid (attach detailed list of expenses) (See Tax Tip 14) | \$ | | \$ | | | _ | S | |
| 7) Paid By Whom? | | | | | | - | | |
| 8) Student's Grade or Year in College | | | | | | _ | | |
| ¹ Indicate whether or not student was convicted before 12/3 | 1/2021 of a t | felony for p | osse | ession or o | listributio | n of a | a controlled | substance. |
| STEP 12 Itemized Deductions | | | | | | | | |
| | | | | | | | | |
| Complete this step only if you think your total itemized deduction | | | 691659446 | ndard dedi | uction for | your | filing status (| see below). |
| 2021 St | andard D | eductio | on | | | | S S S IN | o a sigle |
| Filing Status | | | | ndard action | | | id for Blind d/or Over 6 | |
| Married Filing Jointly or Qualifying Widow(er) | | | | 5,100 | | | \$ 1,350 | |
| Single | | | | 2,550 | 7 | | 1,700 | |
| Head of Household | | | | 3,800 | | | 1,700 | |
| Married Filing Separately | | | | 2,550 | | | 1,350 | |
| Did your spouse itemize deductions on a separate return (| | | | | V | ۰. O | · _ | |
| | | | s ant | #11 <i>)</i> ? | I | 68 O | 140 🔾 | |
| Deductible only if net expenses | lical Expension | | sted | Gross In | come (A | GI) | | |
| Note: Do not include amounts paid for or reimbursed by in | surance <i>or</i> h | ealth insu | rance | e premium | s paid w | ith pr | e-tax incom | ıe. |
| Did you pay medical expenses for a person you cannot clai | im as a depe | ndent? Ye | s O | No O | if un | sure, | ask your ta | x preparer. |
| Health Insurance Premiums¹ (include premiums for vision a but not for disability or loss of income policies) | | | ,,,,,,,,, | | 9 | | | |
| Medicare Insurance Premiums¹ (Form SSA-1099) | | | | | | *************************************** | | |
| Long-Term Care Insurance Premiums ¹ (Tax Tip 15) | | | | | 500000000000000000000000000000000000000 | | | |
| Prescribed Drugs and Insulin | ************ | | | *********** | | | | |
| Doctors and Clinics | *************** | | | | | | | |
| Dentists and Orthodontists | *************** | | | | | | | |
| Glasses, Contact Lenses, Eye Exams, Laser Eye Surgery. | *************************************** | | | | 9 | | | |
| Hospitals, Nurses, Ambulance | | | | | Above | | | |
| Nursing or Long-Term Care Facility | ******* | | | | Note / | | | |
| Other (please detail): | | | | | | | | |
| | | | | | See | | | |
| | | | | | | | | |
| | | | | ************* | | | | |
| | | | | *********** | | | | |
| | | | | | | | | |
| Medical Miles Driven in 2021 | | | | | | | | |
| Parking Fees | | | | ************ | | | | |
| | | | | | | | | |
| Lodging While Obtaining Medical Treatment <i>Limited to \$50</i> 1 Do not include any premiums included in STEP 9 (if self- | | er person. | | ************* | | | | · · · · · · · · · · · · · · · · · · · |

Education Expenses (Attach Forms 1098-E, 1098-T, and 1099-Q)

STEP 11

| STEP 12 | Itemized Deductions (Continued) | | |
|--|---|---|---|
| | Taxes | | |
| Note: In 2021, the dec taxes are not deductib | duction for state and local taxes is limited to \$10,000 (| 5,000 if married filing sep | arate) and foreign real estate |
| paid with 2020 retur | e Taxes Paid in 2021 (include 2021 estimated tax payın) | | \$ |
| | Tax Paid for Major Purchases (motor vehicles, boats, Iding materials, if rate same as general sales tax rate) | | |
| Foreign Taxes (other t | han foreign real estate taxes) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Real Estate Taxes—H | omestead (less special assessments) | | |
| Other Real Estate Tax | es (second home, cabin, etc. but not foreign real estat | e taxes) | APART - |
| | | | |
| Special Assessments- | -Interest Portion Only | | |
| Personal Property Tax | es (auto license tags, etc.) | | |
| | Charitable Donations (Use sepa | rate sheet if needed.) | |
| written receipt from th | tions under \$250 each must be substantiated by eithe he charity showing its name and the date and amount a written acknowledgment from the charity. (See Tax T | of the donation. For each o | as a cancelled check) or (2) a donation of \$250 or more, the |
| Cash, Check, or Cred | lit Card (include payroll deductions): | | |
| | ogues | | \$ |
| | | | |
| | | | |
| | | | |
| Noncash: | | | |
| Fair Market Value (| FMV) of items Given to Charities | *************************************** | |
| | tem (or group of similar items) and its FMV (Tax Tip 17 |). | |
| | r airplane donation over \$500, provide Form 1098-C. | | |
| Out-of-Pocket Expens | ses for Charitable Work | | 1 |
| Charitable Miles: | Miles × 14¢ = | | |
| Other: | | | |
| | Miscellaneous Exp | enses | |
| Note: In 2021, misce generally are no long | llaneous itemized deductions (for example, unreimburs er deductible. | ed employee business exp | penses, investment expenses) |
| ı | nited to Total Gambling Winnings Listed in STEP 3 | | |
| | Casualty Loss | | |
| Casualty, Disaster, ar | nd Theft Losses. Provide details. (Tax Tip 21) | | |
| | Interest Paid (Provide F | orms 1098) | |
| | | Primary Residence | Second Home (Tax Tip 22) |
| Lieme Mortross (15 s | eller-financed, provide seller's name/address/SSN) | l _e | \ \$ |
| | oan Proceeds Used for: | | Ψ |
| 1 | | 1 | |
| Loan Foints not kept | orted on Form 1099-INT (Tax Tip 23) | | |
| Investment Interest F | Paid\$ | | |

| \$1 | TEP 13 | P | rincip | al Residence (attach any 2021 closing statements) | | | | |
|-------|---|------------|---|---|--|--|--|--|
| Yes O | №О | Did you s | ell your p | principal residence in 2021? <i>If yes</i> (Tax Tip 24): | | | | |
| | | Yes O | ΝοΟ | Did you own and use it as a principal residence for at least two of five years before the sale? | | | | |
| | | Yes O | No O | Did you sell a previous residence within two years before the sale date and exclude any gain? | | | | |
| | | Yes O | No O | After 2008, was the property ever used for anything other than as a principal residence (for example, as a vacation home or rental property)? | | | | |
| Yes O | №О | Did you p | Did you purchase a residence in 2021? | | | | | |
| Yes O | No O | Did you re | Did you refinance your mortgage or take out a home equity loan in 2021? | | | | | |
| | Amount of proceeds used for something other than acquiring or improving your home: \$ | | | | | | | |
| Yes O | No O | | Did you purchase any energy-efficient improvements such as qualified solar electric, water heating, fuel cell, small wind energy, or geothermal heat pump property? | | | | | |
| Yes O | No O | Did you re | Did you receive a first-time homebuyer credit for a home purchased in 2008? | | | | | |
| | If yes, enter the amount of the credit: \$ | | | | | | | |

| | Federal | Date Paid | State | Date Paid |
|---|---------|-----------|----------|-----------|
| Amount applied from 2020 overpayment, if any: | \$ | 8 | . | |
| First Quarter Payment Made | | | | |
| Second Quarter Payment Made | | | | |
| Third Quarter Payment Made | | | | |
| Fourth Quarter Payment Made | | | | |

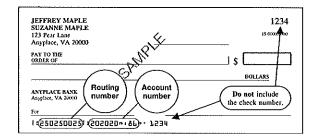
STEP 15 Tax Refund—Direct Deposit Information

If you receive a 2021 federal tax refund, the refund can be routed to up to three of your checking or savings accounts. (Tax refunds may also be directly deposited to your IRA, Health Savings Account, Archer MSA, Education Savings Account, or Treasury Direct Account, or used to buy up to \$5,000 in series I savings bonds.) If you prefer a direct deposit, please complete the following information. Otherwise a refund check will be mailed to you at the address on your tax return.

| Type of Account (Checking, Savings, IRA, etc.) | Routing Number (Nine digits) | Account Number | Percent of Refund |
|---|---------------------------------|----------------|-------------------|
| | | | |

Sample check:

Note: The routing and account numbers may be in different places on your check.



Privacy Policy:

We collect nonpublic information about you from the following sources:

- 1) Information we receive from you on applications, tax organizers, worksheets, and other forms;
- 2) Information about your transactions with us, our affiliates, or others;
- 3) Information we receive from a consumer reporting agency.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as required by law.

We restrict access to nonpublic personal information about you to those members of our firm who need to know that information in order to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Tax Tips

- 1) Payments that meet specific requirements may be treated as alimony for tax, regardless of how they are described in a divorce decree. One of the requirements is that the payments end upon the recipient's death. So, payments for maintenance or spousal support may be considered alimony for tax. Alimony with respect to divorce decrees executed after 2018 does not have any tax consequences; it is neither deductible by the payor nor taxable to the payee. Ask us for details.
- 2) IRA contributions are limited to the lesser of \$6,000 (\$7,000 if age 50 or older at year-end) or compensation, if you (and your spouse) are not covered by an employer retirement plan, traditional IRA contributions are fully deductible. If you or your spouse are covered by an employer retirement plan, the deduction is phased out at higher income levels. Roth IRA contributions are not deductible and regardless of whether you are covered by an employer retirement plan, they phase out at certain income levels. If only one spouse has compensation, a spousal IRA can be set up for the nonworking spouse. Each spouse (working and nonworking) can contribute up to \$6,000 (\$7,000 if age 50 or older) provided the working spouse's compensation is at least equal to the IRA contributions.
- 3) Individuals covered only by a high deductible health plan (for 2021, deductible of at least \$1,400 for individual coverage and \$2,800 for family coverage) can make deductible (subject to limits) HSA contributions.
- 4) Grade K-12 teachers may be able to deduct amounts paid for books, supplies (other than nonathletic supplies for health and PE courses), computer software, personal protective equipment (PPE), and other equipment and materials used in the classroom as well as certain expenses for professional development courses.
- 5) The child and dependent care credit is generally available to married taxpayers only if both spouses have earned income, unless a spouse is a full-time student or disabled.
- 6) Cancellation of debt (COD) generally results in taxable income. However, exceptions are available for bankrupt and insolvent taxpayers as well as for cancellations or reductions of student loans, farm-related loans, Paycheck Protection Program (PPP) loans, and loans related to business real property.
- 7) A person who files a joint return (other than a return filed solely to claim a refund) cannot be claimed as a dependent. Also, special rules apply to children of divorced parents.
- 8) To be tax free, IRA and qualified plan distributions generally must be rolled over to another traditional IRA or qualified plan within 60 days. Also, for IRAs, there is a one-year waiting period between tax-free rollovers.
- 9) IRA (but not qualified plan) withdrawals before age 591/2 are not subject to the 10% penalty if the funds are used for (a) otherwise deductible medical expenses, (b) certain higher educational expenses, (c) a first-time home purchase for distributions up to \$10,000, or (d) medical insurance by certain unemployed individuals. Other exceptions may apply to IRA and qualified plan withdrawals.
- 10) Material participation in a trade or business generally means the taxpayer spends more than 500 hours participating in the activity during the year. However, the test can also be met in other situations, such as when the taxpayer is the only one who substantially participates in the activity or spends more than 100 hours participating and no one else spends more time.
- 11) if "allocated tips" are listed on year-end Form W-2, the amount will be subject to both social security and income tax unless records (tip log) verify that a lesser amount was actually received.
- 12) Improvement costs may reduce taxable gain upon sale of property. Keep records of improvement costs made to all real property at least four years after the property is sold.

- 13) If stock or mutual fund dividends are automatically reinvested instead of received in cash, these reinvestments increase cost basis, and reduce gain or increase loss upon sale.
- Tax benefits such as a credit or income exclusion for interest on certain U.S. savings bonds may be available for certain education expenses. Benefits may be phased out at certain income levels. List the following expenses: (a) tuition and required fees; (b) books, supplies, and equipment required for attendance; (c) computer equipment and internet access; (d) room and board (if at least half-time attendance); and (e) student loan interest.
- 15) Qualified long-term care insurance premiums are deductible subject to age and annual dollar limits.
- 16) Charitable contributions of \$250 or more in any one day to any one organization must have written acknowledgment from the organization. The acknowledgment must state whether or not any goods or services were received in exchange for the donation. You may qualify to take a charitable contribution deduction of up to \$300 (\$600 for a joint return) even if you don't itemize deductions.
- 17) When making contributions of used furniture, appliances, and clothing, attach a record of the items donated to the receipt for proof of this deductible contribution. Contributions must be in good or better condition to be deductible.
- 18) 100% bonus depreciation is generally allowed on new and used qualified business property acquired and placed in service in 2021. Qualified business property includes such property as office furniture, computers, machinery, and equipment. Limits apply to certain automobiles, trucks, and SUVs.
- 19) The Section 179 business property expensing allowance is \$1.05 million (for 2021) and includes tangible personal property and off-the-shelf computer software. Limits apply to certain automobiles, trucks, and SUVs.
- 20) In 2021, self-employed individuals and owners of passthrough interests in business activities generally may deduct 20% of their qualified business income, as well as 20% of aggregate qualified REIT dividends and qualified publiclytraded partnership income. Joint filers with taxable income of \$329,800 or more (\$164,925 for MFS and \$164,900 for all other filers) are subject to special rules.
- 21) Generally, in 2021, a net loss due to a casualty (such as flood, fire, theft, etc.) must be attributable to a federally declared disaster to be deductible to the extent it exceeds 10% of your AGI.
- 22) A home can be a house, condominium, cooperative, mobile home, boat, or similar property. It must provide basic living accommodations including sleeping space, toilet, and cooking facilities.
- 23) Loan origination fees (points) paid on a loan to buy or build a principal residence are generally deductible as interest in the year paid. Points paid on refinancing an existing mortgage or on a loan to purchase or improve a second home must be deducted (amortized) over the life of the loan. Exception: If part of the proceeds were used to improve your main home, points related to the improvements may be deducted in the year paid.
- 24) You can exclude up to \$250,000 (\$500,000 if married and filing jointly or certain surviving spouses) of the gain on a sale of a principal residence if you owned and occupied the residence for two out of the five years before the date of sale. If the home was used other than as your principal residence any time after 2008, some of the gain may be taxable.
- Keep receipts supporting tax deductions at least four years.

| Taxpayer: | |
|---|--|
| Taxpayer Instructions- | —Items checked ☑ apply to you. |
| IRA/SEP/SIMPLE/HSA | • • |
| ☐ IRA contributions deducted on 2021 return: for You \$ | |
| All 2021 contributions to traditional or Roth IRAs must be ma | |
| All 2021 contributions must be made by due date of the tax is | 21 return: for You \$, for Spouse \$ return (including extensions). |
| • | return: for You \$, for Spouse \$ |
| Federal Tax Return | |
| ☐ Your federal tax return shows an overpayment of \$ | Of this amount, \$ has been applied |
| toward your estimated tax payments for 2022, \$ | will be directly deposited to your account |
| and \$ will be refunded to you. | |
| ☐ You have to pay a balance due of \$ Make | |
| You will be billed separately by the IRS for any interest and/o | or penalty on the balance due. |
| ☐ Your return has been filed electronically. ☐ Mail by Mail to | |
| | |
| State Tax Return | |
| ☐ Your state tax return shows an overpayment of \$ | |
| , , | will be directly deposited to your account |
| and \$ will be refunded to you. You have to pay a balance due of \$ Make | shook navable to |
| ☐ You will be billed separately by the state for any interest and | • • |
| ☐ Your return has been filed electronically. | aron perialty on the balance due. |
| ☐ Mail by Mail to | |
| Estimated Taxes | |
| ☐ Pay 2022 estimated taxes according to payment schedule p | provided below. |
| Payment Instructions: | |
| On all checks or payments, enter the year and form number of the | he return, your social security number, and a daytime phone number or via the IRS electronic federal tax payment system (EFTPS)—cal |
| | |
| 2022 Estimated Tax Payments—Ir | nstructions and Record of Payments ¹ |
| | Federal State |
| Estimated Tax Liability for 2022 | 1 |
| Estimated Tax Withholding from 2022 Wages ² | |
| Amount Credited from 2021 Return | |
| Total Amount to Be Paid in Quarterly Estimates | |
| ¹ If your income, deductions, or filing status change, please con ² If your state or federal tax withholding for the year is less than | |

| Fed | eral Paymen | t Record | | | State Payme | nt Record | |
|--------------------|-------------|-----------------|-----------|----------|-------------|-----------------|-----------|
| Date Due | Amount | Check Number | Date Sent | Date Due | Amount | Check Number | Date Sent |
| April 18, 2022 | \$ | | | | \$ | | |
| June 15, 2022 | | | | | | | |
| September 15, 2022 | | | | | | | |
| January 17, 2023 | | | | | | | |