

# Tax Organizer For 2021 Income Tax Return

**Prepared For:**

Sample and Mrs Client

**Do Not File  
Verify PTIN**

**Prepared By:**

Delano Sherley & Associates  
8366 Princeton-Glendale Rd  
Suite B5  
West Chester, OH 45069

This Tax Organizer can be used to help identify information needed to prepare your 2021 income tax return. Enter your 2021 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2021 income tax return.

If you have any questions, please feel free to contact us at (513)737-1314.

**PERSONAL INFORMATION ORGANIZER**  
Please complete this Organizer before your appointment.

**1. PERSONAL INFORMATION**

Name	SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer <b>Sample Client</b>	<b>***-**-6789</b>	<b>01/01/1989</b>			<input type="checkbox"/>	<input type="checkbox"/>
Spouse <b>Mrs Client</b>	<b>***-**-4321</b>	<b>01/01/1992</b>			<input type="checkbox"/>	<input type="checkbox"/>
Street Address	Apt.	City or town	State	Zip Code	County	
Foreign country	Foreign province/state			Foreign postal code		
E-mail Address(es)			Home Phone	Mobile Phone		

**2. FILING STATUS**

Single                       Check if parent (or someone else) can claim you as a dependent on their return.  
 Married Filing Joint  
 Married Filing Separate       Check if you lived apart from your spouse for all of 2021.  
 Head of Household  
 Qualifying Widow(er)      Year spouse died: \_\_\_\_\_

**3. DEPENDENTS**

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
<b>test test</b>	<b>Son</b>	<b>01/01/2018</b>	<b>***-**-7666</b>		<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

**4. REFUND INFORMATION**

1. Would you like to have any refunds directly deposited into your bank account? . . . . .  Yes  No

<p><b>Bank Account</b>                  Ownership      <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint                  Type              <input type="checkbox"/> Checking <input type="checkbox"/> Savings                  Bank name _____                  Routing number _____                  Account number _____                  Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>	<p><b>Bank Account</b>                  Ownership      <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint                  Type              <input type="checkbox"/> Checking <input type="checkbox"/> Savings                  Bank name _____                  Routing number _____                  Account number _____                  Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>
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**5. IDENTIFICATION INFORMATION**

<p><b>Taxpayer</b>                  Type of ID:      <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID                                           <input type="checkbox"/> No ID                  ID number _____                  Location of issuance _____                  Issue date _____                  Expiration date _____</p>	<p><b>Spouse</b>                  Type of ID:      <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID                                           <input type="checkbox"/> No ID                  ID number _____                  Location of issuance _____                  Issue date _____                  Expiration date _____</p>
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**6. HEALTH CARE INFORMATION**

Please indicate where you received your health insurance from for all members of your tax household.

Employer       Government-Sponsored Marketplace       Private Exchange (Individual Insurance Company)

**PERSONAL INFORMATION ORGANIZER**

Sample and Mrs Client

Please complete this Organizer before your appointment.

**7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS**

1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
2. Were you a victim of identity theft and have you been contacted by the IRS? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please furnish the 6-digit PIN issued to you by the IRS . . . . .	_____	
3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2021? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,200? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did you give a gift of more than \$15,000 to one or more people? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**8. COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Do Not File**  
\_\_\_\_\_  
\_\_\_\_\_  
**Verify PTIN**  
\_\_\_\_\_

## INCOME ORGANIZER

Please complete this Organizer before your appointment.  
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

### 1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Unreported tip income received: \_\_\_\_\_

### 4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Date of original divorce/separation agreement	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498

Payer Name	Roth IRA	Other IRA	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

### 7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . .  Yes  No
2. Did you earn any foreign income or pay any foreign taxes? . . . . .  Yes  No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? . . . . .  Yes  No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? . . . . .  Yes  No  
 If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2021? . . . . .  Yes  No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . .  Yes  No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .  Yes  No

**BUSINESS INCOME AND EXPENSES** (Schedule C)

**Sample and Mrs Client**

Indicate the owner of this business:  Taxpayer  Spouse  Joint

Business Name: \_\_\_\_\_

Business product or service: ministry

Business Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Did you start or acquire this business during 2021?  Yes  No

Accounting Method:  Cash  Accrual  Other (describe) \_\_\_\_\_

Method used to value inventory:  Cost  Lower of cost or market  Other (describe) \_\_\_\_\_

Income and Cost of Goods Sold	2021 Amount	2020 Amount
Gross receipts or sales		500.
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses	2021 Amount	2020 Amount		2021 Amount	2020 Amount
Advertising			Wages		
Commissions and fees			Other: <u>allowable se</u>		114.
Contract labor					
Depletion					
Employee benefits					
Insurance (other than health)					
Mortgage interest					
Other interest					
Legal and professional fees					
Office expenses					
Pension and profit sharing					
Rent - Vehicle, machinery					
Rent - Other					
Repairs and maintenance					
Supplies					
Taxes and licenses					
Travel					
Meals and entertainment					
Utilities					

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2021** (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

**Business Use of Home**

Area used exclusively for business \_\_\_\_\_ Total area of home \_\_\_\_\_

Was the home used as a day care facility?  Yes  No Date home placed in service \_\_\_\_\_

Casualty losses \_\_\_\_\_ Insurance \_\_\_\_\_ Rent \_\_\_\_\_

Mortgage interest \_\_\_\_\_ Repairs and maintenance \_\_\_\_\_ FMV of home \_\_\_\_\_

Real estate taxes paid \_\_\_\_\_ Utilities and other expenses \_\_\_\_\_ Value of land \_\_\_\_\_

Carryover of unallowed expenses to 2021  Yes  No (if yes, enter amount) \_\_\_\_\_

**DEDUCTIONS ORGANIZER**

Please complete this Organizer before your appointment.  
Itemized Deduction Organizers are on separate pages.

**Sample and Mrs Client**

**1. EDUCATION**

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

**2. JOB-RELATED MOVING EXPENSES**

Description	Amount
Lodging . . . . .	_____
Gas and Oil . . . . .	_____
Mileage . . . . .	_____
Other . . . . .	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace . . . . .	_____
Member of the Armed Forces? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4. OTHER DEDUCTIONS**

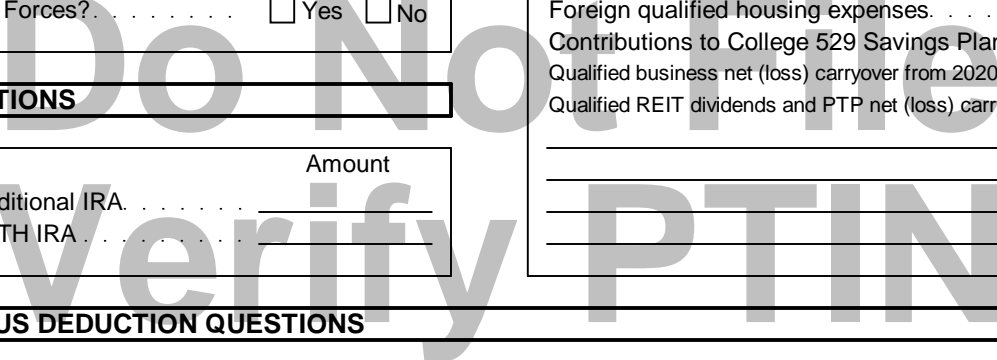
Description	Amount
Educator expenses. . . . .	_____
Alimony paid Rec. SSN: _____	_____
Date of original divorce/separation _____	
Health Savings Account contributions . . . . .	_____
Archer Medical Savings Account contributions _____	_____
Jury duty repayment to employer . . . . .	_____
Foreign qualified housing expenses. . . . .	_____
Contributions to College 529 Savings Plan. . . . .	_____
Qualified business net (loss) carryover from 2020	_____
Qualified REIT dividends and PTP net (loss) carryover	_____
_____	_____
_____	_____
_____	_____

**3. IRA CONTRIBUTIONS**

Description	Amount
Contributions to a Traditional IRA. . . . .	_____
Contributions to a ROTH IRA . . . . .	_____

**5. MISCELLANEOUS DEDUCTION QUESTIONS**

1. Did you purchase an item(s) during 2021 for which you paid a large amount of sales tax? . . . . .  Yes  No
2. Did you refinance a mortgage during 2021? . . . . .  Yes  No



**CREDITS AND PAYMENTS ORGANIZER**

Please complete this Organizer before your appointment.

**Sample and Mrs Client**

**1. REBATE RECOVERY CREDIT - ECONOMIC IMPACT PAYMENT RECEIVED**

Taxpayer . . . . . \_\_\_\_\_  
 Spouse . . . . . \_\_\_\_\_

**2. ADVANCE CHILD TAX CREDIT - PAYMENT AMOUNT RECEIVED**

July . . . . . \_\_\_\_\_ August . . . . . \_\_\_\_\_ September . . . . . \_\_\_\_\_  
 October . . . . . \_\_\_\_\_ November . . . . . \_\_\_\_\_ December . . . . . \_\_\_\_\_

**3. CHILD CARE CREDIT**

Attach Daycare Provider Statement(s):		Tax-Exempt	Telephone Number	Identification Number	Amount Paid
Care Provider Name	Address				
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____	_____

**4. RESIDENTIAL ENERGY CREDIT**

Solar electric property . . . . . _____	Metal or asphalt roof . . . . . _____
Solar water heating . . . . . _____	Exterior windows and skylights . . . . . _____
Small wind energy . . . . . _____	Electric heat pump or central air conditioner . . . . . _____
Geothermal heat pump . . . . . _____	Natural gas, propane or oil water heater . . . . . _____
Fuel cell property . . . . . _____	Biomass fuel stove . . . . . _____
Insulation material . . . . . _____	Natural gas, propane or oil furnace . . . . . _____
Exterior doors . . . . . _____	Advanced main air circulating fan . . . . . _____

1. Were the qualified improvements for your main home in the United States?  Yes  No  
 2. Were any of the improvements related to the construction of this main home?  Yes  No

**5. MISCELLANEOUS CREDIT QUESTIONS**

1. Did you pay any expenses related to the adoption of an eligible child?  Yes  No  
 2. Are you currently repaying the First-Time Homebuyer Credit?  Yes  No  
 3. Do you (and your spouse) have a social security number that allows you to work and is valid?  Yes  No  
 4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency?  Yes  No

**6. ESTIMATED TAX PAYMENTS**

Federal estimated payments	Date Paid	Amount Paid
Applied from 2020 federal refund . . . . . _____	_____	_____
1st quarter payment . . . . . _____	_____	_____
2nd quarter payment . . . . . _____	_____	_____
3rd quarter payment . . . . . _____	_____	_____
4th quarter payment . . . . . _____	_____	_____

State estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2020 state refund _____	_____	_____	Applied from 2020 local refund _____	_____	_____
1st quarter payment . . . . . _____	_____	_____	1st quarter payment . . . . . _____	_____	_____
2nd quarter payment . . . . . _____	_____	_____	2nd quarter payment . . . . . _____	_____	_____
3rd quarter payment . . . . . _____	_____	_____	3rd quarter payment . . . . . _____	_____	_____
4th quarter payment . . . . . _____	_____	_____	4th quarter payment . . . . . _____	_____	_____
State Name . . . . . _____			Locality Name . . . . . _____		