2021	1040	US	Client Information	1

CATES & COMPANY CPA
1380 LEWIS STREET
KINGSBURG CA 93631
Telephone number: 559-238-3808
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)

2021	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2021.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone	
	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	

Daytime Phone

1 = Work
2 = Home
3 = Mobile

2021	1040	US	Dependents	2

Please add, change or delete information for 2021.

DEPENDENTS

	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		

	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		

Type of Dependent

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

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

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:

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

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

1. Doctor statement
2. Other health care provider statement
3. Social services agency or program statement

2021	1040	US	Miscellaneous Questions

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.

PERSONAL INFORMATION

Yes	No	
☐	☐	Did your marital status or address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for 2021?
☐	☐	Did your bank account information change within the last twelve months? **If yes, provide new account information.**

DEPENDENTS

☐	☐	Were there any changes in dependents? **If yes, please provide full name, date of birth, and social security number.**
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2021?
☐	☐	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?

HEALTH CARE COVERAGE

☐	☐	Did you receive any of the following IRS Documents? Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage) If so, please attach.

INCOME

☐	☐	Did you recieve, sell, send, exchange or otherwise acquire any financial interest in virtual currency (Bitcoin)?
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	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?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?

2021	1040	US	Miscellaneous Questions

PURCHASES, SALES AND DEBT

☐ ☐ Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐ ☐ Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐ ☐ Did you buy or sell any stocks, bonds or other investment property in 2021?

☐ ☐ Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2022?

☐ ☐ Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? **If yes, please provide final closing statement.**

☐ ☐ Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐ ☐ Did you have any debts cancelled or forgiven? **If yes, please provide form 1099-C.**

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?

☐ ☐ Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2021?

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? **If yes, please provide form 1098-T.**

2021	1040	US	Miscellaneous Questions

ITEMIZED DEDUCTIONS

☐ ☐ 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)? **If yes, please provide milage.**

ESTIMATED TAXES

☐ ☐ 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 electronically file your tax return?

☐ ☐ 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?

☐ ☐ Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

☐ ☐ Was your home rented out or used for business?

☐ ☐ Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice 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?

☐ ☐ 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?

Miscellaneous Questions (Continued)

2021	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2021 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	18	
1=electronic payment of balance due	34	
1=electronic payment of estimated tax	36	

BANK INFORMATION

	Name of Bank	Percent to Deposit (xx.xx)		Routing Number		Account Number		Type of Account (Table 1)		Type of Invest. (Table 2)	
19		24		20		21		22		71	
44		45		47		48		49		72	
50		51		67		68		69		73	

2021 ESTIMATED TAX / 1040-ES (6)

Federal

		Amount Paid		Date Paid	TS		2021 Voucher Amount
Overpayment applied from 2020	1						
1st quarter payment	2		3			13	
2nd quarter payment	4		5			14	
3rd quarter payment	6		7			15	
4th quarter payment	8		9			16	
Additional Estimated Tax Payments	38		39				
	40		41				
	42		43				
	44		45				
Paid with extension	10		11			802	
Former spouse SSN if joint estimates	12						

State

		Amount Paid		Date Paid	TS		2021 Voucher Amount
Overpayment applied from 2020	101						
1st quarter payment	102		103			113	
2nd quarter payment	104		105			114	
3rd quarter payment	106		107			115	
4th quarter payment	108		109			116	
Additional Estimated Tax Payments	138		139				
	140		141				
	142		143				
	144		145				
Paid with extension	110		111			804	

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

2021	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

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)	1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld: Federal (Box 2)	Tax Withheld: Social Security (Box 4)	Tax Withheld: Medicare (Box 6)	Tax Withheld: State (Box 17)	Tax Withheld: Local (Box 19)	2020 Wages
	800	1	2	3	4	6	8	14	18	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2	Distribution code #1	1=IRA/SEP/SIMPLE	1=spouse	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld: Federal (Box 4)	Tax Withheld: State (Box 14)	Value of all IRAs at 12/31/21	2020 Distribution
	800	1	2	810	196	3	4	6	9	34	

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld: Federal (Box 4)	Tax Withheld: State (Box 15)	Tax Withheld: Local (Box 17)	2020 Winnings
	800	1	3	6	9	152	

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

		2021 Amount	TS	2020 Amount
Total gambling losses	12			
Winnings not reported on Form W-2G	10			

2021	1040	US	Interest & Dividend Income	11, 12

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		
	800 (801, 802, 803)	1	2	3	4	19	5	18	

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.)		
	800	1	2	30	3	122	502	18	503	16	

2021	1040	US	Miscellaneous Income	14.1

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)	2		52			
Medicare premiums paid (SSA-1099)	13		63			
1=treat Medicare premiums paid as SE health ins.	34		84			
Tier 1 RR retirement benefits (RRB-1099, box 5)	3		53			
1=lump-sum election for SS benefits	12		62			
Alimony received	5		55			
Taxable scholarships and fellowships	8		58			
Jury duty pay	28		78			
Household employee income not on W-2	9		59			
Excess minister's allowance	24		74			
Alaska permanent fund dividends	21		71			
Income from rental of personal property	23		73			
Income subject to S/E tax:						
	10		60			
	10		60			
	10		60			
	10		60			
	10		60			
	10		60			
Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)						
	11		61			
	11		61			
	11		61			
	11		61			
	11		61			
	11		61			

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld	14		64			
State income tax withheld	15		65			
Local income tax withheld	16		66			

2021	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2

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
	Name of payer	800	
	1=spouse	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2021 Overpayment repaid	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2020 (Box 3)	5	
	Federal income tax withheld (Box 4)	6	
No.	RTAA payments (Box 5)	25	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different	17	
	Farm amounts:		
	Agriculture payments (Box 7)	13	
	1=agriculture payments are from conservation reserve program	24	
	Market gain (Box 9)	26	
	Number of farm	15	
	1=box 2 is trade or business income (Box 8)	14	
	State income tax withheld (Box 11)	11	

	Name of payer	800	
	1=spouse	1	
	Unemployment compensation:		
	Total received (Box 1)	2	
	2021 Overpayment repaid	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund	9	
	Tax year for box 2 if not 2020 (Box 3)	5	
	Federal income tax withheld (Box 4)	6	
No.	RTAA payments (Box 5)	25	
	Taxable grants:		
	Federal taxable amount (Box 6)	12	
	State taxable amount, if different	17	
	Farm amounts:		
	Agriculture payments (Box 7)	13	
	1=agriculture payments are from conservation reserve program	24	
	Market gain (Box 9)	26	
	Number of farm	15	
	1=box 2 is trade or business income (Box 8)	14	
	State income tax withheld (Box 11)	11	

2021	1040	US	Business Income (Schedule C)	No.	16

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

GENERAL INFORMATION

Principal business/profession	800	
Principal business code	801	
Business name, if different from Form 1040	802	
Business address, if different from Form 1040	803	
City, if different from Form 1040	804	
State, if different from Form 1040	828	
ZIP code, if different from Form 1040	829	
Foreign region	830	
Foreign postal code	831	
Foreign country	832	
Employer identification number	805	
Other accounting method	806	

Accounting method: 1=cash, 2=accrual	7		
Inventory method: 1=cost, 2=lower cost/market, 3=other	6		
1=change of inventory method	8		
1=spouse, 2=joint	10		
1=first Schedule C filed for this business	44		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	112		
1=not subject to self-employment tax	39		
1=did not "materially participate"	22		
1=personal services is not a material income producing factor	220		
1=investment	37		
1=minister's Schedule C	302		
1=single member limited liability company	418		
1=trader in financial instruments or commodities	95		

INCOME

		2021 Amount	2020 Amount
Gross receipts or sales (Form 1099-MISC, box 7)	51		
Returns and allowances	52		
Other income:			
	54		
	54		
	54		
	54		

COST OF GOODS SOLD

Inventory at beginning of the year	14		
Purchases	15		
Cost of items for personal use	16		
Cost of labor	17		
Materials and supplies	18		
Other costs:			
	19		
	19		
	19		
	19		
Inventory at end of the year	20		

2021	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

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

EXPENSES

		2021 Amount	2020 Amount
Accounting	201		
Advertising	56		
Answering service	202		
Bad debts from sales or service	57		
Bank charges	203		
Car and truck expenses (not entered elsewhere)	59		
Commissions	60		
Contract labor	87		
Delivery and freight	204		
Dues and subscriptions	205		
Employee benefit programs	64		
Insurance (other than health)	66		
Mortgage interest (paid to banks, etc.)	12		
Other interest (not entered elsewhere)	67		
Janitorial	206		
Laundry and cleaning	207		
Legal and professional	69		
Miscellaneous	208		
Office expense	70		
Outside services	209		
Parking and tolls	210		
Pension and profit sharing plans - contributions	71		
Pension and profit sharing plans - admin. and education costs	53		
Postage	211		
Printing	212		
Rent - vehicles, machinery, & equipment (not entered elsewhere)	58		
Rent - other	72		
Repairs	73		
Security	213		
Supplies	74		
Taxes - real estate	45		
Taxes - payroll	41		
Taxes - sales tax included in gross receipts	43		
Taxes - other (not entered elsewhere)	75		
Telephone	214		
Tools	215		
Travel	76		
Total meals in full (50%)	81		
Department of Transportation meals in full (80%)	86		
Uniforms	216		
Utilities	77		
Wages	78		

Other expenses:

	90		
	90		
	90		
	90		
	90		
	90		

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

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	800		
Street address	801		
City	820		
State	821		
ZIP code	822		
Type of property (see table)	802		
Other type of property	803		
Number of days rented	34		

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

Percentage of ownership if not 100% (.xxxx)	500		1=did not actively participate	38	
Percentage of tenant occupancy if not 100% (.xxxx)	503		1=real estate professional	32	
1=spouse, 2=joint	33		1=rental other than real estate	71	
1=qualified joint venture	108		1=investment	48	
1=nonpassive activity, 2=passive royalty	39		1=single member limited liability company	418	

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no 112

INCOME

		2021 Amount	2020 Amount
Rents or royalties received	110		

DIRECT EXPENSES

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

Advertising	4		
Association dues	16		
Auto and travel (not entered elsewhere)	5		
Cleaning and maintenance	6		
Commissions	7		
Gardening	18		
Insurance	8		
Legal and professional fees	10		
Licenses and permits	23		
Management fees	19		
Miscellaneous	24		
Mortgage interest (paid to banks, etc.)	9		
Qualified mortgage insurance premiums	62		
Excess mortgage interest	67		
Other interest (not entered elsewhere)	29		
Painting and decorating	20		
Pest control	21		
Plumbing and electrical	17		
Repairs	11		
Supplies	12		
Taxes - real estate	13		
Taxes - other (not entered elsewhere)	25		
Telephone	22		
Utilities	14		
Wages and salaries	15		

Other:

	27		
	27		
	27		
	27		

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

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	800	
Employer ID number	801	

Agricultural activity code	1		
Accounting method: 1=cash, 2=accrual	2		
1=spouse, 2=joint	5		
1=farm rental (Form 4835)	84		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other	966		
1=crop insurance proceeds election	64		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	112		
1=did not "materially participate" (Schedule F only)	65		
1=did not actively participate (Farm rental only)	85		
1=real estate professional (farm rental only)	3		
1=single member limited liability company	418		
% of ownership if not 100% (.xxxx) (Farm rental only)	504		

FARM INCOME

		2021 Amount	2020 Amount
Cash method:			
Sales of livestock and other resale items	6		
Cost or basis of livestock or other resale items	7		
Sales of products raised	8		
Accrual method:			
Sales of livestock, produce, etc.	17		
Beginning inventory of livestock, etc.	23		
Cost of livestock, etc. purchased	24		
Ending inventory of livestock, etc.	25		
Other farm income:			
Total cooperative distributions	9		
Taxable cooperative distributions	10		
Total agricultural program payments (other than CRP)	11		
Taxable agricultural program payments (other than CRP)	12		
Total conservation reserve program payments	141		
Taxable conservation reserve program payments	142		
Commodity credit loans reported under election	13		
Total commodity credit loans forfeited or repaid	73		
Taxable commodity credit loans forfeited or repaid	74		
Total crop insurance proceeds received in 2021	14		
Taxable crop insurance proceeds received in 2021	75		
Taxable crop insurance proceeds deferred from 2020	76		
Custom hire (machine work) income not included above	15		

2021	1040	US	Farm Income (Sch. F/Form 4835) (cont.)	No.	19 p2

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

FARM INCOME (continued)

Other income:

		2021 Amount	2020 Amount
	16		
	16		
	16		
	16		
	16		
	16		
	16		
	16		
	16		

FARM EXPENSES

Car and truck expenses (not entered elsewhere)	60		
Chemicals	27		
Conservation expenses	28		
Custom hire (machine work)	40		
Employee benefit programs	31		
Feed purchased	32		
Fertilizers and lime	33		
Freight and trucking	34		
Gasoline, fuel, and oil	35		
Insurance (other than health)	36		
Mortgage interest (paid to banks, etc.)	41		
Other interest (not entered elsewhere)	42		
Labor hired	37		
Pension and profit sharing - contributions	43		
Pension and profit sharing plans - admin. and education costs	57		
Rent - vehicles, machinery, and equipment (not entered elsewhere)	39		
Rent - other (land, animals, etc.)	44		
Repairs and maintenance	45		
Seeds and plants purchased	46		
Storage and warehousing	47		
Supplies purchased	48		
Taxes (not entered elsewhere)	49		
Utilities	50		
Veterinary, breeding, and medicine	51		
Capitalized preproductive period expenses (also enter below)	77		

Other expenses:

	53		
	53		
	53		
	53		
	53		
	53		
	53		
	53		
	53		
	53		

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

2021	1040	US	Itemized Deductions	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	4			
Doctors, dentists and nurses	5			
Hospitals and nursing homes	6			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)	7			
Long-term care premiums - taxpayer	17			
Long-term care premiums - spouse	58			
Insurance reimbursement (enter as a positive number)	8			
Lodging and transportation:				
Out-of-pocket expenses	9			
Medical miles driven	52			
Other medical and dental expenses:				
	10			
	10			
	10			

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

State income taxes - 1/21 payment on 2020 state estimate	11			
State income taxes - paid with 2020 state return extension	12			
State income taxes - paid with 2020 state return	13			
State income taxes - paid for prior years and/or to other state	14			
City/local income taxes - 1/21 payment on 2020 city/local estimate	211			
City/local income taxes - paid with 2020 city/local extension	212			
City/local income taxes - paid with 2020 city/local return	213			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)	91			
Use taxes paid on 2021 purchases	92			
Use taxes paid with 2020 state return	96			
Sales tax on autos not included above	349			
Sales tax on boats, aircraft, other special items	93			

OTHER TAXES PAID

Real estate taxes - principal residence:				
	15			
	15			
Real estate taxes - held for investment :				
	16			
	16			
	16			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)	18			
Foreign income taxes	19			
Other taxes:				
	20			

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
	21			
	21			
	21			

Home mortgage interest not reported on Form 1098:

Payee's name	85.___	
Payee's SSN or FEIN	86.___	
Payee's street address	87.___	
Payee's city	88.___	
Payee's state	106.___	
Payee's ZIP code	108.___	
Payee's region	1350.___	
Payee's postal code	1351.___	
Payee's country	1352.___	
Amount paid	22.___	

Points not reported on Form 1098:

	23			
	23			
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)	39			

Investment interest (interest on margin accounts):

	24			
	24			
Passive interest	27			

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:

	32			
	32			
	32			
	32			
	32			
Volunteer expenses (out-of-pocket)	31			
Number of charitable miles	53			

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

Contributions by cash or check:

	41			
	41			
	41			
	41			
	41			
Volunteer expenses (out-of-pocket)	40			
Number of charitable miles	54			

2021	1040	US	Itemized Deductions (continued)	25 p3

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
33			
33			
33			
33			

30% limitation (see above):

34			
34			
34			
34			

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

35			
35			
35			
35			

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

36			
36			
36			
36			

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

Union and professional dues	42			

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

43			
43			
43			
43			
43			
43			

Investment expense:

44			
44			
44			
44			
44			
44			
Tax return preparation fee	45		
Safe deposit box rental	46		

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

47			
47			
47			
47			
47			
47			

2021	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30

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

GENERAL INFORMATION

Occupation, if different from Form 1040	800	

Form	13	
Number of form (1=first Schedule C, 2=second, etc.)	14	
1=spouse	1	
1=performance artist, 2=handicapped, 3=fee-basis government official	8	
1=minister's expenses	226	

EMPLOYEE BUSINESS EXPENSES

		2021 Amount	2020 Amount
Meal and entertainment expenses	44		
Reimbursements for meals and entertainment not on W-2, box 1	45		
1=Department of Transportation (80% meal allowance)	50		
Local transportation (bus, taxi, train, etc.)	7		
Travel expenses while away from home overnight	9		
Reimbursements not included on Form W-2, box 1	12		

Other business expenses:

	10		
	10		
	10		
	10		
	10		
	10		
	10		
	10		
	10		
	10		

2021	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

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

VEHICLE INFORMATION

		2021 Amount	2020 Amount
1=vehicle used primarily by more than 5% owner	11		
1=vehicle is available for off-duty personal use	4		
1=no other vehicle is available for personal use	2		
1=no evidence to support your deduction	5		
1=no written evidence to support your deduction	6		

VEHICLE 1

Description of vehicle	801		
Date placed in service (m/d/y)	15		
Total mileage (for the tax year)	16		
Business mileage	17		
Commuting mileage (for the tax year)	19		
Average daily round-trip commute	18		
Number of months of business use if changed from 100% personal use	80		
Parking fees and tolls (business portion only)	70		
Actual expenses:			
Gasoline, lube, oil	51		
Repairs	52		
Tires	53		
Insurance	54		
Miscellaneous	22		
Auto license (other than personal property taxes)	55		
Personal property taxes (based on car's value)	56		
Interest (car loan) (for Schedule C, E & F)	57		
Vehicle rent or lease payments	23		
Inclusion amount (enter as positive)	20		
Value of employer-provided vehicle on Form W-2 (2106)	24		

VEHICLE 2

Description of vehicle	802		
Date placed in service (m/d/y)	29		
Total mileage (for the tax year)	30		
Business mileage	31		
Commuting mileage (for the tax year)	33		
Average daily round-trip commute	32		
Number of months of business use if changed from 100% personal use	112		
Parking fees and tolls (business portion only)	71		
Actual expenses:			
Gasoline, lube, oil	61		
Repairs	62		
Tires	63		
Insurance	64		
Miscellaneous	36		
Auto license (other than personal property taxes)	65		
Personal property taxes (based on car's value)	66		
Interest (car loan) (for Schedule C, E and F)	67		
Vehicle rent or lease payments	37		
Inclusion amount (enter as positive)	34		
Value of employer-provided vehicle on Form W-2 (2106)	38		