TAX ORGANIZER

TAX YEAR 2021

Completion of this form is required.
If this is your first year with us please include a copy of last year's tax return.

Taxpayer & Spouse Information:

Name	Date of Birth	Social Security #	Occupation

Refund Delivery: ▢ On file, last 4 digits of acct #___________ ▢ New bank acct (voided check required) ▢ Paper check mailed

Filing Status:

▢ Single ▢ Married Filing Joint ▢ Married Filing Separate ▢ Dependent ▢ Qualifying Widow/er
▢ Head of Household (utility bill and rental/ mortgage agreement required by law)

Contact Information:

Home Address			
Communication	**Cell:**	**Work:**	**Email:**

Qualified Dependents for the Purpose of Tax Credits:

Name	Date of Birth	Social Security #	Relationship	Months lived at home in 2021

CARES Act Payments:

The IRS will be verifying these figures before issuing refunds resulting in longer processing times

Third Economic Impact Payment ($1,400, March 2021): ▢ Received $__________ ▢ Did not Receive

Plus-up Economic Impact Payment (Fall 2021): ▢ Received $__________

Document Required: IRS Notice 1444 or bank/ IRS account printout

Advance Child Tax Credit Payments: ▢ Received (partially or fully) and have included IRS Letter 6419
▢ Opted out entirely/ Did not receive at all

Document Required: IRS Letter 6419

Covid-19 Related Retirement Distribution & Reinvestment

▢ In 2021 I reinvested, partially or fully, money withdrawn from my retirement acct in 2020 for qualified Covid reasons

Document Required: Form 5498

Income:

(Please provide documentation for the following forms of income that apply to you.)

▢ Salary, Wages (W-2) ▢ Foreign Assets over $10,000 ▢ Retirement distributions (1099-R)
▢ Unemployment Compensation ▢ Interest (1099-INT) ▢ Trust/ Estate/ Partnership (K-1)
▢ Merchant Card, Third Party Network Payments (1099-K) ▢ Dividends (1099-DIV) ▢ Social Security Benefits
▢ Self-employed, Non-Employee- Sch. C Organizer must be completed (1099-NEC or Profit & Loss required)

Other Income:

(Please provide documentation for the following forms of income that apply to you.)

▢ State Tax Refund ▢ Cancellation of Debt (1099-C, 1099-A) ▢ Lottery Winnings ▢ Misc. Income
▢ Investment/ Property Sale (1099-B, 1099-S) ▢ Tips ▢ Education Account (1099-Q) ▢ Hobby Income

Adjustments to Income:

▢ Non-itemizer Charity Contributions (retain proof of payment) $__________
▢ IRA Contributions ▢ Full-time Teacher Supplies $__________

Misc. Credits:

Additional details & documentation will be needed.

▢ Qualified Plug-in Electric Drive Motor Vehicle Credit ▢ Replacement of Failed Septic System Credit (MA)
▢ Residential Energy Credits ▢ Circuit Breaker Credit (MA)

TAX ORGANIZER

TAX YEAR 2021 (continued)

Estimated Income Payments:

	1st QTR (4/15/2021)	2nd QTR (6/15/2021)	3rd QTR (9/15/2021)	4th QTR (1/18/2022)
Federal Amount	$	$	$	$
State Amount	$	$	$	$

Medical & Dental:

Must exceed 7.5% of your adjusted gross income. Please have amounts totaled & receipts available.

Post-tax Health Ins	Long Term Care Insurance	Prescription	Dr/ Dental	Hospital	Med Miles Driven	Tolls/ Parking	Other
$	$	$	$	$		$	$

Taxes Paid:

Subject to $10,000 limit, please list all.

Real Estate Tax	Excise Tax	(65 yrs+) Water & Sewer	(65 yrs+) Value of Home:
$	$	$	$

Interest Paid:

Documentation required if you have refinanced, purchased, or sold a home.

Home Mortgage*	PMI	Home Equity/ 2nd Mortgage*
$	$	$

***only used in the purchase & improvement of home**

Out of State Purchases:

(with no sales tax paid)

2021 Total
$

Contributions for Itemizing:

Receipts are required (If you contributed more than $500 to one organization, please include: Name, Address & Date)

Cash or Check (less than $500)	Value of Clothing or Items (less than $500)	Miles Driven for Charity
$	$	

Childcare Expenses:

ALL information is required.

Dependent's Name	Provider's Name	Childcare Address	ID#	Amount
				$
				$

MA Rent Paid:

Landlord's Name	Address	Monthly Rent Amount	Month's Rented
		$	
		$	

Post-High School Education:

▢ Tuition (1098-T) ▢ Student loan interest- not subject to income limitations on your MA return (1098-E)

Fast Lane & MBTA Expenses: (over $150)

Name on Account	Amount
	$
	$

Health Insurance:

1099-HC	
1095-A- This form is required for the accuracy and completion of tax return.	

CryptoCurrency:

Did you sell or recieve in 2021?	

Additional information or questions for the completion of your tax return:

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Copy of license or government issued ID required