RLB CPA's, Inc. 1600 Lexington Ave Mansfield, OH 44907-2907

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2021 Client Organizer

RLB CPA's, Inc. 1600 Lexington Ave Mansfield, OH 44907-2907 419-756-3400

Dear

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2021 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2020 personal income tax return.

Enter 2021 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, virtual currencies, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Notice 1444-C and Letter 6475, Your 2021 Economic Impact Payment, showing the amount of the Economic Impact Payment (EIP3) you received.
- Notice CP-21 or CP-22 showing an adjustment to your refund or balance due to an IRS adjustment to your tax return for the exclusion of unemployment compensation and/or Advance Premium Tax Credit as a result of the American Rescue Plan Act (ARPA).
- Letter 6419 showing advanced Child Tax Credit (CTC) payments you received in July, August, September, October, November, and December.
- Six-digit Identity Protection PIN if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.

- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

The IRS doesn't *initiate* contact with taxpayers by email, text messages or social media channels to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts. Phishing is a scam typically carried out through unsolicited email and/or websites that pose as legitimate sites and lure unsuspecting victims to provide personal and financial information. If you receive such an email from the IRS, send a copy of the email to phishing@irs.gov. Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

Thank you for the opportunity to serve you.

Sincerely,

RLB CPA's, Inc.

	Perso	nai Information			1
Filing (Marital) status code (1 = Single, 2 = Married filing	Joint, 3 = Married filing:	separate, 4 = Head of household, 5 =	Qualifying widow(er))		
Mark if you were married but living apart all year	•				
Mark if your nonresident allen spouse does not h	ave an Individual :	Taxpayer Identification Nun	nber (ITIN)	•	[3]
	•	Taxpayer		Spous	e
Social security number		[4]	· -		(5)
First name Last name		(5) [8]			[7]
Occupation					[9] [11]
Designate \$3.00 to the presidential election camp	paign fund? {1 = Yes,		 		[14]
Mark If dependent of another taxpayer		(15)			(16)
Taxpayer with income less than 1/2 support age 1	L8 or 19 - 23 full-ti	me student? (Y, N) [17]			
Mark if legally blind		(20)			[21]
Date of birth		(22)			[24]
Date of death		[25]			[27]
Work/daytime telephone number/ext number Home/evening telephone number	•	[28][29] [32]		[30]	[31]
Do you authorize us to discuss your return with ti	ne IRS? (V. N)		•		[33]
Do you admonize as to discuss your retain with th					 1
	Present	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
Address					[38]
Apartment number					[39]
City, state postal code, zip code			[40]	[41]	. [42]
Foreign country name					[44]
Foreign phone number					[47]
In care of addressee					(48)
	Depend	lent Information			
(*Plea	se refer to Deper	ndent Codes located at the	bottom)	A d a mala a d d d d m m m	Care
•				Months**Dep in Codes	expenses paid for
First Name(49) Last Name	Date of Birth	Social Security No.	Relationship	home * **	
•					
		· ————————————————————————————————————			· ——
Name of child who lived with you but is not your	danandant				Isol
Name of child who lived with you but is not your	dependent				[50]
Name of child who lived with you but is not your .Social security number of qualifying parson	•				
Social security number of qualifying person	•	pendent Codes **Other 1 = Studen	t (Ave 19 - 23)		
Social security number of qualifying person *Basic 1 = Child who lived with you	Dep	**Other 1 = Studen	• -		
Social security number of qualifying person *Basic 1 = Child who lived with you 2 = Child who did not live with y	Dep	**Other 1 = Studen e/separation 2 = Disable	t (Age 19 - 23) d dependent dent who is both a	a student and dis	[51]
*Basic 1 = Child who lived with you 2 = Child who did not live with y 3 = Other dependent 5 = Qualifying child for Earned in	Deprou due to divorce	**Other 1 = Studen e/separation 2 = Disable 3 = Depend	d dependent dent who is both a	a student and disc	[51]
*Basic 1 = Child who lived with you 2 = Child who did not live with y 3 = Other dependent 5 = Qualifying child for Earned in 6 = Children who lived with you,	Deprou due to divorce ncome Credit only , but do not quali	**Other 1 = Studen e/separation 2 = Disable 3 = Depend y fy for Earned Income Cred	d dependent dent who is both a	a student and dis	[51]
*Basic 1 = Child who lived with you 2 = Child who did not live with y 3 = Other dependent 5 = Qualifying child for Earned in 6 = Children who lived with you, 7 = Children who lived with you,	Deprou due to divorce ncome Credit only , but do not quali , but do not quali	**Other 1 = Studen e/separation 2 = Disable 3 = Depend y fy for Earned Income Cred fy for Child Tax Credit	d dependent dent who is both a		[51]
*Basic 1 = Child who lived with you 2 = Child who did not live with y 3 = Other dependent 5 = Qualifying child for Earned in 6 = Children who lived with you, 7 = Children who lived with you, 8 = Children who lived with you,	Deprou due to divorce ncome Credit only, but do not quali , but do not quali , but do not quali , but do not quali	**Other 1 = Studen e/separation 2 = Disable 3 = Depend y fy for Earned Income Cred fy for Child Tax Credit	d dependent dent who is both a		[51]
*Basic 1 = Child who lived with you 2 = Child who did not live with y 3 = Other dependent 5 = Qualifying child for Earned in 6 = Children who lived with you, 7 = Children who lived with you, 8 = Children who lived with you, ***Months/7 = Reported on odd year return	Deprou due to divorce ncome Credit only , but do not quali , but do not quali , but do not quali n	**Other 1 = Studen e/separation 2 = Disable 3 = Depend y fy for Earned Income Cred fy for Child Tax Credit	d dependent dent who is both a		[51]
*Basic 1 = Child who lived with you 2 = Child who did not live with y 3 = Other dependent 5 = Qualifying child for Earned in 6 = Children who lived with you, 7 = Children who lived with you, 8 = Children who lived with you, 8 = Children who lived with you, ***Months77 = Reported on odd year return 88 = Reported on even year return	Deprou due to divorce ncome Credit only , but do not quali , but do not quali , but do not quali n	**Other 1 = Studen e/separation 2 = Disable 3 = Depend y fy for Earned Income Cred fy for Child Tax Credit	d dependent dent who is both a		[51]
*Basic 1 = Child who lived with you 2 = Child who did not live with y 3 = Other dependent 5 = Qualifying child for Earned in 6 = Children who lived with you, 7 = Children who lived with you, 8 = Children who lived with you, ***Months/7 = Reported on odd year return	Deprou due to divorce ncome Credit only , but do not quali , but do not quali , but do not quali n	**Other 1 = Studen e/separation 2 = Disable 3 = Depend y fy for Earned Income Cred fy for Child Tax Credit	d dependent dent who is both a		[51]
*Basic 1 = Child who lived with you 2 = Child who did not live with y 3 = Other dependent 5 = Qualifying child for Earned in 6 = Children who lived with you, 7 = Children who lived with you, 8 = Children who lived with you, 8 = Children who lived with you, ***Months77 = Reported on odd year return 88 = Reported on even year return	Deprou due to divorce ncome Credit only , but do not quali , but do not quali , but do not quali n	**Other 1 = Studen e/separation 2 = Disable 3 = Depend y fy for Earned Income Cred fy for Child Tax Credit	d dependent dent who is both a		[51]

GENERAL Form ID: 1040

Form ID: Info Client	nlo Client Contact Information		
· Prepare	r - Enter on Screen Contact	·.	
Tax matters person (indicate which spouse handles tax return related questio Taxpayer email address	ns) (Blank = Both, T = Taxpayer, S = Spouse)	[8] [9]	
Spouse email address		[10]	
	Тахрауег	Spouse	
Fax telephone number	(11)	[19]	
Mobile telephone number	[12]	[20]	
Mobile telephone #2 number	[13]	[21]	
Pager number	114		
Other:		[23	
Telephone number	[16]	[24]	
Extension	[17]	(25)	
Preferred method of contact:	•	• •	
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	(18)		

GENERAL

Form ID: Info

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawai Information

in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information

3

·			•	•
Mark to verify all accounts listed below have been reviewed, updated as	needed, and are correct.			[1]
Primary account:				
Financial institution routing transit number				[3]
Name of financial institution				[4]
Your account number	·			[5]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[6]
Mark if married filing jointly and this is a joint account (Both texpeyer and s				_[7]
Mark if financial institution is foreign based (Not located in the territorial jurisc	liction of the United States)			_[8]
Enter the maximum dollar amount, or percentage of total refund	Dollar) or	Percent (NOLXX)	[10]
Special national and the second second second national second	•			•
Secondary account #1: Financial institution routing transit number			•	[25]
Name of financial institution			• • •	[26]
Your account number			-	[27]
				
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both texpayer and s	and the second		•	[29]
•				
Mark if financial institution is foreign based (Not located in the territorial jurisc		[1] or	Percent (xxxxxx)	[30] [12]
Enter the maximum dollar amount, or percentage of total refund	Dollar[3	ii) or	Percent (AMA, AK)	(12)
Secondary account #2:				
Financial institution routing transit number				[31]
Name of financial institution				[32]
Your account number				[33]
Type of account (1 = Savings, 2 = Checking, 3 = 1RA*)				_[34]
Mark if married filing jointly and this is a joint account (Both taxpayer and	nouse names are on the account)			(35)
Mark if financial institution is foreign based (Not located in the territorial jurisc				(36)
Enter the maximum dollar amount, or percentage of total refund		.S) or	Percent (sux.soc)	(16)
Circo die impriliqui douni amonti oi barantiala ai totali orana				
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make	sure direct deposits will be accepted by the	bank or f	financial institution,	
Refund - U.S. Series I Sa	vings Bond Purchases		. =	
			······································	
A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings be to purchase U.S. Series I Savings bonds (in increments of \$50) with you Please note you may enter only one name per registration (with excepname, do not use nicknames.	ır refund, if applicable, please co	mplet	e the following	information.
Hattlet no not as mexicanes.				
Indicate either a maximum dollar amount (up to \$5,000), or percentage o	f refund you would like used to p	urchase	bonds	
The bonds will be registered to the name(s) on the return. For married filing joint returns this m	eans the bonds will be registered in both na	mes listed	on the return.	•
To register the bonds separately, leave these fields blank and use the fields provided below.	_	:		
Enter either a dollar amount or percent, but not both	Doller	_{13} c	or Percent (XXX.XX)	[14]
•			•	
Bond information for someone other than taxpayer and spouse, if married	d filing jointly			
Maximum dollar amount (up to \$5,000), or percentage of refund used to		_[17]	or Percent (xxx.xx)	[18]
Owner's name (First Last)	(38)			(39)
Co-owner or beneficiary (First Last)	[40]		•	[41]
Mark if the name listed above is a beneficiary				[42]
tion in the result was a market of a market of a		•		
Bond information for someone other than taxpayer and spouse, if marrie	d filing jointly			
Maximum dollar amount (up to \$5,000), or percentage of refund used t	o purchase bondsollar	[21]	or Percent (XXXI.XXI)	[22]
Owner's name (First Last)	[43]			[44]
Co-owner or beneficiary (First Last)	[45]			
CAPORICEI, DI MENERALIDI Y TITTAL LOALI				[46]
• • •			•	
Mark if the name listed above is a beneficiary			•	[47]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) If 1 or 2, please provide email address on Organizer Form ID: Info Mark If you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account	ectroi
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account	_
	[5
The IRS requires a Personal identification Number (PIN) be used in signing returns that are electronically filed. Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes. Taxpayer self-selected Personal identification Number (PIN) Spouse self-selected Personal identification Number (PIN)	
NOTES/QUESTIONS:	•

9009990

Form ID: IDAuth Identity Authentication	7
Taxpayer -	
Form of identification (1 = Driver's license, 2 = State issued identification card)	
Identification number	
Issue date	
Expiration date (mm/dd/yyyy)	· · · · · · · · · · · · · · · · · · ·
Location of Issuance (State Issued only)	
Document number (New York only)	: <u> </u>
Spouse -	•
Form of identification (1 = Driver's license, 2 = State issued (dentification card)	
identification number	·
issue date	
Expiration date (mm/dd/yyyy)	
Location of issuance (State Issued only)	
Document number (New York only)	

Form ID: Rebate

Recovery Rebate Credit (Economic Impact Payment)

80

Please provide copies of all Notice(s) 1444-C and Letter(s) 6475

A third round of stimulus payments was issued in 2021 for qualifying individuals. The third economic impact payment, referred to as EIP3, was issued in 2021 to qualifying individuals. Refer to the IRS notice or letter indicating the payment amount received. You can look up your EIP3 amount by either creating or viewing your IRS online account at https://www.irs.gov/payments/view-your-tax-account.

The EIP3 was an advance on a 2021 tax credit. The payments will be used to determine if you qualify for an additional recovery rebate credit on your 2021 return. The EIP3 will not increase the total amount of tax you pay but may reduce the amount owed or increase a tax refund.

Taxpayer/Joint		Spouse			
1	[1]		[2]		
	_(±)	·	[3]		
		+	[4] [5]		
EIP3 projection tax year Mark if the EIP3 you received matches the EIP3 amount projected from your prior year return					
nt.					
	+ prior year return	+[1] prior year return	+[1]		

EIP no. 3 was \$1400.00 per taxpayer/dependent.

Form ID: AdvCTC

Advanced Child Tax Credit Payments

81a

Please provide copies of all IRS Letter 6419

The Child tax credit payments were an advance on the 2021 Child tax credit. These advance payments will be used to reduce your 2021 Child tax credit for qualifying individuals. Refer to the IRS letter indicating the amount of Advanced Child Tax Credit payments received. You can look up your Advanced Child Tax Credit amounts by either creating or viewing your IRS online account at https://www.irs.gov/credits-deductions/child-tax-credit-update-portal.

	Taxpayer	/Joint	Spous	ie .
Advanced Child Tax Credit payments. Enter a zero (0), if none was received:				
July	+	[1]	+	[2]
August	+	[3]	+	[4]
September	+	[5]	+	[6]
October	+	[7]	+	[8]
November	+	[9]	+	[10]
December	+	[11]	+	[12]
Number of qualifying children used to determine Adv CTC Payments rec'd (Let	ter 6419)	[13]		[14]

NOTES/QUESTIONS:

Advanced Child Tax Credit was \$300 per child ages birth-5; \$250 per child ages 6-17

Form ID: Est	•••	Esti	mated Taxes			8
If you have an overn	avment of 2021 to	axes, do you want the excess	::			
Refunded	,		•			[52]
Applied to 2022	2 estimated tax lia	ability				[53]
Do you expect a cons	iderable change	in your 2022 income? (Y, N)				[54]
If yes, please explain	any differences:					
	-					[55]
						[56]
						[57]
Do you expect a cons	iderable change	in your deductions for 2022?) /V N)			[58] [59]
If yes, please explain	_	in your acadelons for Edez.	(1) (1)			(22)
,, p	,					[60]
						[61]
						[62]
						[63]
•	-	in the amount of your 2022 v	withholding? (Y, N)			[64]
If yes, please explain	any differences:					
						[65]
						[66] [67]
						[68]
Do you expect a char	nge in the numbe	r of dependents claimed for	2022? (Y, N)		•	[69]
If yes, please explain	-	•				_
						[70]
						[71]
						[72]
Daymant mathed year		timated tayes (1-Electronic E	odoral Tay Daymont Sus	rtom (EETD	S), 2-Direct Payl	[73]
Payment method use	ed to pay your est	timated taxes (1=Electronic F	ederal Tax Payment Sys	stem (EFIP	5); Z=Direct Pay)	[74]
				_		
		2021 Federal	Estimated Tax Pay	ments		
2020 overpayment a	pplied to 2021 es	timates			+	. , [1]
		nts on the dates due indicate	ed below. Skip the rema	aining field:	s	[5]
		made on the date due or we	re for an amount other	than the ca	alculated amount below,	, please enter
the actual date and a	mount paid.					
	Date Due	Date Paid if After Date Due	e Amount Paid		Calculated Amount	Method*
1st quarter payment		[6]	+	[7]	Calculated Amount	Wethou
2nd quarter paymen		[8]	+			
3rd quarter payment		[10]	+	(11)		1
4th quarter payment		[12]	+			
Additional payment	• •	[14]	+	[15]		
			ment indicated in prio			
		nic funds withdrawal	EFTPS = Electronic F	ederal Tax	Payment System	
	Voucher = For	m 1040-ES estimated tax pa	yment voucher			
-						
NOTES/QUESTIC	ONS:					

Control Totals + PAYMENTS Form ID: Est

Form ID: St Pmt 2021 State Estimated Tax Payments				
Taxpayer/Spouse/Joint (T, S, J)				
State postal code			<u>OH</u> [2]	
			(2)	
Amount paid with 2020 return		+ +	[3]	
2020 overpayment applied to '21 estimates Treat calculated amounts as paid		·	[8]	
reat calculated amounts as paid			_(0)	
Date Paid		Amount Paid	Calculated Amount	
1st quarter payment[9]		+[10]		
2nd quarter payment[11]		+[12]		
3rd quarter payment[13]		+[14]		
4th quarter payment[15]		+[16]		
Additional payment[17]		+[18]		
	2021 City Estima	ited Tax Payments		
City #1		City #2		
City name	[28]		[50]	
· —	[31]			
2020 overpayment applied to '21 estimates +		2020 overpayment applied to '21 estimates +		
Treat calculated amounts as paid	[36]	Treat calculated amounts as paid	[58]	
,				
Date Paid	Amount Paid	Date Paid	Amount Paid	
1st quarter payment[37] +			[60]	
· · · · · · · · · · · · · · · · · · ·	[40]	2nd quarter payment[61]		
	[42]		[64]	
4th quarter payment[43] +	[44]	4th quarter payment	[66]	
Calculated Amount		Calculated Amount		
1st quarter payment		1st quarter payment		
2nd quarter payment		2nd quarter payment		
3rd quarter payment		3rd quarter payment		
4th quarter payment		4th quarter payment		
·		C: #4		
City #3	[72]	City #4 City name	[94]	
City name	······································	-	F[97]	
Amount paid with 2020 return + _ 2020 overpayment applied to '21 estimates + _		2020 overpayment applied to '21 estimates -		
Treat calculated amounts as paid	[80]	Treat calculated amounts as paid	[102]	
, , , , , , , , , , , , , , , , , , ,				
Date Paid	Amount Paid	Date Paid	Amount Paid	
	[82]		+[104]	
2nd quarter payment[83] + _			+ [106] + [108]	
3rd quarter payment[85] + _				
4th quarter payment[87] + _	[88]	4th quarter payment[109]	+[110]	
Calculated Amount		Calculated Amoun	<u></u>	
1st quarter payment		1st quarter payment		
2nd quarter payment		2nd quarter payment		
3rd quarter payment		3rd quarter payment		
4th quarter payment		4th quarter payment		

3		
Form IO: W2	ages and Salaries #1	12
Please pr	rovide all copies of Form W-2. Information	0-1 V I-6
Taxpayer/Spouse (т, s)	information T [1]	Prior Year Information
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3		1
Mark if this is your current employer	_[6]	1
Federal wages and salaries (Box 1)	+[10]	1
Federal tax withheld (Box 2)	+[12]	,
Social security wages (Box 3) (If different than federal wages)	+[14]	
Social security tax withheld (Box 4)	+[16]	_
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+[21]	
SS tips (Box 7)	+[23]	
Allocated tips (Box 8)	+[25]	
Dependent care benefits (Box 10)	+ [27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	X (30)	
Third-party sick pay	(31)	
State postal code (Box 15)	Ī _[32]	
State wages (Box 16) (If different than federal wages)	+ [34]	
State tax withheld (Box 17)	+[36]	
Local wages (Box 18)	+ [38]	- '
Local tax withheld (Box 19)	+ [40]	
Name of locality (Box 20)	[43]	
	Control Totals +	
Wa	iges and Salaries #2	
Please pr	ovide all copies of Form W-2. Information	Prior Year Information
Taxpayer/Spouse (r, s)		THO TEST INIVINIATION
Employer name	[1]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 =	[3] Farming / Fishing A = National Guard\	
Mark if this your current employer	= Farming / Fishing, 4 = National Guard)[5][6]	
Federal wages and salaries (Box 1)		
Federal tax withheld (Box 2)		
Social security wages (Box 3) (If different than federal wages)	+[12] +[14]	
Social security wages (box 5) (if different than rederal wages)	+[14]	
Medicare wages (Box 5) (If different than federal wages)	+ [18]	
Medicare tax withheld (Box 6)	+ [21]	
SS tips (Box 7)		
Allocated tips (Box 8)	+[23]	
Dependent care benefits (Box 10)	+[25] +[27]	
Box 13 -	+[27]	
	rno1	
Statutory employee	_[29]]

Social security wages (Box 3) (If different than federal wages)	+[14]
Social security tax withheld (Box 4)	+[16]
Medicare wages (Box 5) (If different than federal wages)	+[18]
Medicare tax withheld (Box 6)	+[21]
SS tips (Box 7)	+[23]
Allocated tips (Box 8)	+[25]
Dependent care benefits (Box 10)	+[27]
Box 13 -	
Statutory employee	_[29]
Retirement plan	_[30]
Third-party sick pay	_(31)
State postal code (Box 15)	[32]
State wages (Box 16) (If different than federal wages)	+[34]
State tax withheld (Box 17)	+[36]
Local wages (Box 18)	+[38]
Local tax withheld (Box 19)	+[40]
Name of locality (Box 20)	[43]

	Control Totals +		
		INCOME	Form ID: W2

600000

Form ID; B-1

interest income

Please provide copies of all form 1099-UVT or other statements reporting interest income. "Whole numbers will be treated as \$ amounts. Enter percentages in the XXXXX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Payer Amounts Amount	Type T/S/1 Code (**See codes below)	Š	des below!	Interest (1) Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* Tax Exempt* \$ or % \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
Amounts Payer			Payer							
Payer Amounts +			Amounts							
Amounts + Amount		,	Payer							
Payer Amounts		1	Amounts							
Amounts + Amount		3	Payer							
Payer Amounts + Amounts + Amounts + Amounts + Amounts + Amounts + Payer Amounts + Payer Amounts + Payer		,	Amounts							
Amounts + Amount			Payer							
Payer Amounts + Amounts + Amounts + Amounts + Amounts + Payer Amounts + Amounts + Amounts +		· · · · ·	Amounts						ř	
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		,	Amounts			•				
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)	Amounts							
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			Amounts							
		10	Payer				•			
		?	Amounts							

**Interest Codes = Regular Interest 4 = Accrued Interest = Nominee Distribution 5 = OID Adjustment
--

Form ID: B-1
INCOME
Control Totals +

2973

Form ID: 8-2

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income. *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

lend Codes	3 = Nominee
piviQ**	Blank = Other

Form ID: 8-2

INCOME

Control Totals +

Form ID: D	Sales of Stocks, Sec	urities, and Other	Investment	Property	17
Did you have	Please provide any securities become worthless during 2021?	copies of all Forms 10			[9]
Did you have	any debts become uncollectible during 2021? (Y,	, N)			[10]
Did you have	any commodity sales, short sales, or straddles?	(Y, N)			[11]
Did you exch	ange any securities or investments for something	g other than cash? (ฯ, พ)		_[13]
Did you rece	ive, sell, exchange, or otherwise dispose of any fi	nancial interest in any	virtual currency?	? (Y, N)	<u>N</u> [4]
T/S/J	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_				+	+
				+	+
-				† 	+
		 		<u> </u>	+
_				<u> </u>	
				+	· ———
				+	· ———
				+	+
				+	·
				+	
				+	+
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_			***	· ———	<u> </u>
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				+	+
					·
	Control Totals +		INCOME		Form ID: D

Form ID: Inco	ome		-	Other Income			18
State and	local income	tax refunds		+	2021 Information	[5]	Prior Year Information
State and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tan, orango				- ' -	
Alimony r	eceived		T/S	Agreement Date	2021 Information	[3]	Prior Year Information
,, .			_			_[3]	
**Unemp	oloyment ben ount of tax w	efits are taxable income and s ithheld. You may need to go to	hould be o your st	e reported on your reto cate's Department of Lo	urn. Your 1099-G should abor website to get you	l show r 1099	both the amount received and G from your account.
				Taxpayer	Spouse		Prior Year Information
	yment compe		+	[9]	·	_[10]	
•	•	ensation federal withholding			+		
	•	ensation state withholding			+		
•	-	ensation repaid	<u>†</u>	[12]	+	[10] [12]	
Alaska Pe	rmanent Fun	a aividenas	+	[18] .	r	_[19]	
E T/S/J	Self- Employment Income ? (Y, N)				2021 Information		Prior Year Information
		Other income, such as: Com	mission				
_	_				<u> </u>		
_	_				+		
	_				+		
_	_				t		
-					+ 		
_	_				+		
	_				+		
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NOTES	·/OUESTIO	NIC.		<u>.</u>			

	the state of the s	
Control Totals +	INCOME	Form ID: Income

Form ID: 1099R Pension, Annu	uity, and IRA Disti	ributions #1	24
Please	provide all Forms 109	9-R.	
		2021 Information	Prior Year Informatio
Taxpayer/Spouse (T, s)		<u>{ [1]</u>	
Name of payer		[3]	
State postal code		(5)	
Gross distributions received (Box 1)		[7]	
Taxable amount received (Box 2a)		[9]	
Federal withholding (Box 4)	+_		
Distribution code (Box 7)	-1		_
Mark if distribution is from an IRA, SEP, SIMPLE retirement		[16]	
State withholding (Box 14)	_	[17]	
Local withholding (Box 17)		(19) [21]	-
Amount of rollover	T _		
Mark if distribution was due to a pre-retirement age disability		[23]	
	Control Totals +		
Pension Ann	uity, and IRA Dist	ributions #2	
	provide all Forms 109	9-R.	
- 10		2021 Information	Prior Year Informatio
Taxpayer/Spouse (T, s)		[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)		[7]	
Taxable amount received (Box 2a)	+_	(9)	***
Federal withholding (Box 4)	+_	[11]	
Distribution code (Box 7)		[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan	_[16]	
State withholding (Box 14)	_	[17]	
Local withholding (Box 17)		[19]	
Amount of rollover	+_	[21]	
Mark if distribution was due to a pre-retirement age disability		_[23]	
	Control Totals +		
Pension, Ann	uity, and IRA Dist	ributions #3	
Please	provide all Forms 109	9-R. 2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_[1]	real informatio
Name of payer		[3]	
State postal code		(5)	
Gross distributions received (Box 1)	+		
Taxable amount received (Box 2a)	· <u>-</u> +	[9]	
Federal withholding (Box 4)	· <u>-</u> +	[11]	
Distribution code (Box 7)	· -	[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement	plan	(16]	_
State withholding (Box 14)	+	(17]	
Local withholding (Box 17)	`- +	[19]	
Amount of rollover	`- +	[21]	
Mark if distribution was due to a pre-retirement age disability	`-	[23]	
Mark is distribution was due to a pre-retirement age disability			
	Control Totals +		
NOTES/QUESTIONS:			

RETIREMENT

Form ID: 1099R

orm ID: SSA-1099 Social Security, Tier 1 Ra	25		
Please provide a copy of Form(s) S	SA-1099 o	r RRB-1099	
Гахраyer/Spouse (т, s)		<u>T</u> [1]	
State postal code		<u>OH</u> [2]	
Social Security Be	nefits		
	20	21 Information	Prior Year Information
f you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2021 (Box 3 minus Box 4) (Box 5)	+	[8]	
Voluntary Federal Income Tax Withheld (Box 6)	+	[10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	[12]	
Prescription drug (Part D) premiums	+	[14]	<u>:</u>
Tier 1 Railroad Bo	enefits		
	20	21 Information	Prior Year Information
f you received a Form RRB - 1099, please complete the following information:			-
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2021 (Box 5)	+	[22]	
Federal Income Tax Withheld (Box 10)	+	[25]	
Medicare Premium Total (Box 11)	+	[27]	
Additional Information About	t Benefi	ts Received	

_{41] _[42] _[43] _[44]

Form ID: IRA Traditional	IRA				26
		Taxpayer		Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement					
plan? (Y, N)		[1]			_[2]
Do you want to contribute the maximum allowable traditional IRA contribution	on amount? If	_			_
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible	le)	(3)			[4]
Enter the total traditional IRA contributions made for use in 2021	+	[5]	+		[6]
		Taxpayer		Spouse	
Enter the nondeductible contribution amount made for use in 2021	+	[5]	+		[6]
Enter the nondeductible contribution amount made in 2022 for use in 2021	+	[7]	+		[8]
Traditional IRA basis	+	[17]	+		[18]
Value of all your traditional IRA's on December 31, 2021:					
	+	[19]	+		[20]
	+		+		
	+		+		
	+		+		
	+		+		
Roth IRA	<u> </u>				
Please provide copies of any 1998 through 202		not prepared by this	office		
		Taxpayer	• • • • • • • • • • • • • • • • • • • •	Spouse	
Mark if you want to contribute the maximum Roth IRA contribution		_[29]			_[30]
Enter the total Roth IRA contributions made for use in 2021	+	[31]	+		[32]
Enter the amount a 2021 Roth IRA conversion should be adjusted by	+	[39]	+		[40]
Enter the total contribution Roth IRA basis on December 31, 2020	+	[43]	+		[44]
Enter the total Roth IRA contribution recharacterizations for 2021	+	[45]	+		[46]
Enter the Roth conversion IRA basis on December 31, 2020	+	[47]	+		[48]
Value of all your Roth IRA's on December 31, 2021:					
**************************************	+	[49]			
	+		+		
	+		+		
	+		+		

Form ID: A-1

Schedule A - Medical and Dental Expenses

	-
-	
_	

//	2021 Information	Prior Year Informat
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nur Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurar		
DOCTORS, DENTISTS, ETC.	_ +[2]	
	1	
	•	
Medical insurance premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on For	d elsewhere, such as amounts paid for your	
1		
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered self-employed business (Sch C, Sch F, Sch K-1, etc.)		
]		
Prescription medicines and drugs:	+	
MEDICINEC	+ (11)	
	_ +[11]	
	+	
3] Miles driven for medical items	[14]	
Schedule A - Tax	Expenses	
J	2021 Information	Prior Year Informa
State/local income taxes paid:		
8]		
	_ +	***************************************
	_ +	
2020 state and local income taxes paid in 2021:		
1]	_ +[22]	
	_ +	
	_ +	
Real estate taxes paid:		
4]	_ +[25]	
		-
P		-
Personal property taxes:	(20)	
	_ +[28]	
Other taxes, such as: foreign taxes and State disability taxes		
a)	+[31]	
	+	
	+	
Sales tax paid on major purchases:		*****
36]	+[37]	
	+	
Sales tax paid on actual expenses:		
39]	[40]	1
-	+	
	+	
Control Totals +	ITEMIZED DEDUC	TIONS Form ID:

Form ID: A-2	Interest Expenses			58
T/S/J Home mortgage interest: From Form 1098 [1] HOME MORTGAGE INTEREST	Interest Paid ₂]	Points Paid	Type* Mortgage In Premiums Pa	S. Prior Year Informat
	++		+	-
	_++.		+	_
_	_++		+	-
_				
				_
			+	
	*Mortgage Types	5		
Blank = Used to buy, build or improve main/qualified	second home 1 = No	ot used to buy	, build, improve hom	e or investment
T/S/J Payee's Name	SSN or EIN		Information	Prior Year Information
Other, such as: Home mortgage interest paid to i	ndividuals	1.		
[4] Address		ļ+	[5]	
City, state and zip code		T		
		+		
Address	··· · ···	, , , , , , , , , , , , , , , , , , , 		
City, state and zip code				
T/S/J Name and address of other person who received F	orm 1098 for jointly liab	le mortgage ir	iterest you paid -	
Street Address				
City/State/Zip code				
Refinancing Points paid in Taxpayer/Spouse/Joint (T, S, J)			_[11]	
Recipient/Lender name				
Total points paid at time of refinance Points deemed as paid in (Preparer use on)	lv)		[12]	
Date of refinance	·17	+	[12]	
Term of new loan (in months)		,		
Reported on Form 1098 in				
Taxpayer/Spouse/Joint (τ, s, J)			_	
Recipient/Lender name				
Total points paid at time of refinance Points deemed as paid in (Preparer use on	lv)			
Date of refinance	·11	+		
Term of new loan (in months)		•		
Reported on Form 1098 in			_	
T/S/J			Information	Prior Year Information
Investment interest expense, other than on Schedu				
_[15]	,		[16] -	
_				
		·		
		·		
_		<u> </u>		
_		+		
			<u> </u>	
Control Totals	}	ITEMI2	ED DEDUCTION	NS Form ID: A-2

Contributions made by cash or check (including out-of-pocket expenses) Any contribution of each, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return. Individual contribution of softs or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return. [2] CASH CONTRIBUTIONS	D: A-3 C	haritable Contributions	
Any contribution of cash, a check or other monetary giff requires a written record of the contribution in order to claim the contribution on your return. Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.	I	2021 Infor	nation Prior Year Informatio
Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return. CASH CONTRIBUTIONS			
CASH CONTRIBUTIONS			
s ₁ Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods	CACU COMPARIMANA		<u> </u>
Solution	CASH CONTRIBUTIONS		
Solution			
Solution Company Compa			
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Yolunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods +			l l
Yolunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods +			
Yolunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods [9]	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods +			
Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods +			
Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		+	
Volunteer miles driven Noncash items, such as: Goodwill/Salvation Army/clothing/household goods +	,	+	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods +[9] + + + Harmonia Harmoni		+	
#	-		[6]
+ + + + + + + + + + + + + + + + + + +	Noncash items, such as: Goodwill/Salvation Army/	'clothing/household goods	
+ + + + + + + + + + + + + + + + + + +	.]	+	[9]
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		+ + + + + + + + + + + + + + + + + + + +	
	J Other expenses	+ + + + + + + + + + + + + + + + + + + +	

Information	1 Preparer use only			
Taxpayer/Spouse/Joint (T. S. J)			Information	Prior Year Information
Employer identification number	Taxpayer/Spouse/Joint (T, S, J)			
Business name	Employer identification number			
Principal business/profession Business address, if different from home address on Organizer Form IO: 1040 Business address, if different from home address on Organizer Form IO: 1040 Address City/State/Zip Interpretation Counting method (1= cus, 2 = Acroval, 3 = Other) If other: Invertory method (1= cus, 2 = Acroval, 3 = Other) If other enter explanation: [24] Enter an explanation if there was a change in determining your inventory: [25] Did you "materially participate" in this business? (7, 10) If not, number of hours you did significantly participate [26] Did you was payments in 2020 that require you to file Form(s) 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes", did you or will you file all required forms 1099? (1, 10) If "Yes",	Business name			
Business address, if different from home address on Organizer Form ID: 1040 Address	Principal business/profession			
Business address, if different from home address on Organizer Form ID: 1040 Address 1.15	Business code		.12	1
Address	Business address, if different from hom	ne address on Organizer Form ID: 1		
City/State/Zip 11-0		-		
Accounting method (1 = Cash, 2 = Accruel, 3 = One)	City/State/Zip			l l
If other: Inventory method (1 - Cost. 2 = CM, 3 = Other)	Accounting method (1 = Cash, 2 = Accrual, 3 =			l l
Inventory method (1 = cos. 7 = LLM, 3 = other) If other enter explanation: If other enter explanation: [24] Enter an explanation if there was a change in determining your inventory: [25] Did you "materially participate" in this business? (x, x) If not, number of hours you did significantly participate Mark if you began or acquired this business in 2020 Did you make any payments in 2020 that require you to file Form(s) 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all required Forms 1099? (x, x) If "Yes", did you or will you file all you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you file Forms 1099? (x, x) If "Yes", did you or will you fi		,		<u> </u>
If other enter explanation: [24] Enter an explanation if there was a change in determining your inventory: [25] Did you "materially participate" in this business? (Y, N)	Inventory method (1 = Cost. 2 = LCM. 3 = Othe			i
Enter an explanation if there was a change in determining your inventory: 28		,	(22	' -
Enter an explanation if there was a change in determining your inventory:	·		[na	
Did you "materially participate" in this business? (v, n)			[24	
Did you "materially participate" in this business? (v, n)	Enter an explanation if there was a cha	ngo in determining your inventer		
Did you "materially participate" in this business? (v, n) If not, number of hours you did significantly participate Mark if you began or acquired this business in 2020 Did you make any payments in 2020 that require you to file Form(s) 1099? (v, n) If "Yes", did you or will you file all required Forms 1099? (v, n) Jail If "Yes", did you or will you file all required Forms 1099? (v, n) Jail Ja				
If not, number of hours you did significantly participate			[25	
If not, number of hours you did significantly participate	Did you "motorially posticiontall's still	h		
Mark if you began or acquired this business in 2020 10 10 10 10 10 10 10				1 - 1
Did you make any payments in 2020 that require you to file Form(s) 1099? (v, N) [31] [31] [31] [32] [33] [33] [33] [33] [33] [33] [33	_	- · · · · · · · · · · · · · · · · · · ·	[28]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) Mark if this business is considered related to qualified services as a minister or religious worker [33] Mark if this business is considered related to qualified services as a minister or religious worker [37] Medical insurance premiums paid by this activity [40] Long-term care premiums paid by this activity [40] Long-term care premiums paid by this activity [40] Amount of wages received as a statutory employee [40] Business Income Information			[30]	1
Mark if this business is considered related to qualified services as a minister or religious worker 353 164)? (Y, N)[31]	1
Did you receive wages as a statutory employee or as a minister? (1 = statutory employee, 2 = Minister) [37] Medical insurance premiums paid by this activity			[33]	
Medical insurance premiums paid by this activity Long-term care premiums paid by this activity Amount of wages received as a statutory employee Business Income Information Prior Year Information				
Long-term care premiums paid by this activity Amount of wages received as a statutory employee Business Income Information			ory employee, 2 = Minister)[37]	_
Business Income Information Prior Year Information			+[40]	<u>-</u>
Susiness Income			+[44]	
Prior Year Information Prior Year Informat	Amount of wages received as a statutor	ry employee	+ [47]	
Ninformation Prior Year Information Prio				
Security		Business		
CROSS RECEIPTS AND SALES		Business	Income	
		Business	Income	Prior Year Information
Testing and allowances	•		Income	Prior Year Information
February From Prior Year Information From Year I	•		Income	
Other income:	GROSS RECEIPTS AND	SALES	Income Information +	
Other income:	GROSS RECEIPTS AND	SALES	Income Information +[52] +	
+	GROSS RECEIPTS AND	SALES	Income Information +[52]	
+	GROSS RECEIPTS AND	SALES	Income	
+	GROSS RECEIPTS AND Returns and allowances	SALES	Income	
+	GROSS RECEIPTS AND Returns and allowances	SALES	Income	
Information	GROSS RECEIPTS AND Returns and allowances	SALES	Income	
Information	GROSS RECEIPTS AND Returns and allowances	SALES	Income	
Information	GROSS RECEIPTS AND Returns and allowances	SALES	Income	
Beginning inventory + [59] Purchases + [61] Labor: + [63] - + [65] Materials + [65] Other costs: + [67] - + - - + - - + - Ending inventory + [69]	GROSS RECEIPTS AND Returns and allowances	SALES	Information	
Purchases Labor: + [61] Labor: + [63] + [65] Other costs: + [67] + [67] Ending inventory + [69]	GROSS RECEIPTS AND Returns and allowances	SALES	Information	
Labor:	GROSS RECEIPTS AND Returns and allowances	SALES	Information	
+ [63] + [65] Materials Other costs: + [67] + [67] + [67] Ending inventory + [69]	Returns and allowances Other income: Beginning inventory	SALES	Information	
Materials + [65] Other costs: + [67] + + - + + - Ending inventory + [69]	Returns and allowances Other income: Beginning inventory	SALES	Information	Prior Year Information
Materials +	Returns and allowances Other income: Beginning inventory Purchases	SALES	Information	Prior Year Information
Materials +	Returns and allowances Other income: Beginning inventory Purchases	SALES	Information	Prior Year Information
Other costs: +	Returns and allowances Other income: Beginning inventory Purchases	SALES	Information	Prior Year Information
+ + + + + + + + + + + + + + + + + + +	Returns and allowances Other income: Beginning inventory Purchases Labor:	SALES	Information	Prior Year Information
+ + + + + + + + + + + + + + + + + + +	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	SALES	Information	Prior Year Information
+	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	SALES	Information	Prior Year Information
	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	SALES	Information	Prior Year Information
	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	SALES	Information	Prior Year Information
	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials	SALES	Information	Prior Year Information
	Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:	SALES	Information	Prior Year Information

Form	ın.	~ ~
rom	IV.	L-2

Schedule C - Expenses

29

1 Preparer use only		
Principal business or profession		
	Information	Prior Year Information
Advertising	[6]	
	[8]	
	[10]	
Control 1	[12]	
5 L ::	[14]	
Department of the control of the con		 _
Employee benefit programs (Include Small Employer Health Ins Premiums credit):	[16]	
	[40]	
	[18]	
Insurance (Other than health):	-	
•	(20)	
· · · · · · · · · · · · · · · · · · ·	[20]	
Interest:		
Mortgage (Paid to banks, etc.)		
	[22]	
+		
+	·	
Other:		
+	[24]	
+		
Legal and professional services +	[26]	
	[29]	
Pension and profit sharing:		
+	[31]	
Rent or lease:		
Vehicles, machinery, and equipment	[33]	
	[35]	
	[37]	
·	[39]	
Faxes and licenses:	[35]	<u> </u>
	(aa)	
	[41]	
<u> </u>		
Fravel and meals:		
	[43]	
	[45]	
	[47]	
	[51]	
Nages (Less employment credit):		
+	[53]	
+		
Other expenses:		
+	[55]	
+	<u> </u>	
	-	

					Workshe			-11	<i></i>		
	 `	•		lle for business	purposes, pl	lease compl	ete the f	ollowing in	formation		
C Description of b		reparer us	e only								-
Description of b	usiness or pi	Olession									(3
					/ehicles						
	Date placed I	n service				•					
	Description							 .	· · · · · · · · · · · · · · · · · · ·		
• •	Comments		•		···						
	Date placed I Description	n service									.
	Comments										
	Date placed I	n service	•			-					
	escription										
	Comments					-					
	oate placed in	n service	•								
	Description Comments			. ———						<u>-</u> _	·
	omnients										
,				Vehic	le Questic	ons					
					Vehicle	Prior Veh	ilcle Pr	ior Vehic	le Prior	Vehi	cle Prio
• .					1			ear 3	Year	4	
you used your a	utomobile fo	r work pur	poses, answ	er the following	questions:		,			_	
Was the vehicle	la availahla f	or off-duty	personal use		(60) (68)		[62]	_ _(6	–	,	^{66]}
					1031		[70]	[7	2]	_[74]
Was another v	ehicle avalla	ble for per			_				a)		
Was another v Do you have e	ehicle avalla vidence to se	ble for per apport you			[76]		[78]	_ _(8		,	82]
Was another v	ehicle avalla vidence to se	ble for per apport you			_					,	
Was another v Do you have e	ehicle avalla vidence to se	ble for per apport you			[76]		[78]	_ _(8		,	82]
Was another v Do you have e	ehicle avalla vidence to se	ble for per apport you		' (Y, N)	[76] 		[78]	_ _(8		,	B2]
Was another v Do you have e	ehicle avalla vidence to se	ble for per apport you		' (Y, N)	[76]		[78]	_ _(8	8]	,	82]
Was another v Do you have e	rehicle availa vidence to so e written? (v,	ble for per upport you N)	r deduction?	(v, n) Vehic	[76] [84] Sie Expens	es	[78]		8)		Prior Yea
Was another v Do you have e Is this evidence	rehicle availa vidence to sc e written? (v, Véh	ble for per upport you N)	r deduction?	Vehicle 2	(84) le Expens	es	(78) (86)			le 4	82] _ 90] _
Was another v Do you have e Is this evidence stal miles for yea	rehicle availa vidence to sc e written? (v, Véh	ble for per upport you n) icle 1	r deduction?	Vehic vehicle 2	[76] [84] le Expens Prior Yea Information	es	(78) (86) e 3		8)	le 4	90)
Was another v Do you have e Is this evidence otal miles for yea ommuting miles	rehicle availa vidence to sc e written? (v, Véh	ble for per upport you N) icle 1 [32] [42]	r deduction?	Vehicle 2	[76] [84] cle Expens	es	e 3 		8)	le 4[38][48]	82] 90]
Was another v Do you have e Is this evidence otal miles for yea ommuting miles usiness miles	rehicle availa vidence to sc e written? (v, Véh	ble for per upport you N) icle 1 [32] [42]	r deduction?	Vehicle 2	[76] [84] cle Expens	es	(78) (86) e 3		8)	le 4	82] 90]
Was another v Do you have e Is this evidence otal miles for yea ommuting miles usiness miles arking fees	rehicle availa vidence to sc e written? (v, Véh	ble for per upport you N) icle 1 [32] [42]	r deduction?	Vehicle 2	(76) (84) Sile Expens Prior Yea Information	es	e 3 [[36] [[46] [[56] [8)	le 4[38][48][58]	82] 90]
Was another v Do you have e Is this evidence otal miles for yea ommuting miles usiness miles arking fees oils	rehicle availa vidence to sc e written? (v, Véh	icle 1 [32] [42] [92]	r deduction?	Vehice 2	(84) le Expens Prior Yea Information	es	e 3 [36] [46] [356] [96]		8)	e 4	82] 90]
Was another v Do you have e Is this evidence oral miles for yea ommuting miles usiness miles arking fees oils asoline ii	rehicle availa vidence to sc e written? (v, Véh	icle 1	r deduction?	Vehicle 2	Prior Yea Information	ron Vehicl	e 3 [36] [46] [56] [104] [112] [120]		8)	e 4	82] 90]
Was another v Do you have e Is this evidence Is this evidence Do you have e Is this evidence Is this evidence Is this evidence Is this evidence It evi	rehicle availa vidence to sc e written? (v, Véh	icle 1 [32] [42] [92] [100] [108] [124]	r deduction?	Vehicle 2	Prior Yea Information	ron Vehicl	e 3 [36] [46] [56] [104] [112] [128]		8)	e 4	82] 90]
Was another v Do you have e Is this evidence otal miles for yea ommuting miles usiness miles arking fees oils asoline il epairs laintenance	rehicle availa vidence to sc e written? (v, Véh	icle 1 [32] [42] [52] [100] [108] [116] [124]	r deduction?	Vehicle 2	Prior Yea Information	ron Vehicl	[78] [86] e 3 [36] [46] [56] [104] [112] [120] [128] [136]		8)	e 4	82] 90] Prior Ye
Was another v Do you have e Is this evidence otal miles for yea commuting miles usiness miles arking fees bils asoline il epairs laintenance ires	rehicle availa vidence to sc e written? (v, Véh	icle 1 [32] [42] [52] [100] [108] [116] [124] [132]	r deduction?	Vehicle 2	Prior Yea Information	ron Vehicl	e 3 [36] [46] [55] [104] [128] [136] [144]		8)	e 4	82] 90] Prior Ye
Was another v Do you have es Is this evidence Is this evi	rehicle availa vidence to sc e written? (v, Véh	icle 1 [32] [42] [52] [100] [108] [116] [124] [132] [140]	r deduction?	Vehicle 2	Prior Yea Information	ron Vehicl	e 3 [36] [46] [56] [112] [128] [136] [144] [152]		8)	[e 4	82] 90] Prior Ye
Was another v Do you have es Is this evidence Is this evi	rehicle availa vidence to sc e written? (v, Véh	icle 1 [32] [42] [52] [100] [108] [116] [124] [132] [140] [148]	r deduction?	Vehicle 2	Prior Yea Information	ron Vehicl	[78] [86] e 3 [36] [46] [56] [96] [120] [128] [136] [144] [152] [160]		8)	[e 4	82] 90] Prior Ye
Was another v Do you have es Is this evidence es Is the Is the Is this evidence es Is the	rehicle availa vidence to sc e written? (v, Véh	icle 1 [32] [42] [52] [100] [108] [116] [124] [132] [140] [148] [156]	r deduction?	Vehicle 2 [34] [44] [54] + [94] + [11] + [12] + [13] + [14] + [15] + [15]	Prior Yea Information	ron Vehicl	e 3 [36] [46] [56] [112] [128] [136] [144] [152]		Vehicl	[e 4	82] 90]
Was another v Do you have estable in this evidence Is thi	rehicle availa vidence to sc e written? (v, Véh	icle 1 [32] [42] [52] [100] [108] [116] [124] [132] [140] [148]	r deduction?	Vehicle 2	Prior Yea Information	Fon Vehicl	(78) (86) (86) (36) (46) (56) (96) (104) (120) (128) (136) (144) (152) (160) (168)		Vehicl	[e 4	82] 90]
Was another v Do you have estable for year ommuting miles usiness miles arking fees to list asoline to list asoline to list another washes ar wash	rehicle availa vidence to sc e written? (v, Véh	icle 1 [32] [42] [52] [100] [108] [116] [124] [132] [140] [148] [156] [164]	r deduction?	Vehicle 2 [34] [44] [54] + [10] + [11] + [12] + [14] + [15] + [15] + [16] + [16] + [17]	Prior Yea Information	Fon Vehicl	(78) (86) (86) (96) (96) (104) (112) (120) (128) (136) (144) (152) (160) (168) (176)		Vehicl	e 4	82] 90]
Was another v Do you have estable to this evidence Is this evidence otal miles for year ommuting miles usiness miles arking fees oils asoline all epairs laintenance res ar washes usurance atterest egistration censes roperty taxes	vehicle availa vidence to so e written? (v, Véh + + + + + + + + + + + + + + + + + +	icle 1 [32] [42] [52] [100] [108] [116] [124] [132] [140] [148] [156] [164] [172]	r deduction?	Vehicle 2	Prior Yea Information	Fon Vehicl	(78) (86) (86) (86) (36) (46) (56) (96) (104) (112) (128) (136) (144) (152) (160) (168) (176)		Vehicl	e 4	82] 90]
Was another v Do you have estables for year ommuting miles usiness miles arking fees polis asoline estables ar washes ar washe	vehicle availa vidence to so e written? (v, Véh + + + + + + + + + + + + + + + + + +	icle 1 [32] [42] [52] [100] [108] [116] [124] [132] [140] [148] [156] [164] [172] [180]	r deduction?	Vehicle 2	Prior Yea Information	Fon Vehicl	[78] [86] e 3 [36] [46] [56] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200] [208]		Vehicl	e 4	90)
Was another v Do you have e	vehicle availa vidence to so e writteh? (v, Véh + + + + + + + + + + + + + + + + + +	icle 1 [32] [42] [52] [100] [108] [116] [124] [132] [140] [148] [156] [164] [172] [180] [188] [196]	r deduction?	Vehicle 2	Prior Yea Information	Fon Vehicl	[78] [86] e 3 [36] [46] [56] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200]		Vehicl	e 4	90)

Control Totals +

BUSINESS

Form ID: Auto

Properer use only	Form ID: Rent	Rent and Royalty Proper	ty - General Information	31
Description	1 Preparer use only		Information	Prior Year Information
Tappare/Spouse/Joint (r. s.)	Description	Pra		
City, state, sip code	• • • • • • • • • • • • • • • • • • • •			1
Foreign country	Physical address: Street			6)
Type (Insighe Analy, Janual) (Alliand), average loading), averag			(7) <u>(</u> [8] <u>/</u> (9)
Foreign postal code		·	· · · · · · · · · · · · · · · · · · · 	11]
Type (1.5s)ge Family, 2-Mailth-Early, 2-Mail	Foreign province/count	у		· · I
Description of other type rose sets				· · 1
Did you make any payments in A-2-24 that require you to file Form(s) 1099? (r, M)		ort-term, 4=Commercial, 5=Land, 6=Royalt	_	1
If Yest', did you or will you file all required Forms 1099? \(r, w \)		require you to file Form(s) 1099		· 1
Fair rental days (fract bull-year) (Fare pees 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)				_
Percentage of ownership if not 100% (Not vacation home percentage) 124				_ ;
Rents and royalities Information Prior Year Information RENTS AND ROYALTIES Information Percent if not 100% Prior Year Information Prior Y				
Rents and royalties	Business use percentage, if not 100% (No	t vacation home percentage)	[24]
Rents and royalties		Pont and Day	rolitu Incomo	
Rent and Royalty Expenses	Rents and royalties	kent and Roy		Prior Vear Information
Rent and Royalty Expenses		S +		1 1.04 FEBT HINTHIBUOT
Information Percent if not 100% Prior Year Information Advertising 3 3 3 4 4 4 4 4 4 4			[54]	
Information Percent if not 100% Prior Year Information Advertising 3 3 3 4 6 6 6 6 6 6 6 6 6 6 6 6 6				
Advertising		Rent and Roya		1
Auto		-		00% Prior Year Information
Travel Cleaning and maintenance	-			
Cleaning and maintenance				
Commissions:	******			
The strange interest paid to banks, etc (Form 1098)		+	[45][46)
Insurance:	Commissions:		7401	501
Samples				
Legal and professional fees	Insurance:		· · · · · · · · · · · · · · · · · · ·	
Legal and professional fees		+	[S1] [53)
Management fees:		+		
Management fees:	Legal and professional fees	+	[55]	56)
Mortgage interest paid to banks, etc (Form 1098)				
Company		+	[58]	60)
Company	44 ****	+ +		
Company	Mortgage interest paid to banks, etc (For	m 1098)		
Qualified mortgage insurance premiums + [67] [68] Other interest: + [70] [72] Repairs + [73] [74] Supplies + [76] [77] Taxes: - - - LOCAL INCOME TAXES + [79] [81] Utilities + [82] [83] Depreciation + [85] [86] Depletion + [88] [89] Other expenses: + [91] - + - - - + - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -		+	[61]	63]
Qualified mortgage insurance premiums + [67] [68] Other interest: + [70] [72] Repairs + [73] [74] Supplies + [76] [77] Taxes: - [79] [81] LOCAL INCOME TAXES + [82] [83] Depreciation + [85] [86] Depletion + [88] [89] Other expenses: + [91] - + - - - + - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -<		+		
Other interest:		<u> </u>	 	-
+ [70] [72] +		+	[67]	58]
Taxes:	Other interest:		1703	721
Supplies + [76] [77] Taxes: + [79] [81] Utilities + [82] [83] Depreciation + [85] [86] Depletion + [88] [89] Other expenses: + [91] - + - - - + - - - + - - - + - - - + - - - + - - - + - - - + - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -		+	[/0]	,21
Supplies + [76] [77] Taxes: + [79] [81] Utilities + [82] [83] Depreciation + [85] [86] Depletion + [88] [89] Other expenses: + [91] - + - - - + - - - + - - - + - - - + - - - + - - - + - - - + - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -	Repairs	·	(73)	741
Taxes: LOCAL INCOME TAXES	•	+		
Utilities				
Depreciation + [85] [86] Depletion + [88] [89] Other expenses: + [91] +	LOCAL INCOME TAXES	+	[79](81]
Depreciation + [85] [86] Depletion + [88] [89] Other expenses: + [91]		+		
Depletion + [88] [89] Other expenses: + [91]		+	[82]	
Other expenses: + [91] +	•	+		86)
+ [91] + + + + + + + + + + + + + + + + + + +	•	+	[88]	89]
+	Other expenses:			
Control Totals + RENT & ROYALTY Form ID: Rent		+	[91]	
Control Totals + RENT & ROYALTY Form ID: Rent		<u> </u>		
Control Totals + RENT & ROYALTY Form ID: Rent		. +		
		Control Totals +	RENT & ROYAL	TY Form ID: Rent

Form ID: 1095A	AC	A - Health Ins	urance Marketplace Stateme	ent #1	70
		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S	5)				$\underline{\mathbf{T}}_{\mathtt{[1]}}$
Marketplace identifie					[6]
Marketplace-assigne	d policy number (Box 2)			•	[7]
Policy issuer's name					[2]
Part III Household In	formation -				
	A. 2021 Monthly Premium Amount	Prior Year Information	B. 2021 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2021 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+[12]		+[25]	+[38]	
February	+[13]	l l	+[26]	+[39]	
March	+[14]	l l	+[27]	+[40]	
April	+[15]		+[28]	+[41]	
May	+[16]		+[29]	+[42]	
June	+[17]		+[30]	+[43]	
July	+[18]		+[31]	+[44]	
August	+[19]		+[32]	+[45]	
September	+[20]		+[33]	+[46]	
October	+[21]		+[34]	+[47]	
November	+[22]		+[35]	+[48]	
December	+[23]		+[36]	+[49]	
Annual total	+[24]		+[37]	+[50]	
			Control Totals +		
	AC	A - Health Ins	urance Marketplace Statemo	ent #2	
				·	
Taxpayer/Spouse (T,	S)	Please	e provide all Forms 1095-A		[1]
Marketplace identifie					(2) [6]
•	d policy number (Box 2)				(-)
Policy issuer's name					[2]
Part III Household Ir	•				
	A. 2021 Monthly Premium	Prior Year	B. 2021 Monthly Premium Amount of Second	C. 2021 Monthly Advance Payment	Prior Year
	Amount	Information	Lowest Cost Silver Plan (SLCSP)	of Premium Tax Credit	Information
January	+[12]	Information	+[25]	of Premium Tax Credit +[38]	Information
February	+[12] +[13]	Information	+[25] +[26]	of Premium Tax Credit +[38] +[39]	Information
February March	+[12] +[13] +[14]	Information	+[25] +[26] +[27]	of Premium Tax Credit +[38] +[39] +[40]	Information
February March April	+[12] +[13] +[14] +[15]	Information	+[25] +[26] +[27] +[28]	of Premium Tax Credit +[38] +[39] +[40] +[41]	Information
February March April May	+[12] +[13] +[14] +[15] +[16]	Information	+[25] +[26] +[27] +[28] +[29]	of Premium Tax Credit +[38] +[39] +[40] +[41] +[42]	Information
February March April May June	+ [12] + [13] + [14] + [15] + [16] + [17]	Information	+[25] +[26] +[27] +[28] +[29] +[30]	of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43]	Information
February March April May June July	+ [12] + [13] + [14] + [15] + [16] + [17] + [18]	Information	+[25] +[26] +[27] +[28] +[29] +[30] +[31]	of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44]	Information
February March April May June July August	+ [12] + [13] + [14] + [15] + [16] + [17] + [18] + [19]	Information	+[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32]	of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45]	Information
February March April May June July August September	+[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20]	Information	+[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33]	of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46]	Information
February March April May June July August September October	+ [12] + [13] + [14] + [15] + [16] + [17] + [18] + [19] + [20] + [21]		+[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34]	of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47]	Information
February March April May June July August September October November	+ [12] + [13] + [14] + [15] + [16] + [17] + [18] + [19] + [20] + [21] + [22]		+[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35]	of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48]	Information
February March April May June July August September October November December	+ [12] + [13] + [14] + [15] + [16] + [17] + [18] + [20] + [21] + [22] + [23]		+[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35] +[36]	of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	Information
February March April May June July August September October November	+ [12] + [13] + [14] + [15] + [16] + [17] + [18] + [19] + [20] + [21] + [22]		+[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35]	of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48]	Information

H	EALTH CARE	Form ID: 1095A

			<u>.</u>
Form ID: OH Ohio General Information	on		
Enter your current Ohio county of residence			[1]
School district number			[1]
Use Tax			
Purchases subject to use tax			[3]
Contributions			
Amount of charitable contributions you w	rish to make to:	·*··	····
Military injury relief fund			[4]
Nature preserves and scenic rivers			[5]
Wildlife species and endangered wildlife			[6]
Ohio History Fund			[7]
Breast and cervical cancer project			[8]
Wishes for sick children			[9]
Credits		****	
	Taxpayer	Spouse	
Displaced worker training expenses for 12-month period since loss of job	[10	D]	[11]
Part-year Resident and Nonresiden	. 1991		
If you were a part-year resident during the tax year, en	ter the dates you lived	in Ohio	
	Taxpay	er Sı	oouse
Part-year residency dates:			
From		[12]	[14]
То		[13]	[15]
		Taxpaver	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)			
State of residency while not a resident of Ohio		[18]	[19]
If foreign, enter country of residency		[20]	[21]
The state of the s			