

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

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

## **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](mailto: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.



Form ID: Info

## Client Contact Information

2

## Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

[8]

Taxpayer email address

[9]

Spouse email address

[10]

## Taxpayer

## Spouse

Fax telephone number

[11]

[19]

Mobile telephone number

[12]

[20]

Mobile telephone #2 number

[13]

[21]

Pager number

[14]

[22]

Other:

[15]

[23]

Telephone number

[16]

[24]

Extension

[17]

[25]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

[18]

[26]

## NOTES/QUESTIONS:

GENERAL

Form ID: Info

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 Note that electronic funds will be withdrawn only from the primary account listed below.

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 taxpayer and spouse names are on the account) \_\_\_\_\_ [7]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [8]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

**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\*) \_\_\_\_\_ [28]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [29]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [30]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [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 = IRA\*) \_\_\_\_\_ [34]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [35]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [36]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

\*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 financial institution.

**Refund - U.S. Series I Savings Bond Purchases**

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names 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 Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

**Bond information for someone other than taxpayer and spouse, if married filing jointly**

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [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]

**Bond information for someone other than taxpayer and spouse, if married filing jointly**

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [21] or Percent (xxx.xx) \_\_\_\_\_ [22]  
 Owner's name (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [47]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_

[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_

[2]

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 \_\_\_\_\_

[9]

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) \_\_\_\_\_

[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_

[8]

---

**NOTES/QUESTIONS:**

## 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)

[1]

[2]

[3]

[4]

[5]

[6]

## Spouse -

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)

[7]

[8]

[9]

[10]

[11]

[12]

## NOTES/QUESTIONS:



**Recovery Rebate Credit (Economic Impact Payment)****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.

	<b>Taxpayer/Joint</b>	<b>Spouse</b>
Economic impact payment (EIP). Enter a zero (0) if none was received:		
EIP no. 3 reported on Notice 1444-C	+ _____ [1]	+ _____ [2]
Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed Forces in 2020		_____ [3]
EIP3 amount projected from your prior year return		+ _____ [4]
EIP3 projection tax year		_____ [5]
Mark if the EIP3 you received matches the EIP3 amount projected from your prior year return		_____ [6]

**NOTES/QUESTIONS:**

Economic impact payment (EIP) received for each dependent. \_\_\_\_\_

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

**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>.

	<b>Taxpayer/Joint</b>	<b>Spouse</b>
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 (Letter 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

**Estimated Taxes****8**

If you have an overpayment of 2021 taxes, do you want the excess:

Refunded

\_\_\_\_ [52]

Applied to 2022 estimated tax liability

\_\_\_\_ [53]

Do you expect a considerable change in your 2022 income? (Y, N)

\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_ [55]

\_\_\_\_ [56]

\_\_\_\_ [57]

\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2022? (Y, N)

\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_ [60]

\_\_\_\_ [61]

\_\_\_\_ [62]

\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2022 withholding? (Y, N)

\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_ [65]

\_\_\_\_ [66]

\_\_\_\_ [67]

\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2022? (Y, N)

\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_ [70]

\_\_\_\_ [71]

\_\_\_\_ [72]

\_\_\_\_ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay)

\_\_\_\_ [74]

**2021 Federal Estimated Tax Payments**

2020 overpayment applied to 2021 estimates

+ \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields.

\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/21	____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/21	____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/21	____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/18/22	____ [12]	+ _____ [13]	_____	_____
Additional payment		____ [14]	+ _____ [15]	_____	_____

**\*Method of payment indicated in prior year**

EFW = Electronic funds withdrawal

EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:****Control Totals +****PAYMENTS****Form ID: Est**

Taxpayer/Spouse/Joint (T, S, J)

State postal code

[1]  
OH [2]

Amount paid with 2020 return

+ [3]

2020 overpayment applied to '21 estimates

+ [4]

Treat calculated amounts as paid

[8]

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 Estimated Tax Payments

City #1	City #2
City name [28]	City name [50]
Amount paid with 2020 return + [31]	Amount paid with 2020 return + [53]
2020 overpayment applied to '21 estimates + [32]	2020 overpayment applied to '21 estimates + [54]
Treat calculated amounts as paid [36]	Treat calculated amounts as paid [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [37]	+ [38]	1st quarter payment [59]	+ [60]
2nd quarter payment [39]	+ [40]	2nd quarter payment [61]	+ [62]
3rd quarter payment [41]	+ [42]	3rd quarter payment [63]	+ [64]
4th quarter payment [43]	+ [44]	4th quarter payment [65]	+ [66]

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

City #3	City #4
City name [72]	City name [94]
Amount paid with 2020 return + [75]	Amount paid with 2020 return + [97]
2020 overpayment applied to '21 estimates + [76]	2020 overpayment applied to '21 estimates + [98]
Treat calculated amounts as paid [80]	Treat calculated amounts as paid [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [81]	+ [82]	1st quarter payment [103]	+ [104]
2nd quarter payment [83]	+ [84]	2nd quarter payment [105]	+ [106]
3rd quarter payment [85]	+ [86]	3rd quarter payment [107]	+ [108]
4th quarter payment [87]	+ [88]	4th quarter payment [109]	+ [110]

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

## Calculated Amount

1st quarter payment \_\_\_\_\_  
 2nd quarter payment \_\_\_\_\_  
 3rd quarter payment \_\_\_\_\_  
 4th quarter payment \_\_\_\_\_

Form ID: W2

**Wages and Salaries #1**

12

Please provide all copies of Form W-2.

**Prior Year Information**

	Information	
Taxpayer/Spouse (T, S)		T <sup>[1]</sup>
Employer name		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]
Mark if this is your current employer		[6]
Federal wages and salaries (Box 1)	+ _____	[10]
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 <sup>[30]</sup>
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 +

**Wages and Salaries #2**

Please provide all copies of Form W-2.

**Prior Year Information**

	Information	
Taxpayer/Spouse (T, S)		[1]
Employer name		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]
Mark if this your current employer		[6]
Federal wages and salaries (Box 1)	+ _____	[10]
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		[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

## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest 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.

T/S/J	Type Code (**See codes below)	Interest (1) Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts							
2	Payer							
	Amounts							
3	Payer							
	Amounts							
4	Payer							
	Amounts							
5	Payer							
	Amounts							
6	Payer							
	Amounts							
7	Payer							
	Amounts							
8	Payer							
	Amounts							
9	Payer							
	Amounts							
10	Payer							
	Amounts							

***Interest Codes			
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment	
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond	

Control Totals	+	INCOME	Form ID: B-1
----------------	---	--------	--------------

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.

T S J	Type Code	Ordinary (2) Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer										
		Amounts										
	2	Payer										
		Amounts										
	3	Payer										
		Amounts										
	4	Payer										
		Amounts										
	5	Payer										
		Amounts										
	6	Payer										
		Amounts										
	7	Payer										
		Amounts										
	8	Payer										
		Amounts										
	9	Payer										
		Amounts										
	10	Payer										
		Amounts										

\*\*Dividend Codes

Blank = Other      3 = Nominee

**Please provide copies of all Forms 1099-B and 1099-S**

Did you have any securities become worthless during 2021? (Y, N)

[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 exchange any securities or investments for something other than cash? (Y, N)

[13]

Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? (Y, N)

$$\mathbf{N}_{[4]}$$
[illegible]





**Pension, Annuity, and IRA Distributions #1**

24

Please provide all Forms 1099-R.

**2021 Information****Prior Year Information**

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, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

**2021 Information****Prior Year Information**

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, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

**2021 Information****Prior Year Information**

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 +****NOTES/QUESTIONS:**

**Social Security, Tier 1 Railroad Benefits**

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)  
State postal codeT<sup>[1]</sup>  
OH<sup>[2]</sup>**Social Security Benefits**

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2021 (Box 3 minus Box 4) (**Box 5**)2021 Information  
+ \_\_\_\_\_ [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]

**Prior Year Information****Tier 1 Railroad Benefits**

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

2021 Information  
+ \_\_\_\_\_ [22]Portion of Tier 1 Paid in 2021 (**Box 5**)

+ \_\_\_\_\_ [25]

Federal Income Tax Withheld (**Box 10**)

+ \_\_\_\_\_ [27]

Medicare Premium Total (**Box 11**)**Prior Year Information****Additional Information About Benefits Received**

Additional information about the benefits received not reported above. For example did you repay any benefits in 2021 or receive any prior year benefits in 2021. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

[40]

[41]

[42]

[43]

[44]

**NOTES/QUESTIONS:**

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

Taxpayer

Spouse

\_\_ [1]

\_\_ [2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If

yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

\_\_ [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

Please provide copies of any 1998 through 2020 Form 8606 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] + \_\_\_\_\_ [50]

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

+ \_\_\_\_\_ + \_\_\_\_\_

NOTES/QUESTIONS:

**Schedule A - Medical and Dental Expenses**

57

**T/S/J****2021 Information****Prior Year Information**

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] **DOCTORS, DENTISTS, ETC.** + [2]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] \_\_\_\_\_ + [5]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] \_\_\_\_\_ + [8]  
 \_\_\_\_\_ + \_\_\_\_\_

Prescription medicines and drugs:

**T**[10] **MEDICINES** + [11]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

[13] Miles driven for medical items \_\_\_\_\_ [14]

**Schedule A - Tax Expenses****T/S/J****2021 Information****Prior Year Information**

State/local income taxes paid:

**J**[18] \_\_\_\_\_ + [19]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

2020 state and local income taxes paid in 2021:

[21] \_\_\_\_\_ + [22]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Real estate taxes paid:

**S**[24] \_\_\_\_\_ + [25]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Personal property taxes:

[27] \_\_\_\_\_ + [28]  
 \_\_\_\_\_ + \_\_\_\_\_

Other taxes, such as: foreign taxes and State disability taxes

[30] \_\_\_\_\_ + [31]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Sales tax paid on major purchases:

[36] \_\_\_\_\_ + [37]  
 \_\_\_\_\_ + \_\_\_\_\_

Sales tax paid on actual expenses:

[39] \_\_\_\_\_ + [40]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

**Control Totals +****ITEMIZED DEDUCTIONS****Form ID: A-1**

## Interest Expenses

58

T/S/J	Home mortgage interest: From Form 1098	Interest Paid <sup>2)</sup>	Points Paid	Type*	Mortgage Ins. Premiums Paid	Prior Year Information
[1]	<b>HOME MORTGAGE INTEREST</b>	+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	
—		+	+	+	+	

## \*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home      1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address			
	City, state and zip code			
			+	
	Address			
	City, state and zip code			

## T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name \_\_\_\_\_ [7]  
 — 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 only) + \_\_\_\_\_ [12]

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Recipient/Lender name \_\_\_\_\_

Total points paid at time of refinance \_\_\_\_\_

Points deemed as paid in (Preparer use only) + \_\_\_\_\_

Date of refinance \_\_\_\_\_

Term of new loan (in months) \_\_\_\_\_

Reported on Form 1098 in \_\_\_\_\_

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	Information	Prior Year Information
[15]		+	[16]
—		+	
—		+	
—		+	
—		+	
—		+	
—		+	
—		+	
—		+	
—		+	

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-2



**1** Preparer use only

	Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[22]	
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)	[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2020	[30]	
Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N)	[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	[35]	
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	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

**Business Income**

	Information	Prior Year Information
Gross receipts and sales		
<b>GROSS RECEIPTS AND SALES</b>	+ [52]	
	+ [53]	
	+ [54]	
	+ [55]	
Returns and allowances	+ [56]	
Other income:		
	+ [57]	
	+ [58]	
	+ [59]	
	+ [60]	

**Cost of Goods Sold**

	Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:		
	+ [63]	
	+ [64]	
Materials	+ [65]	
Other costs:		
	+ [67]	
	+ [68]	
	+ [69]	
Ending inventory	+ [69]	

Control Totals +

**BUSINESS**

Form ID: C-1





Form ID: Auto

## Auto Worksheet

68

If you used your automobile for business purposes, please complete the following information.

C

1

Preparer use only

Description of business or profession \_\_\_\_\_

[3]

## Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

## Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	[60]		[62]		[64]		[66]	
Was another vehicle available for personal use? (Y, N)	[68]		[70]		[72]		[74]	
Do you have evidence to support your deduction? (Y, N)	[76]		[78]		[80]		[82]	
Is this evidence written? (Y, N)	[84]		[86]		[88]		[90]	

## Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[42]		[44]		[46]		[48]	
Business miles	[52]		[54]		[56]		[58]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses +	[196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt (Preparer only)	[212]		+ [214]		+ [216]		+ [218]	
Depreciation	+ [220]		+ [222]		+ [224]		+ [226]	

Control Totals +

BUSINESS

Form ID: Auto

Form ID: Rent

**Rent and Royalty Property - General Information**

31

**1****Preparer use only**

Information		Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J) <b>T</b> [3]	State postal code [5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[14]	
Description of other type (Type code #8)	[15]	
Did you make any payments in 2011 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

**Rent and Royalty Income**

Rents and royalties	Information	Prior Year Information
<b>RENTS AND ROYALTIES</b>	[34]	

**Rent and Royalty Expenses**

	Information	Percent if not 100%	Prior Year Information
Advertising	[36]	[37]	
Auto	[39]	[40]	
Travel	[42]	[43]	
Cleaning and maintenance	[45]	[46]	
Commissions:	[48]	[50]	
Insurance:	[51]	[53]	
Legal and professional fees	[55]	[56]	
Management fees:	[58]	[60]	
Mortgage interest paid to banks, etc (Form 1098)	[61]	[63]	
Other mortgage interest	[64]	[66]	
Qualified mortgage insurance premiums	[67]	[68]	
Other interest:	[70]	[72]	
Repairs	[73]	[74]	
Supplies	[76]	[77]	
Taxes:	[79]	[81]	
<b>LOCAL INCOME TAXES</b>	[82]	[83]	
Utilities	[85]	[86]	
Depreciation	[88]	[89]	
Depletion	[91]		
Other expenses:			

**Control Totals +****RENT & ROYALTY****Form ID: Rent**

## ACA - Health Insurance Marketplace Statement #1

70

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

T<sup>[1]</sup>

Marketplace identifier (Box 1)

[6]

Marketplace-assigned policy number (Box 2)

[7]

Policy issuer's name (Box 3)

[2]

## Part III Household Information -

	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]		+ [26]	+ [39]	
March	+ [14]		+ [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 +

## ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

[1]

Marketplace identifier (Box 1)

[6]

Marketplace-assigned policy number (Box 2)

[7]

Policy issuer's name (Box 3)

[2]

## Part III Household Information -

	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]		+ [26]	+ [39]	
March	+ [14]		+ [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 +

NOTES/QUESTIONS:

Form ID: OH

**Ohio General Information**

Enter your current Ohio county of residence \_\_\_\_\_ [1]

School district number \_\_\_\_\_ [2]

**Use Tax**

Purchases subject to use tax \_\_\_\_\_ [3]

**Contributions****Amount of charitable contributions you wish 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]

\_\_\_\_\_ [11]

**Part-year Resident and Nonresident Information****If you were a part-year resident during the tax year, enter the dates you lived in Ohio****Taxpayer****Spouse**

Part-year residency dates:

From \_\_\_\_\_ [12]

To \_\_\_\_\_ [13]

\_\_\_\_\_ [14]

\_\_\_\_\_ [15]

**Taxpayer****Spouse**

Residency status (if taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)

\_\_\_\_\_ [16]

\_\_\_\_\_ [17]

State of residency while not a resident of Ohio \_\_\_\_\_ [18]

\_\_\_\_\_ [19]

If foreign, enter country of residency \_\_\_\_\_ [20]

\_\_\_\_\_ [21]

**NOTES/QUESTIONS:**

Form ID: OH