

2021 Tax Organizer Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2021

- Single
 Married
 Widowed - If widowed and your spouse died in 2021, enter the date of death _____
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? _____

Yes No

- Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
 Was your earned income in 2021 less than your earned income in 2019?
 If "Yes," enter the amount of your 2019 earned income. _____
 Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
 If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.
 Taxpayer _____ Spouse _____

Identification Information

Taxpayer's type of photo ID

- Driver's license
 State-issued photo ID

Spouse's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

Photo ID number _____

State photo ID was issued _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information *(if applies)*

Your 2021 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: ***-**-****

Dependent Information Provide Documentation for proof of dependent credits (School records, Medical, Daycare, etc)

First and last name SSN	SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Yes No

Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer _____

Spouse _____

If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2020	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Do You want us to setup your 2022 Estimated Tax Payments to be automatically drafted from the account listed on Page 1? Yes
 No

Other Income and Adjustments

Name: _____

SSN: ***-**-****

Other Income

	2021 Taxpayer	2021 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2021	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
Jury duty pay	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2021 Taxpayer	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

GENERAL QUESTIONS **Y= Yes N =No** **Please Provide Documentation**

- _____ Did your address change since you filed your 2020 income tax return?
- _____ Were there any births, deaths, marriages, or divorce in your immediate family during 2021?
- _____ Did you or your spouse receive any tips not reported to your (or spouse's) employer?
- _____ Did your marital status change in 2021?
- _____ Were you, your spouse, or any dependents a victim of identity theft? If "yes" explain: _____
- _____ Did you have any debt that was cancelled or settled for less than amount owed in 2021? Provide Form 1099-A or a Form 1099-C.
- _____ Did you have (or expect to get) a Schedule K-1 from a S Corporation, partnership, or trust?
- _____ Did you make any estimated payments toward your 2021 taxes? (Not from W-2 or 1099)

HEALTH INSURANCE

- _____ Did any member of your household have healthcare coverage through the Marketplace? If yes, provide copies of Form 1095-A
- _____ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

INCOME, PURCHASES, SALES, and DEBT INFORMATION

- _____ Did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- _____ Did you sell property, rental property, or a business or business interest during the year?
- _____ Did you start a business or purchase rental property during the year?
- _____ Did you buy or sell stocks, bonds, or other investments during the year?
- _____ Did you sell a personal residence during 2021? If yes, provide purchase and sale closing documents
- _____ Do you sell products and get paid by PayPal or any other third party? Provide Form 1099-K
- _____ Did you cash in any US Savings Bond during the year?
- _____ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year? If yes, provide the year, make, model VIN, and date vehicle was placed in service.

FOREIGN FINANCIAL INFORMATION

_____ Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

_____ Were you a grantor of or transferor to a foreign trust?

_____ Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?

_____ Did you have any income from, or pay taxes to, a foreign country?

_____ Did you sell, exchange, send, or purchase any goods & services from any Crypto Currency?

_____ Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

EDUCATION

_____ Do you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)? Provide Form 1098-T

_____ Did you purchase any course materials that were required for study? Send receipts

_____ Did you receive a distribution from a 529 College Savings Plan? Send Form 1099-Q and all receipts for expenses paid during 2021

NORTH CAROLINA, SOUTH CAROLINA & OTHER STATES

_____ What is your state of Residence? What state issued your driver's license? _____

_____ Do you have income from more than one state? List States: _____

_____ Did you, your spouse, and/or your dependents make any purchases from out-of-state retailers that did not charge state sales tax? YES or NO

If Yes, how much was purchased \$ _____

_____ Are you retired US Armed Forces with at least 20 years of service or medically retired (not severance payments) or Survivor Benefit Plan to a beneficiary of a retired member?

Items to discuss with accountant: _____

Schedule A - Itemized Deductions

Name:

SSN: ***-**-****

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical & dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses & contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Charitable Contributions

Donations to charity
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Home mortgage insurance premiums
Investment interest

American Tax & Accounting

Agreement for the Preparation of an Income Tax Return

Thank you for choosing American Tax & Accounting to assist you in the preparation of your individual income taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your federal and state income tax returns (if applicable). We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify data you submit. An Organizer is available to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for three years, after which these documents will be destroyed.

Our engagement to prepare your income tax returns will conclude with the delivery of the completed returns to you. If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

Payment for the preparation of income tax returns will be due upon completion or when you pick up your copy of the tax returns. Additional copies are available for \$40 federal (if we have your email address we can send you a copy), State copies are \$15 per year.

The client agrees to limit our liability for any claims they may make against us to the fee that they paid us for the return and all claims must be made within 180 days from the date the preparer signs the tax return.

This agreement is for income tax preparation only. If you receive any letter or notices from the government for the tax year(s) indicated below, we will explain the letter or notice to you – free of charge.

If you want us to file an "extension" indicate below. An extension of time to file is not an extension of time to pay, if a payment is due or expected to be due it must be sent in with the extension. Failure to do so may result in penalties and interest being assessed.

Income Tax Return(s):

_____ **Extension** (2021 only)

_____ **Federal 1040**

Select Tax Year(s): **2021** 2020 2019 2018 2017 Other: _____

State Income Tax: _____ **NC** _____ **SC** Other State: _____

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return to us. You may request a copy for your records.

We appreciate your confidence in us. Please call if you have questions.

Wayne Kight EA, Accountant
American Tax & Accounting

Client

Date