2021 Tax Organizer

For Clients of Erpelding, Voigt & Co., L.L.P.

This tax organizer is provided for you to assemble information needed to prepare your 2021 individual income tax return or it can be used to remind you of deductions, changes, etc. that may apply to you.

Use your 2020 tax return as a starting point to compile your 2021 tax information.

Please furnish us with any notices, penalties or correspondence from the Internal Revenue Service or from state income tax authorities. Also, please furnish us with details of any unusual transactions of income or expense.

Did your marital status change during the year? If yes, please explain	Personal Information	Name							
If new address, please provide new county & school district Please confirm email address Please provide the bank name and account number of the account used for direct deposit of refunds: If this account has changed from last year, please provide our office with a voided check. DEPENDENT INFORMATION Were there any changes in dependents from the prior year?* Yes No Please enter dependent changes below: Add/Delete Name Social Security # Birth date Son/Daughter * An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: Name, address, Federal ID or SSN of provider Names of children in child care Make sure the receipt includes: Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	,		Yes	No					
Please provide the bank name and account number of the account used for direct deposit of refunds: If this account has changed from last year, please provide our office with a voided check. Dependent Information Were there any changes in dependents from the prior year?* Yes No Please enter dependent changes below: Add/Delete Name Social Security # Birth date Son/Daughter * An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepsister or a descendant of such individual, adopted children, bother, sister, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: Name, address, Federal ID or SSN of provider Amount paid Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	Did your contact information change from	last year?	Yes	No					
Please provide the bank name and account number of the account used for direct deposit of refunds: If this account has changed from last year, please provide our office with a voided check. DEPENDENT INFORMATION Were there any changes in dependents from the prior year?* Yes No Please enter dependent changes below: Add/Delete Name Social Security # Birth date Son/Daughter * An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: Name, address, Federal ID or SSN of provider Amount paid Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	If yes, please provide new information								
If this account has changed from last year, please provide our office with a voided check. DEPENDENT INFORMATION Were there any changes in dependents from the prior year?* Yes No Please enter dependent changes below: Add Delete Name Social Security # Birth date Son/Daughter * An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: Name, address, Federal ID or SSN of provider Amount paid Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.									
Were there any changes in dependents from the prior year?* Yes No **Please enter dependent changes below: **An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: • Name, address, Federal ID or SSN of provider • Amount paid • Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	Please provide the bank name and account	number of the account	t used for direct	deposit of refunds:					
Were there any changes in dependents from the prior year?* Yes No **Please enter dependent changes below: **An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: • Name, address, Federal ID or SSN of provider • Amount paid • Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	If this account has changed from last y	ear, please provide our	office with a voi	— ded check.					
*An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: • Name, address, Federal ID or SSN of provider • Amount paid • Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	DEPENDENT INFORMATION								
An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: • Name, address, Federal ID or SSN of provider • Amount paid • Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	Were there any changes in dependents from	the prior year?	Yes	No					
*An eligible dependent generally includes your unmarried child who is under age 19 or who is a full-time student under age 24, lived in the same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: • Name, address, Federal ID or SSN of provider • Amount paid • Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	Please enter dependent changes below	v:							
same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: • Name, address, Federal ID or SSN of provider • Amount paid • Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	<u>Add/Delete</u> <u>Name</u>	Social Security #	<u>Birth date</u>	Son/Daughter					
same principal place of abode for more than one-half of the taxable year and meets a relationship test of taxpayer's son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister or a descendant of such individual, adopted children and certain foster children. If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: • Name, address, Federal ID or SSN of provider • Amount paid • Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.									
 separation agreement which establishes custodial responsibilities? If yes, please provide a copy. Did you pay for child care while you worked or looked for work? If yes, please provide a receipt from the person or organization who provided the care. Make sure the receipt includes: Name, address, Federal ID or SSN of provider Amount paid Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent. 	same principal place of abode for more than one-half of the	taxable year and meets a relation	onship test of taxpayer	r's son, daughter, stepson,					
 person or organization who provided the care. Make sure the receipt includes: Name, address, Federal ID or SSN of provider Amount paid Names of children in child care Did you have any qualifying relative (lineal ancestor or descendant, sibling, niece, nephew, aunt, uncle, in-law or housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.									
housemate) for which you provided more than half of their support for the year and whose gross income was less than \$4,300? If so, you may be able to claim that person as a non-child dependent.	 person or organization who provided the c Name, address, Federal ID or SSN of p Amount paid 	care. Make sure the rec		ovide a receipt from the					
<u>Name</u> <u>Social Security #</u> <u>Birth date</u> <u>Relationship</u>	housemate) for which you provided more than half of their support for the year and whose gross income								
	<u>Name</u> <u>Social</u>	Security # Birth	<u>date</u>	<u>Relationship</u>					

EVCo 11/21 1

If any of the following income or deductions apply, bring all applicable forms:

IN	COME INFORMATION					
	Did you earn wages, salaries or tips? - W-2					
	Did you receive an interest and or dividends? - 1099-INT and/or 1099-DIV					
	Did you receive a refund of state taxes? - 1099-G					
	Did you receive alimony from a divorce agreement executed before 2019? - \$					
	Did you have an interest in a partnership or S corporation? - K-1					
	Were you a beneficiary of an estate or trust? - <i>K-1</i>					
	Did you receive any unemployment benefits during the year? - 1099-G					
	Did you receive any awards, prizes, gambling or lottery winnings? - W-2G					
	Did you receive any other miscellaneous income? - 1099-MISC or 1099-NEC (Disability, Directors fees, Non-employee compensation, other)					
	Did you acquire or dispose of any stocks/investments? - 1099-B					
	Did you sell your personal residence? - closing statement and possibly 1099-S					
	Did you sell any other property? - provide details and possibly 1099-S					
RE	TIREMENT INFORMATION					
	Did you receive any Social Security benefits during the year? - 1099-SSA					
	Did you convert an IRA to a ROTH IRA? - 1099-R					
	Did you make any contributions to an IRA for tax year 2021: Traditional Roth Taxpayer \$ \$ Spouse \$ \$					
En	DUCATION INFORMATION					
	Did you have any education expenses during the year for yourself, your spouse or a dependent? - 1098-T					
	Did you have any textbook expenses that weren't paid directly to the college (must be for first four years of undergraduate school)? - textbook expense \$					
	1					
	Did you pay any student loan interest this year? - 1098-E					
	Did you cash any Series EE or I US Savings bonds to pay for college? - 1099-INT					
	Did you make any contributions to College Savings Iowa (or other 529 Plan)? - please provide statement or letter from plan					
	Did you have any qualifying tuition & textbook expenses for your K-12 student? (IA only) - \$					
	Did you have any qualifying education expense for your K-12 student? (MN only) - please provide each child's grade and qualifying expenses					
HE	EALTH CARE INFORMATION					
	Did you enroll for lower cost Marketplace Coverage through healthcare.gov? - 1095-A					
	Did you make any contributions to a Health savings account (HSA) or Archer MSA? - 1099-SA					
	Did you receive any distributions from a Health savings account (HSA) or Archer MSA? - 1099-SA If yes, were all distributions used to pay for medical expenses? Yes No					

EVCo 11/21

IVI	SCELLANEOUS INFORMATION							
	Did you receive a stimulus payment in March of 2021? If yes, how	w much did you receive? - \$						
	Did you opt out of the Advance Child Tax Credits? Yes No							
	Did you receive the Advance Child Tax Credits - If so, please provide Letter 6419 from the IRS with the total amount of the advance payments that you received - \$							
	Were you a K-12 educator who worked at least 900 hours? - Educator expenses \$							
	Were you a volunteer firefighter, EMT or reserve peace officer? - If yes, please provide a statement from a supervisor to verify months of service.							
	Are you US military on active duty who moved pursuant to a military order? - If so, provide transportation and storage expenses, travel and lodging, mileage, and any amount reimbursed for moving expenses.							
	Did you make energy efficient improvements to your main home this year?- If so, please provide additional details on what improvements were made and the cost of those improvements.							
	Did you pay alimony pursuant to a divorce agreement executed before 2019? \$ Name SSN							
	Did you have a financial interest in or signature authority over a financial account located in a foreign country? Yes No							
	Do you have any foreign financial accounts, assets or own a foreign	gn entity? Yes No						
	At any time during 2021, did you receive, sell, send, exchange, or in any virtual currency (example - Bitcoin)? Yes No	otherwise acquire any financial interest						
<u>Bu</u>	siness/Rental/Farm Information:	BUSINESS USE OF HOME						
	Did you start a new business or sell an existing business during the year? If you started a farming business, please contact our office to obtain the Farm Tax Worksheet for providing farm information).	Note—self-employed individuals who deducexpenses for the business use of their home we need to determine the area used exclusively for business and the total area of the home to properly complete information requested or						
	Did you purchase any business or rental property during the year? <i>If yes, please provide the asset description, purchase price and date.</i>	your tax return: Square footage used exclusively						
	Did you utilize an area of your home for business purposes? <i>If</i> yes, please complete the box to the right.	for business: Total square footage of						
	Did you make any Self-employed Keogh, SEP, SIMPLE plan contributions? - \$	home:						
	Did you make payments that were subject to the 1099 filing requirements? - Please contact our office if you need information on these requirements. We can provide you with a worksheet to summarize this information. Let our office know if you would like us to prepare these forms for you.	Please provide total expenses for home: Insurance \$ Repairs \$ Utilities \$						
	Please provide additional business/rental income & expense information on a separate sheet. (Farmers—please use the Farm expense information).	Tax Worksheet for providing income and						
	Have you been quarantined or have any of your employees had to quarantine from January 1, 2021 to September 30, 2021 due to COVID-19 guidelines? <i>If yes, please discuss with your tax provider to make sure we take advantage of the FFCRA credits available to eligible employers/employees.</i>							
	 Did you apply for and receive any PPP Loan funds in 2021 (or appleted in 1995). If yes, how much did you receive - \$							

EVCo 11/21 3

ITEMIZED DEDUCTION INFORMATION

MEDICAL & DENTAL EXP	'ENSES:	MEDICAL I	MEDICAL INSURANCE PREMIUMS:					
(Do not include amounts paid	l via pre-tax	Medical insurance premiums						
cafeteria plans or via fun			er \$	Spo	use \$			
Medical and dental exper	Medical and dental expenses \$			Long-term care (nursing home) prem				
Prescription drugs \$		Taxpay	er \$	Spo	use \$			
Long-term care (nursing	home) expenses \$							
Medical miles driven	@ \$.16 \$	Taxpay	er \$	Spo	use \$			
Taxes You Paid—Will be l	imited to \$10,000 for fe	deral purposes (not limit	ted for Iov	va purpose	s):			
Property taxes on person		• • •			*			
Non-business vehicle lic								
Sales tax paid on major p		nome improvements, etc	c.) \$					
INTEREST YOU PAID Note - pe	ersonal interest expense is r	not deductible - i e-credit ca	rd interest	nersonal au	to loans etc :			
Interest on personal resid			a interest, p	in sonar am	o touris, etc.			
Interest on personal resid			statemen	<i>t</i> \$				
Interest on personal resid								
interest on personal resid	ionee para to marvidual	List inαt	person s n	ame, aaare	ss & ssiv below.			
Qualified mortgage insur	rance (PMI) \$							
Investment interest:		\$						
Home Equity Line of Credit (HEL improve your main home or secon is typically deductible, while inter	d home. For example, interest on the same loan used to	rest on a home equity loan us o pay personal living expense	sed to build es, such as a	an addition a credit cara	to an existing home debt, is not.			
GIFTS TO CHARITY—Up to \$6					for all others):			
Cash or check \$		Non-cash (prop	Non-cash (property) \$					
Note - contributions of \$250 or mo earlier. If non-cash donations toto								
CASUALTY AND THEFT LOSS	SES—Must Be The Resu	ılt of a Federally Declare	ed Disaster	r :				
Losses - subject to \$100		•						
Other Itemized Deduction	ons:							
Gambling losses \$		he extent of any gambling w	innings)					
		, , , ,						
<u>ESTIMA</u>		<u>FS PAID FOR 2021 IN</u>		TAXES:				
T.		ou paid estimated tax payme						
FEDERAL ESTIMATED TAX PAYMENTS		Sta	TE ESTIMAT	TED TAX PA	YMENTS			
<u>Due Date</u> <u>Actual Date Pa</u>	<u>id</u> <u>Amount</u>	<u>Due Date</u>	Actual D	ate Paid	Amount			
4/15/21 / /	\$	6/01/21	/		\$			

\$_____

\$_____

_____/

6/30/21

9/30/21

1/31/22

\$_____

____/

6/15/21

9/15/21