

**Simple Sums Accounting PLLC**  
**10000 NE 7th Ave Ste 325**  
**Vancouver, WA 98685**  
**360-260-2903**

Hello:

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.

Thank you for the opportunity to serve you.

Sincerely,

Simple Sums Accounting PLLC

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
<b>COVID-19 Information</b>		
Did you receive an Economic Impact Payment (EIP3) as reported on Notice 1444-C?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an adjustment to your refund or balance due for the exclusion of unemployment compensation and/or Advance Premium Tax Credit as a result of the American Rescue Plan Act (ARPA)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive advanced Child Tax Credit (CTC) payments in July, August, September, October, November, and December?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>

- Do you have dependents who must file a tax return?
- Did you provide over half the support for any other person(s) other than your dependent children during the year?
- Did you pay for child care while you worked, looked for work, or while a full-time student?
- Is there any other person(s) who lived with you more than half the year but not claimed by you last year?
- Did you pay any expenses related to the adoption of a child during the year?
- 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?
- Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.

**Purchases, Sales and Debt Information**

- Did you start a new business or purchase rental property during the year?
- Did you sell, exchange, or purchase any assets used in your trade or business?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you purchase or sell a principal residence during the year?
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you refinance a principal residence or second home this year?
- Did you sell an existing business, rental, or other property this year?
- Did you lend money with the understanding of repayment and this year it became totally uncollectable?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

**Income Information**

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive any Medicaid waiver payments as difficulty of care during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Did you receive any income considered to be nonemployee compensation?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services)?

**Retirement Information**

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster?
- If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2021?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

### Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?

Did anyone in your family receive a scholarship of any kind during the year?

If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?

Did you make any withdrawals from an education savings or 529 Plan account?

If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?

Did you make any contributions to an education savings or 529 Plan account?

Did you pay any student loan interest this year?

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

### Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?

Did you make any contributions to a Health savings account (HSA) or Archer MSA?

Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

Did you pay long-term care premiums for yourself or your family?

Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?

Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?

If you are a business owner, did you pay health insurance premiums for your employees this year?

Did you receive any Health Coverage Tax Credit (HCTC) advance payments?

### Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?

If yes, did the loss occur in a Federally declared disaster area?

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?

If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.

Did you donate a vehicle or boat during the year?

Did you pay real estate taxes for your primary home and/or second home?

Did you pay any mortgage interest on an existing home loan?

Did you incur interest expenses associated with any investment accounts you held?

Did you make any major purchases during the year (cars, boats, etc.)?

Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

**Miscellaneous Information**

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?  
If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Hello:

**Simple Sums Accounting, PLLC**, ("firm," we," "us," or "our") is pleased to provide you ("you" or "your") with the professional services described below. This letter, and the attached Simple Sums Accounting, PLLC's Terms and Conditions Addendum and all other attachments are incorporated by reference and merged with this Letter and, as incorporated by reference and merged shall be referred to collectively as the "Agreement". This Agreement confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide. The engagement between you and our firm will be governed by all the terms of this Agreement.

### ***Engagement Objective and Scope***

We will prepare review the following federal and state tax returns for the year ended 2021 and other years & returns upon request:

- \* 2021 1040 Federal Tax Return
- \* 2021 State Tax Returns (As Needed)
- \* Necessary Bookkeeping will be billed at \$125/HR
- \* Consultations & CPA Services will be billed at \$300/HR

We will not prepare any tax returns except those identified above, without your written request, and our written consent to do so. We will prepare your tax returns based upon information and representations that you provide to us. We have not been engaged to and will not prepare financial statements. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information.

We will prepare the above-referenced tax returns solely for filing with the Internal Revenue Service ("IRS") and state and local tax authorities as identified above. Our work is not intended to benefit or influence any third party, either to obtain credit or for any other purpose.

You agree to indemnify and hold us harmless with respect to any and all claims arising from the use of the tax returns for any purpose other than filing with the IRS and state and local tax authorities regardless of the nature of the claim, including the negligence of any party.

Our engagement does not include any procedures designed to detect errors, fraud, or theft. Therefore, our engagement cannot be relied upon to disclose such matters.

This engagement is limited to the professional services outlined above.

### ***CPA Firm Responsibilities***

Unless otherwise noted, we will perform our services in accordance with the Statements on Standards for Tax Services ("SSTs") issued by the American Institute of Certified Public Accountants ("AICPA") and U.S. Treasury Department Circular 230 ("Circular 230"). It is our duty to perform services with the same standard of care that a reasonable income tax preparer would exercise in this type of engagement. It is your responsibility to safeguard your assets and maintain accurate records pertaining to transactions. We will not hold your property in trust for you, or otherwise accept fiduciary duties in the performance of the engagement.

We will prepare your tax returns based upon your filing status (single, married filing jointly, married filing separately, head of household or qualifying widow[er] with dependent child) as reflected in your income tax returns for last year. If your filing status has changed, you wish to change your filing status, or you have questions about your filing status, please contact us immediately.

### ***Confidentiality***

If the tax returns prepared in connection with this engagement are filed using the married filing jointly filing status, both spouses are deemed to be clients of the firm under the terms of this Agreement. Both individuals acknowledge that there is no expectation of privacy from the other concerning our services in connection with this Agreement. We are at liberty to share with either of you, without prior consent of the other, documents and other information concerning the preparation of your tax returns.

### ***Bookkeeping assistance***

We may deem it necessary to provide you with accounting and bookkeeping assistance solely for the purpose of preparing the tax returns. These services will be performed solely in accordance with the AICPA Code of Professional Conduct. We will request your approval in writing before rendering these services. Additional charges will apply for such services.

### ***Prior year review***

Our review of the prior year's tax return will necessarily be limited and may not find all errors. We will, however, bring to your attention any errors that we find. If you ask us to prepare amended tax returns and address any other matters arising as a result of any error, we will confirm this representation in a separate engagement letter.

### ***Estimated tax payments***

You may be required to make quarterly estimated tax payments. We will calculate these payments for the 2021 tax year based upon the information you provide to prepare your 2020 tax returns (the "safe harbor" basis) and have no obligation to update recommended payments after the engagement is completed. If you ask us to update your estimated tax payments, we will confirm this update in a separate engagement letter.

### ***Tax planning services***

Our engagement does not include tax planning services. During the course of preparing the tax returns identified above, we may bring to your attention potential tax savings strategies for you to consider as a possible means of reducing your taxes in subsequent tax years. However, we have no responsibility to do so, and will take no action with respect to such recommendations, as the responsibility for implementation remains with you, the taxpayer. If you ask us to provide tax planning services, we will confirm this representation in a separate engagement letter.

### ***Government inquiries***

This engagement does not include responding to inquiries by any governmental agency or tax authority. If your tax return is selected for examination or audit, you may request our assistance in responding to such an inquiry. If you ask us to represent you, we will confirm this representation in a separate engagement letter.

### ***Third-party requests***



We will not respond to any request from banks, mortgage brokers or others for verification of any information reported on these tax returns. We do not communicate with third parties or provide them with copies of tax returns.

### ***Divorce***

If you inform us of your pending divorce, we will advise each of you to seek independent tax advice. As you may have conflicting interests, you will both be required to sign a conflict of interest waiver. We will not be able to advise either of you until your divorce is finalized. For example, your income tax return filing status is an item about which we will need instruction. Electing a filing status of married filing jointly establishes joint liability for taxes owed and requires that certain tax-related decisions be made prior to the preparation of income tax returns. Consequently, we will require a letter of instruction from both of your divorce attorneys identifying items needed to prepare your tax return and your agreement to same before the tax returns can be prepared. In the event that you elect to file separate tax returns, you will both be required to sign new engagement letters prior to the preparation of your returns.

### ***Tax Advice***

Our advice is based upon tax reference materials, facts, assumptions, and representations that are subject to change. Tax reference materials include, but are not limited to, the Internal Revenue Code ("IRC"), tax regulations, Revenue Rulings, Revenue Procedures, Private Letter Rulings and court decisions. We will not update our advice after the conclusion of the engagement for subsequent legislative or administrative changes or future judicial interpretations. To the extent we provide written advice concerning federal tax matters, we will follow the guidance contained in Circular 230, §10.37, Requirements for Written Advice.

### ***Arguable Positions***

We will use our judgment to resolve questions in your favor where a tax law is unclear, provided there is substantial support for doing so. If there are conflicting interpretations of the law, we will explain the possible positions that may be taken on your return. We will follow the position you request, provided it is consistent with our understanding of the Internal Revenue Code ("IRC"), tax regulations, Revenue Rulings, Revenue Procedures, Private Letter Rulings and court cases. If the IRS, state or local tax authorities later contest the position taken, additional tax, penalties, and interest may be assessed. We assume no liability, and you hereby release us from any liability including but not limited to, additional tax, penalties, interest, and related professional fees.

### ***Reliance on Others***

If you wish to take a tax position based upon the advice of another tax advisor, you agree to obtain a written statement from the advisor confirming that the position should meet the "realistic possibility," "substantial authority," or "more likely than not" standard, as applicable. In preparing your federal tax return, we are subject to a diligence as to accuracy regarding reliance on others standard, as defined in revisions to Circular 230, §10.22(b). To the extent a position is based upon the advice of another tax advisor, prior to preparing or signing the tax return, the AICPA SSTS No. 1 also requires our firm to have a good faith belief that the position has, at a minimum, a realistic possibility of being sustained administratively or judicially on its merits, if challenged. Additional charges will apply to such research.

### ***Substantial Understatement Penalties***

The IRS and many states impose penalties for substantial understatement of tax. To avoid the substantial understatement penalty, you must have substantial authority to support the tax treatment of the item challenged by the IRS or adequate disclosure of the item. To fulfill the adequate disclosure requirement, you may be required to attach to your tax return a completed IRS Form 8275, Disclosure Statement, or 8275-R, Regulation Disclosure Statement, which discloses all relevant facts. A disclosed tax position that meets the reasonable basis standard must have some authority supporting the position and be more than simply arguable.

You agree to advise us if you wish to disclose a tax treatment on your return. If you request our assistance in identifying or performing further research to ascertain if there is "substantial authority" for the proposed position to be taken on the tax item(s) in your returns, we will confirm this representation in a separate engagement letter. It is your responsibility to contact us if additional assistance is required.

If we conclude as a result of our research that you are required to disclose a transaction on your tax return, you consent to attach a completed Form 8275 or 8275-R to your tax return for filing after we discuss the situation with you. You also agree to hold our firm harmless from any and all actual and consequential damages (including but not limited to tax, penalties, interest, and professional fees) you incur as a result of including such disclosures with your filed tax return regardless of the nature of the claim, including the negligence of any party.

Unless an undisclosed tax position meets the "realistic possibility" standard, as applicable, we will be unable to prepare the return and will withdraw from the engagement.

#### ***Listed Transactions and Other Reportable Transactions***

The law imposes substantial penalties on taxpayers and tax advisors for failure to disclose listed and other reportable transactions on Form 8886, Reportable Transaction Disclosure Statement. In general, reportable transactions are potentially abusive transactions identified by the IRS whose primary purpose is tax avoidance, including but not limited to listed transactions, confidential transactions, transactions with contractual protection, loss transactions, and transactions of interest. You agree to advise us of any reportable transactions identified under tax laws and regulations. You agree that it is solely your decision to disclose any reportable transactions in the returns we prepare for you.

You acknowledge your responsibility to inform us of any listed transactions or other reportable transactions as designated by the IRS. You agree to hold our firm harmless with respect to any liability including but not limited to, additional tax, penalties, interest and professional fees resulting from your failure to timely notify us, in writing, of all such transactions in order to facilitate the timely preparation and filing of your tax returns.

#### ***Tax Shelters***

Section 506 of the Tax Extenders and Alternative Minimum Tax Relief Act of 2008 requires our firm, as tax return preparers, to conform to a higher standard than the taxpayer when an undisclosed tax position is related to a tax shelter as defined in IRC §6662(d)(2)(C)(ii), Imposition of Accuracy-Related Penalty on Underpayments, or a reportable transaction to which IRC §6662A, Imposition of Accuracy-Related Penalty on Understatements with Respect to Reportable Transactions, applies. This higher standard requires the preparer to have a reasonable belief that the undisclosed tax position would more likely than not be sustained on its merits if challenged by the IRS, and that there be a reasonable basis for the tax treatment. We may have to spend additional time

preparing your return due to the research and analysis necessary to meet the standard. Accordingly, by executing this Agreement, you acknowledge that you are aware of this difference in standards, and consent to our preparation of your federal tax return in accordance with the standards applicable to our firm as tax preparers.

### ***Client Responsibilities***

We will provide you with an income tax organizer to help you compile and document the information necessary to prepare your income tax returns. You must complete the income tax organizer with accurate and complete information. Income from all sources, including those outside the U.S., is required.

We rely upon the accuracy and completeness of both the information you provide in the income tax organizer and other supporting data you provide in rendering professional services to you.

You authorize us to accept instructions from your representative, [Representative's Name], for this engagement.

### ***Documentation***

You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. You should retain all documents that provide evidence and support for reported income, credits, and deductions on your returns, as required under applicable tax laws and regulations. You are responsible for the adequacy of all information provided in such documents. You represent that you have such documentation and can produce it, if necessary, to respond to any audit or inquiry by tax authorities. You agree to hold our firm harmless from any liability including but not limited to, additional tax, penalties, interest and professional fees resulting from the disallowance of tax deductions due to inadequate documentation.

### ***Gift Tax Returns***

The IRS considers a gift to be any transfer to an individual, either directly or indirectly, where full consideration (measured in money or money's worth) is not received in return. Under federal tax law, certain gifts are taxable and subject to an annual gift tax exclusion amount. You are responsible for informing us if gift tax returns are required to be filed. If you ask us to prepare these returns, we may confirm this representation in a separate engagement letter.

### ***Gifts received from foreign persons***

If you received a gift or bequest from a foreign person or trust, you may be required to file a separate IRS Form 3520, *Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts*. If you ask us to prepare this return, we will confirm this in a separate engagement letter.

### ***Personal expenses***

You are responsible for ensuring that personal expenses, if any, are segregated from business expenses and that expenses such as meals, travel, vehicle use, gifts, and related expenses are supported by necessary records required by the IRS and other tax authorities. At your written request, we are available to provide you with written answers to your questions on the types of supporting records required.

### ***State and local filing obligations***

You are responsible for determining your tax filing obligations with any state or local tax authorities, including, but not limited to income, franchise, sales, use, property or unclaimed property taxes. You agree that we have no responsibility to research these obligations or to inform you of them. If upon review of the information you have provided to us, including information that comes to our attention, we believe that you may have additional filing obligations, we will notify you of this responsibility in writing and ask you to contact us. If you ask us to prepare these returns, we will confirm this representation in a separate engagement letter.

### ***U.S. filing obligations related to foreign financial assets***

As part of your filing obligations, you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that exceed certain thresholds. You are responsible for informing us of all foreign assets, so we may properly advise you regarding your filing obligations.

These assets include any ownership interests you directly or indirectly hold in businesses located in a foreign country, and any assets or financial accounts located in a foreign country over which you have signature authority. Based upon the information you provide, this information will be used to calculate any applicable foreign tax credits. We will also use this data to inform you of any additional filing requirements, which may include *Form 8938, Statement of Specified Foreign Assets*, and *FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("FBAR")*. Failure to file required forms can result in the imposition of both civil and criminal penalties, which may be significant. The FBAR is not a tax return and its preparation is not within the scope of this engagement. If you ask us to prepare the FBAR, we will confirm this representation in a separate engagement letter.

### ***Foreign filing obligations***

You are responsible for complying with the tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

### ***Other income, losses and expenses***

If you realized income, loss or expense from a business or supplemental income or loss, the reporting requirements of federal and state income tax authorities apply to such income, loss or expense. You are responsible for complying with all applicable laws and regulations pertaining to such operations, including the classification of workers as employees or independent contractors and related payroll tax and withholding requirements.

### ***Employment records***

You are responsible for obtaining Form I-9, Employment Eligibility Verification, from each new employee at the time of employment. In addition, Federal Form W-4, Employee's Withholding Allowance Certificate, and the applicable state equivalent should be retained for all employees. Failure to obtain these forms may subject an employer to penalties. Additional state requirements related to employment records may exist. At your written request, we are available to provide written answers to your questions on required documentation.

### ***Worker classification***

You acknowledge and confirm that you, in consultation with other professional advisors, as needed, are responsible for determining the correctness of any worker classification. Payroll tax withholding and related employer payroll tax implications result from this determination. We recommend obtaining a signed contract and signed Form W-9, Request for Taxpayer Identification Number and Certification, from all independent contractors. You should also issue a Form 1099-MISC, Miscellaneous Income, to all unincorporated independent contractors to whom you pay \$600 or more for services. At your written request, we are available to provide written answers to your questions on required documentation.

### ***Ultimate responsibility***

You have final responsibility for your tax returns. We will provide you with a copy of your electronic tax returns and accompanying schedules and statements for review prior to filing with the IRS and state and local tax authorities, as applicable. You agree to review and examine them carefully for accuracy and completeness.

You will be required to verify and sign a completed Form 8879, *IRS e-file Signature Authorization*, and any similar state and local equivalent authorization form before your returns can be filed electronically.

In the event that you do not wish to have your tax returns filed electronically, please contact our firm. Additional procedures will apply. You will be responsible for reviewing the paper returns for accuracy, signing them, and filing them timely with the tax authorities.

### ***Timing of the Engagement***

We expect to begin our services upon receipt of this executed Agreement, the completed income tax organizer and all documents requested either in the organizer or by our office.

Our services will conclude upon the earlier of:

- the filing and acceptance of your tax returns by the appropriate tax authorities and mailing or delivery of non-electronically filed tax returns (if any) for your review and filing with the appropriate tax authorities,
- written notification by either party that the engagement is terminated, or
- one year from the execution date of this Agreement.

If you have the option to file a paper return and choose to do so, our services will conclude upon the earlier of:

- mailing or delivery of your tax returns for your review and filing with the appropriate tax authorities,
- written notification by either party that the engagement is terminated, or
- one year from the execution date of this Agreement.

### ***Extensions of Time to File Tax Returns***

The original filing due dates for your tax returns are 04/18/2022 for federal and 04/18/2022 for Oregon. **Due to the high volume of tax returns prepared by our firm, the information needed**

**to complete the tax returns must be received no later than April 1st, 2022 so that the returns may be completed by the original filing due dates.**

It may become necessary to apply for an extension of the filing deadline if there are unresolved issues or delays in processing, or if we do not receive all of the necessary information from you on a timely basis. Applying for an extension of time to file may extend the time available for a government agency to undertake an audit of your return or may extend the statute of limitations to file a legal action. All taxes owed are due by the original filing due date. Additionally, extensions may affect your liability for penalties and interest or compliance with governmental or other deadlines. We may automatically file an extension on your behalf.

We are available to discuss this matter with you at your request. Additional charges will apply for such services.

***Penalties and Interest Charges***

Federal, state, and local tax authorities impose various penalties and interest charges for non-compliance with tax laws and regulations, including failure to file or late filing of returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all tax, penalties, and interest charges imposed by tax authorities.

We rely on the accuracy and completeness of the information you provide to us in connection with the preparation of your tax returns. Failure to disclose or inadequate disclosure of income or tax positions may result in the imposition of penalties and interest charges.

***Professional Fees***

Our professional fee for the services outlined above is due prior to delivery of completed tax returns either electronically or paper mailed. You agree that you will deliver all records requested and respond to all inquiries made by our staff to complete this engagement on a timely basis. You agree to pay all fees and expenses incurred whether or not we prepare the tax returns. Notwithstanding anything contained herein, both Simple Sums Accounting, PLLC, and client agree that regardless of where the client is domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into at Simple Sums Accounting, PLLC's office located in Clark County, Washington, USA, and Clark County, Washington, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Washington.

If a dispute arises among the parties hereto, the parties agree first to try in good faith to settle the dispute by mediation administered by the appropriate body.

\* \* \* \* \*

We appreciate the opportunity to be of service to you. If the foregoing is in accordance with your understanding, please affirm the Engagement Letter by replying "APPROVED" on a digital request or signing a copy and returning it to Simple Sums Accounting, PLLC. We will not initiate services until we receive the executed Agreement.

Very truly yours,

Simple Sums Accounting, PLLC

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

## Client Organizer Topical Index

**This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

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**Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.**



Form ID: 1040 **Personal Information** **1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) [1]  
 Mark if you were married but living apart all year [2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) <b>2</b>	[12]	[14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	<b>12/26/2021</b> [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	<b>Y</b> [34]	

**Present Mailing Address**

Address [40]  
 Apartment number [41]  
 City, state postal code, zip code [42] [43] [44]  
 Foreign country name [46]  
 Foreign phone number [49]  
 In care of addressee [50]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>51]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent [52]  
 Social security number of qualifying person [53]

**Dependent Codes**

<b>*Basic</b>	1 = Child who lived with you	<b>**Other</b>	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit		
<b>***Months</b>	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

**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]

	<b>Taxpayer</b>	<b>Spouse</b>
Fax telephone number	_____ [11]	_____ [20]
Mobile telephone number	_____ [12]	_____ [21]
Mobile telephone #2 number	_____ [13]	_____ [22]
Pager number	_____ [14]	_____ [23]
Other:	_____ [15]	_____ [24]
Telephone number	_____ [16]	_____ [25]
Extension	_____ [17]	_____ [26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [27]

**NOTES/QUESTIONS:**

**Direct Deposit/Electronic Funds Withdrawal Information**

**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) \_\_\_\_\_ [9]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [10]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [27]

Name of financial institution \_\_\_\_\_ [28]

Your account number \_\_\_\_\_ [29]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [30]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [31]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [32]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [33]

Name of financial institution \_\_\_\_\_ [34]

Your account number \_\_\_\_\_ [35]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [36]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [38]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]

\*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 \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

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 \_\_\_\_\_ [19] or Percent (xxx.xx) \_\_\_\_\_ [20]

Owner's name (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [42] \_\_\_\_\_ [43]

Mark if the name listed above is a beneficiary \_\_\_\_\_ [44]

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 \_\_\_\_\_ [23] or Percent (xxx.xx) \_\_\_\_\_ [24]

Owner's name (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [47] \_\_\_\_\_ [48]

Mark if the name listed above is a beneficiary \_\_\_\_\_ [49]

**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)

**1**[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****Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]

Identification number \_\_\_\_\_ [2]

Issue date \_\_\_\_\_ [3]

Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]

Location of issuance (State issued only) \_\_\_\_\_ [5]

Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [9]

Identification number \_\_\_\_\_ [10]

Issue date \_\_\_\_\_ [11]

Expiration date (mm/dd/yyyy) \_\_\_\_\_ [12]

Location of issuance (State issued only) \_\_\_\_\_ [13]

Document number (New York only) \_\_\_\_\_ [14]

**NOTES/QUESTIONS:**

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:**

Form ID: St Pmt **2021 State Estimated Tax Payments** **9**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
**State postal code** \_\_\_\_\_ [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]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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 _____

**Wages and Salaries #1**

Please provide all copies of Form W-2.

**2021 Information****Prior Year 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 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 \_\_\_\_\_ [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+****Wages and Salaries #2**

Please provide all copies of Form W-2.

**2021 Information****Prior Year 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 <small>(**See codes below)</small>	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	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 +	<b>INCOME</b>	Form ID: B-1
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### 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.

T S J	Type Code	(**See codes below)	Ordinary 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	+											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee



State and local income tax refunds	+ _____ [5]	<b>2021 Information</b>	<b>Prior Year Information</b>
------------------------------------	-------------	-------------------------	-------------------------------

	<b>T/S</b>	<b>Agreement Date</b>		<b>2021 Information</b>	<b>Prior Year Information</b>
Alimony received	—	_____	+ _____ [3]		
	—	_____	+ _____ [3]		

**\*\*Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.**

	<b>Taxpayer</b>		<b>Spouse</b>	<b>Prior Year Information</b>
Unemployment compensation**	+ _____ [9]	+	+ _____ [10]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Unemployment compensation federal withholding	+ _____ [9]	+	+ _____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+	+ _____ [10]	
Unemployment compensation repaid	+ _____ [12]	+	+ _____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+	+ _____ [19]	

	<b>T/S/J</b>	<b>Self-Employment Income ?</b> (Y, N)		<b>2021 Information</b>	<b>Prior Year Information</b>
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
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—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	

**NOTES/QUESTIONS:**

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

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [2]

**Social Security Benefits**

	2021 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2021 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

**Tier 1 Railroad Benefits**

	2021 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2021 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

**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:**

Form ID: IRA

**Traditional IRA****26**

	<b>Taxpayer</b>	<b>Spouse</b>
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 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]
	<b>Taxpayer</b>	<b>Spouse</b>
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**

	<b>Taxpayer</b>	<b>Spouse</b>
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:****Control Totals+****RETIREMENT****Form ID: IRA**

Alimony Paid:

T/S	Date*	2021 Information	Prior Year Information
		+ _____ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+ _____	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+ _____	
	Recipient name and SSN		
	Address		
	City, state and zip code		

\* Date of divorce/separation agreement

	2021 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
Other adjustments:	+ _____ [9]	+ _____ [10]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

**NOTES/QUESTIONS:**

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] _____	+ _____ [2]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Medical insurance premiums you paid: <b>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.</b>		
[4] _____	+ _____ [5]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Long-term care premiums you paid: <b>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.)</b>		
[7] _____	+ _____ [8]	
_____	+ _____	
Prescription medicines and drugs:		
[10] _____	+ _____ [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:		
[18] _____	+ _____ [19]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
2020 state and local income taxes paid in 2021:		
[21] _____	+ _____ [22]	
_____	+ _____	
_____	+ _____	
Real estate taxes paid:		
[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]	
_____	+ _____	
_____	+ _____	



T/S/J	2021 Interest Paid <sup>[2]</sup>	2021 Points Paid	Type*	2021 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	
	+	+		+	

**\*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	2021 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
<b>Address</b>				
<b>City, state and zip code</b>				
			+	
<b>Address</b>				
<b>City, state and zip code</b>				

**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 2021 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2021 (Preparer use only) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2021 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2021 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2021 \_\_\_\_\_

T/S/J	2021 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Form ID: A-3	<b>Charitable Contributions</b>	59
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T/S/J	2021 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
Any contribution of cash, a check or other monetary gift 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.		
[2] _____	+ _____ [3]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[5] Volunteer miles driven _____	_____ [6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8] _____	+ _____ [9]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

<b>Miscellaneous Deductions</b>
---------------------------------

T/S/J	2021 Information	Prior Year Information
Other expenses		
[12] _____	+ _____ [13]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Gambling losses: (Enter only if you have gambling income)		
[15] _____	+ _____ [16]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**NOTES/QUESTIONS:**



	2021 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
_____ + _____ [2]	+ _____ [3]		
_____ + _____	+ _____		
_____ + _____	+ _____		
Self-employed long-term care premiums: (Not entered elsewhere)			
_____ + _____ [5]	+ _____ [6]		
_____ + _____	+ _____		
_____ + _____	+ _____		

**NOTES/QUESTIONS:**