



Dempsey Scheiman & Associates
Certified Public Accountants ♦ Certified Financial Planners
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December 31, 2021

Dear Client:

Attached please find your 2021 Income Tax Organizer. Please complete the organizer to enable us to provide you with the most accurate tax return possible and to afford you every deduction and credit you are entitled to.

Please complete the Driver License/State ID information request form for both taxpayer and spouse, if applicable. Please supply license information even if you had provided that data last year. Both are required items for the 2021 filing. Be sure to include Driver License/State ID info for any children's returns to be filed as well.

During the past two Tax Seasons, we have made changes to our procedures in order to adapt to the threats of Covid-19. Due to the ongoing Pandemic, we will continue to do our best to keep both our clients and staff safe during these trying times. We will minimize personal contact as much as possible and ask for your understanding.

We encourage you to drop off your completed organizer and tax documents at our office. We have a locked drop box outside our back door for your convenience. We can also set up a secure web portal for your use if you prefer. We will continue to give you the option of receiving your completed return by priority mail.

We also ask that you please wear a mask when visiting our office for everyone's safety. Please call our office should you have special concerns.

Our business has been able to grow by referrals from satisfied clients. We sincerely appreciate you referring our services. Please know that we will do our utmost to live up to your recommendations.

Thank you for placing your confidence in our firm and giving us the opportunity to service your tax, accounting, and financial planning needs.

Sincerely,

Dempsey Scheiman & Associates

See Other Side

Please provide the following original documents in addition to the completed organizer:

W-2 Forms
Social Security Statements
1095 A, B or C Health Insurance
1099 for Unemployment Income
1099 for Interest Income
1099 for Dividend Income
1099 R for Retirement Income
1099 Misc. for Miscellaneous Income

Tax Notices
Mortgage Interest Statements
Real Estate Tax Statements
Brokerage Statements
K-1 Forms
1099 K for Credit Card Sales
Other Forms Not Listed
Your Questions

There is a new charitable contribution deduction of \$300, \$600 on a joint return, even if you do not itemize. Please list charitable contributions on page 6 of the organizer.

Please provide copies of all IRS communications. This includes:

- All IRS tax notices
- Notice 6419 (Shows amount of advance Child Tax Credit)
- Letter 6475 regarding the third round of Economic Income Payments
- Notice CP01A regarding IP PIN(s) for victims of fraud/identity theft. This notice is sent out each January with a new PIN which is good for one filing season

Please include copies of your prior year tax returns if not prepared by our firm.



Driver's License or State Issued ID

Taxpayer Name: _____

Taxpayer:

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued
___ Copy Attached State: _____ ID Number: _____
Issue Date: _____ Expiration Date: _____

Spouse Name: _____

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued
___ Copy Attached State: _____ ID Number: _____
Issue Date: _____ Expiration Date: _____

Please list information of children for whom taxes are being prepared. Attach additional sheet if more room is required.

Child Name: _____

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued
___ Copy Attached State: _____ ID Number: _____
Issue Date: _____ Expiration Date: _____

Child Name: _____

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued
___ Copy Attached State: _____ ID Number: _____
Issue Date: _____ Expiration Date: _____



\$ _____ Charitable contribution deduction of \$300/\$600 on a joint return, even if you do not itemize.

Recovery Rebate Credit (Economic Impact Payment)

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

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

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

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

Notes/Questions:



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January, 2022

Dear Client with Qualifying Dependent Children,

The American Rescue Plan Act enacted a Child Tax Credit (CTC) for certain taxpayers with "qualifying children" for tax year 2021. Taxpayers will receive \$3,000 per year for children ages 6 to 17 and \$3,600 for children ages 5 and under. The child's age is determined "as of December 31, 2021." One-half of this payment will be paid from July thru December 2021. According to our records, you will receive either \$300 per qualified child per month ages 5 and under OR \$250 per qualified child per month between the ages of 6 and 17.

One-half (referred to as an advance payment) of the applicable amounts will be advanced in the form of check, direct deposit into your checking/savings account, or by debit card. Your first payment should have been received around July 15, 2021, and continued each month until December 15, 2021.

The remaining half will be claimed when your 2021 federal income tax return is filed.

The IRS stated it will mail you a Notice #6419 in January 2022 indicating the total "advance payments" received for the period July - December 2021. Recording the advance payments on the Child Tax Credit Advance Payment Worksheet for each month's receipt is needed. **Please bring the completed Child Tax Credit Advance Payment Worksheet (on the back) and the IRS Notice #6419 received in January 2022 with you when your 2021 return is prepared.**

These Child Tax Credit Advance Payments must be "reconciled" on your 2021 tax return. This reconciliation may become time consuming to complete as to whether "some or all" of the advance payments must be repaid based on income limits. Since we want to make sure you receive the maximum credit, it will take additional time to figure your CTC. As a result, an additional fee may be added to your invoice titled "CTC Reconciliation."

See Other Side

Advanced Child Tax Credit Payments

Please provide copies of all IRS Letter 6419

The Child tax credit payments were an advance on the 2021 Child tax credit. These advance payments will be used to reduce your 2021 Child tax credit for qualifying individuals. Refer to the IRS letter indicating the amount of Advanced Child Tax Credit payments received.

You can look up your Advanced Child Tax Credit amounts by either creating or viewing your IRS online account at

<https://www.irs.gov/credits-deductions/child-tax-credit-update-portal>.

2021 Monthly Child Tax Credit Advance Payment Worksheet

Payments Received (Enter zero(0) if none)				Form of Payment		
Month	Amount Received	Taxpayer/Joint	Spouse	Direct Deposit Date	Check Received Date	Debit Card Received Date
July						
August						
September						
October						
November						
December						
Number of qualifying children used to determine ADV CTC Payments	_____	_____				

Signature: _____

Date: _____

Notes/Questions:

Dempsey Scheiman & Associates – Client Organizer

Tax Year: 2021

Taxpayer Information	Spouse Information
Name _____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small>	_____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small>
Social Security # _____	_____
Occupation _____	_____
Date of Birth _____	_____
Date of Death _____	_____
Daytime Phone Number _____	_____
Evening Phone Number _____	_____
E-mail Address _____	_____
Signature _____	_____
Residence Information	
Address _____ County _____	
City _____ State _____ Zip Code _____	
Did You Move Last Year? _____ Yes _____ No Date of Move _____	
Old Address _____ County _____	
City _____ State _____ Zip Code _____	
Wages--Attach W-2 / 1095 Forms	Attach 1099 Form
List The Names Of Your Employers: _____ _____ _____	List Sources Of Pension Income: _____ _____ _____
Other Income Taxpayer	Other Income Spouse
State/Local Refunds _____	_____
Unemployment Compensation _____	_____
Social Security Benefits _____	_____
Social Security Withholding _____	_____
Alimony Received _____	_____
Date of Divorce Decree _____ <small>(Newly Required Field)</small>	_____

Dependent Information

First, Last Name	Social Security Number	Date of Birth	Relationship	FT Student Y/N	Months Lived in Home
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If dependent makes you eligible for earned income credit, by IRS mandate we will need proof of residence. e.g. Report card or medical statement showing child's name with address.

***Attach copy of Social Security card.**

Education Credit

Complete this portion if you paid qualified education expenses for higher education costs in 2019. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. **Copies of Form 1098-T must be attached.**

Student's First/Last name	Yrs.		Student's Soc. Sec. #	Qualified Expenses
	Attended			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child and Dependent Care Expenses

Please enter all amounts paid for the care of one or more dependents which enabled you to work or attend school.

Total Qualified expenses incurred: _____

Were you or spouse a full-time student or disabled? _____

Employer provided dependent care benefits: _____

Dependent Care Provider (attach additional sheet if more than one)

Name of Provider: _____

Street address of provider: _____

City State and Zip Code: _____

Social Security Number or Employer Identification number: _____

Is provider a tax-exempt organization? _____

Amount paid to care provider last year: _____

Reimbursement from employer? _____

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan for qualified higher education expenses for you, your spouse or dependent when you took out the loan.

Qualified student interest paid: _____

Tax Estimate Payments

Important

In order to prevent tax notices, we **MUST** have the following information to complete your tax returns:

Please write the amount and date of estimate payments paid last year.

<u>Federal</u>	<u>Due</u>	<u>Date Paid</u>	<u>Check Number/EFT Confirmation Number</u>	<u>Amount Paid</u>
1 st quarter	04/15	_____	_____	\$ _____
2 nd quarter	06/15	_____	_____	\$ _____
3 rd quarter	09/15	_____	_____	\$ _____
4 th quarter	01/15	_____	_____	\$ _____

<u>Ohio</u>	<u>Due</u>	<u>Date Paid</u>	<u>Check Number/EFT Confirmation Number</u>	<u>Amount Paid</u>
1 st quarter	04/15	_____	_____	\$ _____
2 nd quarter	06/15	_____	_____	\$ _____
3 rd quarter	09/15	_____	_____	\$ _____
4 th quarter	01/15	_____	_____	\$ _____

<u>City</u>	<u>Due</u>	<u>Date Paid</u>	<u>Check Number/EFT Confirmation Number</u>	<u>Amount Paid</u>
1 st quarter	04/15	_____	_____	\$ _____
2 nd quarter	06/15	_____	_____	\$ _____
3 rd quarter	09/15	_____	_____	\$ _____
4 th quarter	01/15	_____	_____	\$ _____

If submitting your organizer after 4/15 (for extended returns only),
please verify your extension payments below:

		<u>Date Paid</u>	<u>Check Number</u>	<u>Amount Paid</u>
Federal	04/15	_____	_____	\$ _____
State	04/15	_____	_____	\$ _____
City	04/15	_____	_____	\$ _____

I / We did not make any Federal or State estimated tax payments for last year.

Please return this completed form with your organizer and tax documents.

IRA Deductions

Are you covered by a retirement plan? _____

Traditional IRA contribution: _____

Roth IRA contribution: _____

Education IRA contribution: _____

Roth Conversion: _____

Other Adjustments

Penalty on early withdrawal of savings: _____

Alimony Paid: _____ SS# of Spouse _____

****** Hospitalization Verification ******

Please provide 1095 (A), (B) or (C) forms provided by your employer or health insurance provider to verify health insurance coverage. Our receipt of these forms has become mandatory as a result of provisions contained in the Affordable Care Act.

Please provide any forms received for Health Savings Accounts (HSA).

Direct Deposit of Refund

Please have any refunds electronically deposited to my/our designated account:

Yes No

If yes, please provide the following account information OR attach a VOIDED check (not a deposit slip) for the account to which the deposit is to be made:

Name of bank institution: _____

Routing number : _____

Account Number: _____

This account is a Checking Savings

Is designated account a joint account? Yes No

If no, and you are filing a joint return, who owns the account?

Husband Wife

Dempsey Scheiman & Associates – Client Organizer

Tax Year: 2021

INTEREST INCOME

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

Received From	Amount	U.S. Bonds	Tax Exempt Interest

DIVIDEND INCOME

Please attach copies of all Form 1099-DIV or other statements reporting dividend income.

Received From	Ordinary Dividend	Qualified Dividend	Capital Gain Dist	US Obligations	Tax Exempt

SALE OF STOCK OR MUTUAL FUNDS

Please attach copies of all Form 1099-B and call your Broker to provide cost basis information.

Description of Property	Date Acquired	Date Sold	Gross Sales Price	Cost Basis

Dempsey Scheiman & Associates – Client Organizer

Tax Year: 2021

Schedule A – Medical	Charitable Contributions
<p>Unreimbursed Payments For:</p> <p>Insurance Premiums (if not payroll deducted) _____</p> <p>Prescription Drugs _____</p> <p>Doctor/Dental Exp. _____</p> <p>Hospital/Lab Exp. _____</p> <p>Long-Term Care Premiums _____</p> <p>Miles Driven _____</p> <p>Other _____</p> <p>Amount of reimbursements received for care _____</p>	<p>*Documentation required upon Audit ***</p> <p>Cash Contributions: _____</p> <p>Churches _____</p> <p>Am. Cancer Society _____</p> <p>Heart Association _____</p> <p>March of Dimes _____</p> <p>United Way _____</p> <p>Other: _____</p> <p>Non-cash Contributions (Itemized list on file with Taxpayer)</p> <p>Goodwill _____</p> <p>Salvation Army _____</p> <p>AM Vets _____</p> <p>Other: _____</p> <p>If over \$500 list Organization, date _____</p> <p>Donated & items: _____</p>
Taxes Paid	Interest Expense
<p>Real Estate Taxes – Home: _____</p> <p>Real Estate Other Itemize: _____</p> <p>_____</p> <p>_____</p> <p>Sales Tax on Major Purchase: \$ _____</p> <p style="text-align: right;">Details</p>	<p>Home Mortgage Interest _____</p> <p>Second Mortgage _____</p> <p>Home Equity Loan _____</p> <p>Did you refinance your house last year? _____</p> <p>If yes: Points paid _____</p> <p style="padding-left: 40px;">Term of loan _____</p>
Miscellaneous Expense	
<p>The 2018 Tax Law Change eliminated Miscellaneous Deductions</p> <p>Gambling Losses (log book required) _____</p> <p>*** New charitable deduction of \$300/\$600 joint, even if you do not itemize. _____</p>	

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Tax Year: 2021

**1099's Must Be Issued To ALL Nonincorporated Service Providers
For Amounts Totaling \$600 Or More.**

Rent & Royalty Properties

	Unit 1	Unit 2	Unit 3
Property/Location	_____	_____	_____
Taxpayer/Spouse/Joint Ownership Percentage	_____ _____ _____	_____ _____ _____	_____ _____ _____

****Did you make payments last year that require you to file 1099s?** _____ **yes** _____ **no**
****If "yes" did you or will you file all required 1099s?** _____ **yes** _____ **no**

Income

Gross Rents	_____	_____	_____
Gross Royalties	_____	_____	_____

Expenses

Advertising	_____	_____	_____
Auto	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Travel	_____	_____	_____
Utilities	_____	_____	_____
Depreciation	_____	_____	_____
Other Expenses:	_____	_____	_____
_____	_____	_____	_____

Large Purchases/Improvements (Not listed above)

New Property Purchases/Sales – Attach Closing Statement

Description/Unit #	Date	Cost Basis
_____	_____	_____
_____	_____	_____

Mileage _____

Beginning odometer reading 1/1 _____

Ending odometer reading 12/31 _____

Business Mileage _____

Do you have a written log to support your deduction? _____

***The IRS will disallow the mileage deduction if you do not have proof of the beginning of year and end of year odometer readings and a written log. e.g. oil change, mechanic maintenance log.**

Dempsey Scheiman & Associates – Client Organizer

Tax Year: 2021

1099-Ks Must Be Attached

You Will Receive This Form If You Accepted Credit Card Payments

Schedule C General Information	Cost Of Goods Sold
Taxpayer/Spouse/Joint _____ Employer Identification # _____ Principal Business/Profession: _____ Business Name: _____ Business Address: _____	Beginning Inventory: _____ Purchases: _____ Labor: _____ Materials: _____ Other Costs: _____ Ending Inventory: _____
Expenses	
<p>IRS MANDATE----1099s Must Be Issued to ALL Unincorporated Service Providers For Amounts Totaling \$600 Or More.</p> <p>**Did you make payments last year that require you to file a 1099? ___yes ___no</p> <p>**If “yes” did you or will you file all required 1099s? ___yes ___no</p>	Advertising: _____ Car & Truck Expense: _____ Depreciation: _____ Employee Benefits: _____ Insurance: _____ Interest—Financial Institutions: _____ Interest Expense—Other: _____ Legal/Professional Fees: _____ Office Expenses: _____ Pension/Profit Sharing: _____ Rent—Machinery: _____ Rent—Other: _____ Repairs./Maintenance: _____ Supplies: _____ Taxes/Licenses: _____ Travel: _____ Meals/Entertainment: _____ Utilities: _____ Wages: _____ Do you have a home office exclusively used for business? _____ If yes: Sq. footage of Office: _____ Sq. footage of House: _____ Other Expenses: _____ _____
Income Attach all 1099K Forms	
Gross Receipts Or Sales: _____ Returns And Allowances: _____ Other Income: _____	
Mileage	
Odometer Reading 1/1 _____ Odometer Reading 12/31 _____ Total Mileage: _____ Business Mileage: _____ Make of Auto: _____ Date of vehicle placed in service for business: _____ Do you have another vehicle available for personal use? _____ Do you have a written log to support your deduction? _____ Purchase of Lease? _____	

***The IRS will disallow mileage expense if you do not have proof of the beginning of year and ending of year odometer readings and a written log. e.g. oil change receipt; mechanic maintenance log.**