2021 *Individual Tax Organizer*

WHB ACCOUNTING SERVICES, LLC

UPDATE INFORMATION IN HIGHLIGHTED AREAS

PERSONAL INFORMATION

YOUR NAME______________________ SSN______________________ DOB______________ BLIND?______

SPOUSE'S NAME______________________ SSN______________________ DOB______________ BLIND?______

YOUR OCCUPATION SPOUSES OCCUPATION

ADDRESS CITY/STATE ZIP

PREFERRED METHOD OF CONTACT? (Circle one) Email Phone

PRIMARY EMAIL ADDRESS: HUSBAND OR WIFE

PRIMARY PHONE #: HUSBAND OR WIFE

Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency ? No Yes – Provide details

DEPENDENTS

DEPENDENT'S NAME	DOB:**UPDATE**	**SSN**	RELATIONSHIP	Mos lived in home in 2021?	Full time Student?	Child provide >50% support?
					Y N	Y N
					Y N	Y N
					Y N	Y N

Are any children mentally/physically disabled? YES NO A child claimed as a dependent must either be younger than 19 OR be a student and younger than 24.

Did you pay 2021 **Estimated Tax** payments? YES NO

	DATE PAID	AMOUNT
AWD From Bank Paid by Check		
2020 OVERPMT APPLIED TO 2021		
PAYMENT #1-PAID APRIL 15, 2021		
PAYMENT #2-PAID JUNE 15, 2021		
PAYMENT #3-PAID SEPT 15, 2021		
PAYMENT #4- PAID JAN 17, 2022		

BANKING INFORMATION

Do you want refund applied to 2022?	YES	NO
AWD from bank for 2022 est pymts?	YES	NO
AWD from bank for tax due?	YES	NO
Direct deposit to bank for refund ?	YES	NO
Bank information same as last year?	YES	NO

If bank information has changed, provide voided check:

BANK NAME:

CHOOSE ONE: CHECKING SAVINGS

ROUTING #:

ACCOUNT #:

Did you and/or family members have health insurance through Marketplace? No **If YES Bring Form 1095-A**

INCOME

# W-2s ☐ #1099Rs ☐	**RMD H W**	**Social Security Benefits Form SSA-1099**		Alimony Received / Paid	
		You	$	**Date of Divorce**	
QCD Y N		Spouse	$	State Income Tax Refund	
Covid IRA W/D w/3yr election Y N		**FWH** ☐***	$	Education Distribution	
Traditional IRA rolled to Roth IRA	**Y N**			**HSA-Form 1099-SA**	
Unemployment 1099-G	**Y N**			Distribution amount?	
Amount rcvd for 3rd rebate pymt– IRS Letter 6475 in January, 2022	**$1400 Max each x ________**		=	Amount spent on qualified medical?	

	Other Expenses--Description	**Amount**
	Charitable contributions (limit $300/$600) – **SEE O-4**	
H W		
H W		

	Other Income--Description	**Amount**	SE	QBI
H W	Gambling Winnings/ Prizes W-2G			
H W	Gambling Losses			
H W				

INTEREST INCOME & INSTALLMENT SALES (INCLUDES TAX EXEMPT INTEREST & PROVIDE 1099s)

Do you or did you have any foreign accounts or foreign assets at any time during the year? YES   NO

√	NAME OF PAYOR	T/E	INTEREST	PRINCIPAL	SPA		√	NAME OF PAYOR	T/E	INTEREST	SPA
	IRS 1099-INT										
								K-1 /			
								K-1 /			
								Mkt Disc-			
								Bond Prem-			

***Totals INTEREST T/E SPA

DIVIDEND INCOME (PROVIDE 1099s)

√	NAME OF PAYOR	ORDINARY	QUALIFIED	CAP GAIN	NT	TE	S199			SPA	FT
	K-1 /										
	K-1 /										
	K-1 /										
	K-1 /										
***Totals											

Miscellaneous

Stock and Real Estate Sales -   Provide broker statements and/or closing statements

Provide all IRS / State correspondence received throughout the year

Miscellaneous

Were any gifts made to an individual or trust of more than $15,000 in 2021?	YES	NO	If yes, provide information.
Was any real property transferred to or from parents?	YES	NO	If yes, provide information.
Do you own any savings bonds?	YES	NO	
Educator Expense - Limited to $250 per K-12 educator:	You: $		Spouse: $
School loan interest paid in 2021 (loan is for you, spouse or dependent): Form 1098-E: $			

RETIREMENT ACCOUNT CONTRIBUTIONS – IRA due date April 18, 2022

MAXIMUM IRA CONTRIBUTION for 2021 per individual: $6,000 OR 7,000 IF 50 OR OLDER. Age requirement eliminated.
We highly recommend that no IRA contribution be made until the allowable amount has been determined by preparer.

YOU:

Contribution Made Yet? Yes No	ROTH IRA ☐ TRADITIONAL IRA ☐	AMOUNT: $__________	401K ☐ SEP ☐ SIMPLE ☐	AMOUNT: $__________
			Do not report retirement funds deducted from W-2	

SPOUSE:

Contribution Made Yet? Yes No	ROTH IRA ☐ TRADITIONAL IRA ☐	AMOUNT: $__________	401K ☐ SEP ☐ SIMPLE ☐	AMOUNT: $__________
			Do not report retirement funds deducted from W-2	

CHILD/DEPENDENT CARE EXPENSES NEW LIMITS: 1 CHILD-$8,000 2+ CHILDREN-$16,000

Provider's Name	SSN/EIN	Address	Amount
			$
			$
			$
Did you participate in a reimbursement program where you work? If yes, Amount $			$

ENERGY CREDIT DID YOU MAKE ENERGY IMPROVEMENTS TO YOUR PRIMARY RESIDENCE? YES NO

Credit only available to improvements to your PRIMARY residence. Do not include improvements made to vacation or rental property. The maximum CUMULATIVE credit is $500. Not all energy star labeled products qualify for the credit, ask seller if property qualifies.

Insulation Material (No installation cost)		Qualified Metal/Asphalt Roof (No installation cost)	
Exterior Windows and/or Doors(No installation cost)		Heating/Air Conditioning Systems (Includes installation)	
Air Circulating Fans (Includes installation)		Water Heaters/Pumps/ Biomass Fuel Stoves (Includes installation)	

EDUCATION DEDUCTIONS AND CREDITS – Provide Form 1098-T

STUDENT'S NAME	Year in School: 1st 2nd 3rd 4th	LLC
STUDENT'S NAME	Year in School: 1st 2nd 3rd 4th	LLC

TUITION & FEES PAID FOR POST SECONDARY EDUCATION	$	$
REQUIRED COURSE MATERIAL,BOOKS & EQUIPMENT (ONLY QUALIFIES FOR AOTC)	$	$
SCHOLARSHIPS RECEIVED	$ ( )	$ ( )
	$	$

CHILD CREDIT ADVANCE PAYMENTS – BRING IRS LETTER 6419 RECEIVED IN JANUARY 2022

DID YOU CLAIM ANY DEPENDENTS ON YOUR 2020 TR? Y N		Amount Received - Letter 6419	
Single/HOH-Did you opt out of Advance pmts Y N			
Did both husband/wife opt out of Advance pmts Y N			
Children 5 years and under? $3600 x ___			
Children 6-17 years? $3000 x ___			
Other Dependents $500 x ___			

Standard Deduction: MFJ - $25,100 Single/MFS - $12,550 HOH - $18,800				
MEDICAL EXPENSES - Do NOT include any amounts paid out of pretax medical plans (HSA or FSA) or reimbursed by insurance **Tip** Your medical deductions have to be more than 7.5% of your adjusted income in order to benefit.				
MEDICAL INSURANCE PREMIUMS-DO NOT LIST IF PREMIUMS ARE PRE-TAXED AT YOUR JOB				
LONG TERM CARE INSURANCE PREMIUMS - YOU & SPOUSE				
MEDICARE/DRUG PREMIUMS FROM SOCIAL SECURITY BENEFITS-YOU & SPOUSE				
DOCTORS, DENTISTS, PRESCRIPTION DRUGS, EYEGLASSES, CONTACTS, ETC.				
TOTAL MILES DRIVEN FOR MEDICAL____________ X 16¢				
Max amount: Self-only $3,600 Family $7,200 ($1,000 over 55) **HSA coverage? Self-Only Family**	Amt Contributed $	$		

TAXES - Sales tax is deductible. Your option is actual receipts or use of IRS Table. Sales tax paid on vehicles, motorcycles, motor homes, recreational vehicles, boats, mobile homes and home building materials can be added to the amounts on the table so provide information.			
DID YOU PAY TAX ON VEHICLES-MOTORCYCLES-MOBILE HOMES-RVS?	YES NO		
DID YOU PAY SALES TAX ON HOME BUILDING MATERIALS?	YES NO		
ARE YOU CLAIMING ACTUAL SALES TAX? (MUST HAVE RECEIPTS)	YES NO		
REAL ESTATE TAXES	OIH		
OTHER TAXES:			

INTEREST EXPENSE		
Did you refinance in 2021? YES NO How many years is new loan?_______ Bring closing statement		
MORTGAGE INTEREST:	OIH	
Mortgage Insurance Premium deductible as interest:		
	PTS	
INVESTMENT INTEREST PAID TO:		

DID YOU MAKE ANY CASH CONTRIBUTIONS TO QUALIFIED NONPROFIT CHARITIES? YES NO					
				TOTAL DOLLARS DONATED TO CHARITY	$
NON-ITEMIZERS LIMITED: SINGLE/HEAD OF HOUSEHOLD $300 MARRIED FILING JOINT $600					
DID YOU HAVE ANY VOLUNTEER MILES?		IF YES, HOW MANY?		X 14¢	
				K-1	
NON CASH CONTRIBUTIONS					
NAME OF CHARITY	ADDRESSS	CONTRIBUTION DATE	DESCRIPTION	ORIGINAL COST	Fair Market Value
					TCI

Advisory Fees $__________

________________$__________

State Tax Return Yes No

Tax Preparation Fees $__________

A $__________

C $__________

E $__________

IMPORTANT: Itemized deductions must be MORE than the standard deduction in order to benefit BUT you may still be able to itemize on a STATE tax return. So if you have a state tax return, still provide information on this page.