

GROSS & COMPANY
2021 INDIVIDUAL TAX ORGANIZER
FORM 1040

This organizer must be completed prior to your tax return being prepared.

Taxpayer's Name _____ Occupation _____ Cell Phone # (____) _____
 Spouse's Name _____ Occupation _____ Cell Phone # (____) _____

Email _____ Would you like a copy of your tax return e-mailed to this address? YES

Please place a checkmark beside the documentation and/or information provided with this tax organizer.

NEW FOR 2021 – IMPORTANT INFORMATION

<input type="checkbox"/> IRS Letter 6419 – Total Amount of Advance Child Tax Credit Payments(ONLY THOSE WITH DEPENDENTS)	<input type="checkbox"/> IRS Notice 1444 or 1444-B – Economic Impact Payment
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Information returns/forms to be reported on your tax return.

<input type="checkbox"/> W-2 (Wages)	<input type="checkbox"/> W-2G (Certain Gambling Winnings)
<input type="checkbox"/> 1099-R (Retirement)	<input type="checkbox"/> Annual Brokerage Statements
<input type="checkbox"/> 1099-SSA (Social Security)	<input type="checkbox"/> 1098-INT (Mortgage Interest)
<input type="checkbox"/> 1099-INT (Interest)	<input type="checkbox"/> Other tax information statements
<input type="checkbox"/> 1099-DIV (Dividends)	<input type="checkbox"/> 8886, Reportable transactions
<input type="checkbox"/> 1099-B (Brokerage Sales)	<input type="checkbox"/> 5498 – IRA Contribution
<input type="checkbox"/> 1099-MISC (Rents, etc.)	<input type="checkbox"/> Form 5498-SA (HSA Contributions)
<input type="checkbox"/> 1099-G (Unemployment Compensation)	<input type="checkbox"/> 1099-SA (HSA Distribution)
<input type="checkbox"/> 1099-NEC (Nonemployee Compensation)	<input type="checkbox"/> 1098-E (Student Loan Interest Statement)
<input type="checkbox"/> 1098-T (College Tuition Statement) – May be found on the Financial Aid Website for the College	<input type="checkbox"/> 1095-A (Health Insurance Market Place Statement)
<input type="checkbox"/> Schedules K-1 (Forms 1065, 1120S, & 1041)	<input type="checkbox"/> 1095-B (Health Coverage)
<input type="checkbox"/> Closing Disclosure for Real Estate Sales/Purchases/Refinancing	<input type="checkbox"/> 1095-C (Employer-Provided Health Insurance Offer & Coverage)

Items that may affect your tax return.

<input type="checkbox"/> Child care expenses Providers name: _____ Address: _____ Tax ID # or SSN: _____ Amount Paid: _____	<input type="checkbox"/> Iowa Tuition & Textbook Credit (25% Tax Credit on First \$2,000 of eligible expenses for dependent K-12). <u>MUST HAVE RECEIPTS.</u> - See Enclosed Handout for More Detail
<input type="checkbox"/> Final paystub for tax year	<input type="checkbox"/> Alimony paid \$ _____
<input type="checkbox"/> Traditional IRA Contributions \$ _____	<input type="checkbox"/> Alimony received \$ _____
<input type="checkbox"/> Roth IRA Contributions \$ _____	<input type="checkbox"/> Cash Donations \$ _____ (Individuals that do not itemize; cash donations up to \$600 still qualify)

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Please answer the following questions and submit details for any question answered “Yes”:

- | | <u>YES</u> | <u>NO</u> | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|---|------------|-----------|
| 1. Has your marital status changed since your last return? | _____ | _____ | 16. Has the IRS, or any state taxing agency, notified you of changes to a prior year’s tax return? If yes, provide copies of all correspondence received. | _____ | _____ |
| 2. Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and date moved. | _____ | _____ | 17. Were either you or your spouse eligible to participate in an employer’s health insurance or long-term care plan?
If no, do you have a health insurance plan? What did you pay on your own for total premiums? \$_____ (provide copy of cancelled check for one month of premium) | _____ | _____ |
| 3. Did you have a baby in 2021? If yes, provide full name, date of birth, and Social Security Number. | _____ | _____ | 18. Did you make a retirement plan contribution outside of your employer (or do you plan to before April 15, 2022)? Amount of contribution: \$_____
Type of Accounts: Traditional IRA Roth IRA
(circle) Simple IRA SEP | _____ | _____ |
| 4. Are you entitled to a dependency exemption due to a divorce decree? (Please provide copy for file) | _____ | _____ | 19. Did you receive unemployment compensation? If yes, provide Form 1099-G. | _____ | _____ |
| 5. Did you obtain health insurance from the marketplace in 2021? If yes, Form 1095-A must be included to complete tax return. | _____ | _____ | 20. Did you acquire any interests in partnerships, LLCs, S corporations, estates or trusts this year? | _____ | _____ |
| 6. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country ? | _____ | _____ | 21. Did you incur expenses as an elementary or secondary educator? If so, how much? \$_____ | _____ | _____ |
| 7. Were you a resident of, or did you have income in, more than one state during the year? | _____ | _____ | 22. Did you install qualified solar electric, solar water heating, fuel cell, small wind energy, or geothermal heat pump property (remodel or new construction) to your home? | _____ | _____ |
| 8. Do you want any federal refund deposited directly into your bank account? Provide our office with a voided check if different from previous years. | _____ | _____ | 23. Did you refinance an existing home this year? If so, enclose a copy of the closing disclosure. | _____ | _____ |
| 9. Do you want any tax liability directly withdrawn from your bank account? Provide our office with a voided check if different from previous years. | _____ | _____ | 24. Do you own any securities or hold any debts that became worthless during the year? If yes, provide details. | _____ | _____ |
| 10. Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details. | _____ | _____ | 25. Did you personally write a check to (or do you plan to before April 15, 2021) contribute to a health savings account (HSA) for 2021?
Amount of contribution: \$_____
Type of health plan coverage: Self-only Family | _____ | _____ |
| 11. Did you “convert” IRA funds into a Roth IRA or receive an IRA distribution? If yes, provide details. (Form 1099R) | _____ | _____ | 26. Did you direct an IRA Required Minimum Distribution (RMD) to a charity? | _____ | _____ |
| 12. Did you sell and/or purchase a principal residence or other real estate? If yes, provide closing statement and Form 1099-S. | _____ | _____ | 27. Are you a volunteer firefighter or EMS?
Taxpayer Spouse Both | _____ | _____ |
| 13. Did you contribute to an educational savings account (529)? If yes, attach year end statement. | _____ | _____ | 28. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency (ex: Bitcoin)? | _____ | _____ |
| 14. Did you start a business or purchase rental property in 2021? | _____ | _____ | | | |
| 15. 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? | _____ | _____ | | | |

YES NO

29. Did you receive an economic impact payment (EIP or EIP 2) as reported on Notice 1444 of 1444-B? If yes, how much? _____

For Business Owners/Self-Employed:

30. Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year? _____

31. If you are self-employed were you unable to perform your self-employed activities due to coronavirus related care you needed? _____
List Dates: _____

32. If you are self-employed were you unable to perform your self-employed activities due to coronavirus related care you provided for your son or daughter under the age of 18? _____
List Dates: _____

33. If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another? _____
List Dates: _____

34. Did you receive a Paycheck Protection Program (PPP Loan)? _____

35. If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness? _____

TaxCaddy App streamlines the tax return preparation process for you and your tax professional by helping you gather and share files and provide all the information that is needed to prepare your tax return. The following is a summary of many of the great features that TaxCaddy has to offer. Go to TaxCaddy.com to learn more and signup for a free account.

Gather documents

Upload from PC

Browse your PC, Mac, tablet or mobile phone and upload PDF files, Excel spreadsheets, Word documents and more.

Smart Links

You can also let TaxCaddy retrieve your 1099s, 1098s, and W-2s automatically through our Smart Links technology.

Take a photo

You can also use the TaxCaddy mobile app to photograph and upload documents as you receive them. Categorize them on the spot then shred the paper.

Electronic Signatures

Sign anything, anywhere

From your PC, Mac, tablet or mobile phone electronically sign engagement letters, consent requests, e-file authorizations, and other documents. 100% IRS compliant.

Get spouse signature

Your spouse can sign documents using your TaxCaddy account or by creating their own account.

Tax Returns and Payments

Tax Returns

You can view, approve and store your tax return right in TaxCaddy.

Estimated Tax Payments

Your tax professional can create tax payment vouchers that help you keep track of your estimated tax payments.

Notify your tax professional

Message your tax professional

Have a question about something? Send your tax professional a message directly from TaxCaddy.

Done Uploading

With a simple click of a button, you can inform your tax professional that you are done uploading your tax documents.

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ITEMIZED DEDUCTIONS WORKSHEET

MEDICAL EXPENSES

Note: Medical expenses must exceed 7.5% of adjusted gross income to be deductible. Health Insurance premiums and medical expenses paid with pre-tax dollars (cafeteria plans, health savings accounts, etc.) are not deductible.

Description	Amount	Description	Amount
Premiums for health and accident insurance		Medical supplies /equipment/Hearing Aid	
Long term care premiums		Lodging and meals	
Medicine and drugs (prescription only)		Medical Mileage (number of miles)	
Doctors, dentists, nurses		Long-term care expenses	
Hospitals, clinics, laboratories		Other	

DEDUCTIBLE TAXES

Description	Amount	Description	Amount
Real estate taxes: Primary residence		License/Registration (car,boat,camper, etc.)	
Secondary residence		Sales tax on major items (car, house, etc)	

INTEREST EXPENSE

Note: Interest paid on loans for qualifying campers is tax deductible as a second home. Campers must have sleeping, cooking, and toilet facilities.

Mortgage interest (Enclose Forms 1098.)

CONTRIBUTIONS

Note: Individuals that do not itemize are still able to deduct eligible cash donations of up to \$300 for single filers and \$600 for married filers.

Donee	Amount	Donee	Amount

Expenses incurred in performing volunteer work for charitable organizations:

Parking fees and tolls	\$ _____	Meals & entertainment	\$ _____
Supplies	\$ _____	Automobile mileage	\$ _____