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| 2021 | 1040 | US | Tax Organizer |
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Bay CPA Plus
303 Twin Dolphin Dr Ste 600
Redwood City CA 94065
 Telephone number: **866-860-3880**
 Fax number: **866-860-8054**
 E-mail address: **info@baycpaplus.com**

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please enter all pertinent 2021 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

| | | |
|----------------------------------|--|--|
| First name and initial | | |
| Last name | | |
| Title/suffix | | |
| Social security number | | |
| Occupation | | |
| Date of birth (m/d/y) | | |
| Date of death (m/d/y) | | |
| 1=blind | | |
| Home phone | | |
| Work phone | | |
| Work extension | | |
| Cell phone | | |
| E-mail address | | |

| | | |
|---------|----------------------------|--|
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | |
| | ZIP code | |

DEPENDENTS

Dependent No.

Dependent No.

| | | |
|------------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death (m/d/y) | | |
| Date of adoption (m/d/y) | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |

Dependent No.

Dependent No.

| | | |
|------------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death (m/d/y) | | |
| Date of adoption (m/d/y) | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |

Please enter all pertinent 2021 information. If you have attached a government form for an item, check the box and do not enter a 2021 amount.

WAGES, SALARIES AND TIPS

Employer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| 2021 Amount | 2020 Amount |
|------------------|-------------|
| Attach Forms W-2 | |
| | |
| | |
| | |

INTEREST INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|-----------------------|--|
| Attach Forms 1099-INT | |
| | |
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DIVIDEND INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

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| Attach Forms 1099-DIV | |
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PENSIONS, IRA AND GAMBLING INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

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| Attach Forms 1099-R & W-2G | |
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Winnings not reported on W-2G.....
Total gambling losses.....

OTHER GOVERNMENT FORMS - INCOME

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history) |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income |
| <input type="checkbox"/> | Form 1099-K - Merchant card and third party network payments |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements) |

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| Attach Forms 1099 | |
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|--------------------------|--------------------------------------|--|
| <input type="checkbox"/> | Form 1099-G - State tax refunds..... | |
|--------------------------|--------------------------------------|--|

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| Attach Forms 1099 | |
|-------------------|--|

Taxpayer:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) |

| | |
|-------------------|--|
| Attach Forms 1099 | |
|-------------------|--|

Spouse:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) |

| | |
|-------------------|--|
| Attach Forms 1099 | |
|-------------------|--|

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MISCELLANEOUS INCOME

Taxpayer: Alimony received
 Spouse: Alimony received

Other: _____

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RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
 Spouse: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

| | 2021 Amount | 2020 Amount |
|--|-------------|-------------|
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OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
 Form 1098-T - Tuition and related expenses

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| Attach Forms 1098 | |
| Attach Forms 1098 | |

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement
 Form 1095-B - Health Coverage
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

| | |
|-------------------|--|
| Attach Forms 1095 | |
| Attach Forms 1095 | |

ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums
 Educator expenses
 Other adjustments to income:

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Alimony paid - Recipient name & SSN

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Spouse:
 Self-employed health insurance premiums
 Educator expenses
 Other adjustments to income:

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Alimony paid - Recipient name & SSN

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MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
 Doctors, dentists and nurses
 Hospitals and nursing homes
 Insurance premiums
 Long-term care premiums - taxpayer
 Long-term care premiums - spouse
 Insurance reimbursement
 Out-of-pocket lodging and transportation expenses
 Number of medical miles
 Other: _____

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TAXES PAID

State income taxes - 1/21 payment on 2020 state estimate

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|------|------|----|-------------------------|
| 2021 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|

If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an economic impact payment? If so, how much? |