General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	2	
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)	Y	

General: 1040, Contact

Present Mailing Address

Address ___
Apartment number ___
City/State postal code/Zip code ___
Foreign country name ___
Foreign phone number ___
Home/evening telephone number ___
Taxpayer email address ___
Spouse email address ___

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider information:
Business name ___
First and Last name ___
Street address ___
City, state, and zip code ___
Social security number OR Employer identification number ___
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) ___
Amount paid to care provider in 2021 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

Credits: AdvCTC

Advanced Child Tax Payments

Advanced Child Tax Payments received (Letter 6419):	Taxpayer	Spouse
July		
August		
September		
October		
November		
December		

Credits: Rebate

Economic Impact Payment (EIP)/Stimulus Payment

Please provide all copies of Notice 1444-C that you receive.
Look up your EIP3 amount by creating or viewing your IRS online account at https://www.irs.gov/payments/view-your-tax-account

	Taxpayer	Spouse
Economic impact payment(s) 3 (EIP3) received		
Mark if taxpayer or spouse, if married, was member of US Armed Forces in 2021		

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: B1

Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name ______ Payer's social security number ______

Payer's address, city, state, zip code ______

Amount received in 2021 ______ Amount received in 2020 ______

Income: B2

Dividend Income

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2021 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2021 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2021 Information	Prior Year Information

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2021 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2021	___	___
Roth IRA Contributions for 2021 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2021	___	___

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2021 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2021 Information	Prior Year Information
___	___	___	___
___	___	___	___

Complete this section if you paid qualified education expenses for higher education costs in 2021.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	_	___	___	___	___	___
___	_	___	___	___	___	___
___	_	___	___	___	___	___
___	_	___	___	___	___	___

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	___
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	_
Number of miles from old home to new workplace	___
Number of miles from old home to old workplace	___
Mark if move is outside United States or its possessions	_
Transportation and storage expenses	___
Travel and lodging (not including meals)	___
Total amount reimbursed for moving expenses	___

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2021 Information	Prior Year Information
___	___	___	___	___	___

Street address ___

City, State and Zip code ___ ___ ___

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
___	___	___	___
___	___	___	___
Other adjustments:			
___	___	___	___
___	___	___	___
___	___	___	___

General: Bank

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. ___

Primary account:

- Financial institution routing transit number ___
- Name of financial institution ___
- Your account number ___
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar ___ **or** Percent (xxx.xx) ___

Secondary account #1:

- Financial institution routing transit number ___
- Name of financial institution ___
- Your account number ___
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar ___ **or** Percent (xxx.xx) ___

Secondary account #2:

- Financial institution routing transit number ___
- Name of financial institution ___
- Your account number ___
- Type of account (1 = Savings, 2 = Checking, 3 = IRA*) ___
- Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) ___
- Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) ___
- Enter the maximum dollar amount, or percentage of total refund Dollar ___ **or** Percent (xxx.xx) ___

*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.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number ___
- Issue date ___
- Expiration date ___
- Location of issuance ___
- Document number (New York only) ___

Spouse -

- Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ___
- Identification number ___
- Issue date ___
- Expiration date ___
- Location of issuance ___
- Document number (New York only) ___

NOTES/QUESTIONS: