

2021	1040	US	Tax Organizer
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received .....

Spouse: Alimony received .....

Other: .....


**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, &amp; qualified plan contributions (1=maximum) .....

Spouse: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, &amp; qualified plan contributions (1=maximum) .....

2021 Amount	2020 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**☐ Form 1098-E - Student loan interest .....☐ Form 1098-T - Tuition and related expenses .....

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

**ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

.....

.....

Alimony paid - Recipient name &amp; SSN .....

.....

.....


Spouse:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

.....

.....

Alimony paid - Recipient name &amp; SSN .....

.....

.....


**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: .....

.....


**TAXES PAID**

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

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2021	1040	US	Miscellaneous Questions
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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

**PERSONAL INFORMATION**☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

Could you be claimed as a dependent on another person's tax return for 2021?

**DEPENDENTS**☐☐

Were there any changes in dependents?

☐☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2021?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2021, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

**HEALTH CARE COVERAGE**☐☐

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

**INCOME**☐☐

Did you receive unreported tip income of \$20 or more in any month?

☐☐

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

☐☐

Did you receive any disability income?

☐☐

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

Did you buy or sell any stocks, bonds or other investment property in 2021?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?

2021	1040	US	Miscellaneous Questions (continued)
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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	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
 <b>EDUCATION</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<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?
 <b>ITEMIZED DEDUCTIONS</b>		
<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 work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
 <b>ESTIMATED TAXES</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2020 taxes to your 2021 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2021 taxes, do you want the excess applied to your 2022 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2022 taxable income and withholdings to be different from 2021?
 <b>MISCELLANEOUS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2021	1040	US	Miscellaneous Questions (continued)
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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	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

### COVID-19 RELATED TAX LEGISLATION

<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an economic impact payment? If so, how much?
<input type="checkbox"/>	<input type="checkbox"/>	Did your business receive an advance on the child tax credit? If so, how much?
<input type="checkbox"/>	<input type="checkbox"/>	Did your business have any PPP loan amounts forgiven?

<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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**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?

Please enter all pertinent 2021 information.

### DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account .....

1=electronic payment of balance due .....

1=electronic payment of estimated tax .....


### BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

### 2021 ESTIMATED TAX / 1040-ES (6)

#### Federal

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
<div style="border: 1px solid black; padding: 5px; text-align: center;">Additional Estimated Tax Payments</div>				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

#### State

	Amount Paid	Date Paid	TS	2021 Voucher Amount
Overpayment applied from 2020 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
<div style="border: 1px solid black; padding: 5px; text-align: center;">Additional Estimated Tax Payments</div>				
Paid with extension .....				

**1****Type of Account**

1 = Savings  
2 = Checking

**2****Type of Investment**

1 = Checking or savings (default)  
2 = Taxpayer's IRA (next year limits)  
3 = Spouse's IRA (next year limits)  
4 = Health savings account (HSA)  
5 = Archer MSA

6 = Coverdell savings account (ESA)  
7 = Other  
8 = Taxpayer's IRA (current year limits)  
9 = Spouse's IRA (current year limits)

2021	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1
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Please enter all pertinent 2021 information.

### APPLICATION OF 2021 OVERPAYMENT (7.1)

If you have an overpayment of 2021 taxes, do you want the excess refunded? ☐ or applied to 2022 estimate? ☐

Other (please explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 2022 ESTIMATED TAX INFORMATION

Do you expect your 2022 taxable income to be different from 2021? ..... Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you expect your 2022 withholding to be different from 2021? ..... Yes ☐ No ☐

If "yes" explain any differences: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

				7.1
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2021	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2021 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

### WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2020 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

### PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/21	2020 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 14)		
		1=IRA/SEP/SIMPLE									
		1=spouse									

### GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2020 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

### GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses.....  
Winnings not reported on Form W-2G .....

2021 Amount	TS	2020 Amount

10, 13.1, 13.2



Please enter all pertinent 2021 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

## DIVIDEND INCOME (12)

[illegible]

2021	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2021 amounts and attach all 1099-MISC, 1099-NEC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

## MISCELLANEOUS INCOME

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins. ....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ....				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)				
_____				
_____				
_____				
_____				
_____				

## TAX WITHHELD (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

14.1

2021	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2021 information as appropriate.  
Be sure to attach all 1099-G forms.

## STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

2021 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2021 Overpayment repaid .....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2020 (Box 3) .....		
	Federal income tax withheld (Box 4) .....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different .....		
	Farm amounts:		
	Agriculture payments (Box 7) .....		
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8) .....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2021 Overpayment repaid .....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2020 (Box 3) .....		
	Federal income tax withheld (Box 4) .....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different .....		
	Farm amounts:		
	Agriculture payments (Box 7) .....		
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8) .....			
State income tax withheld (Box 11).....			

<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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Please enter all pertinent 2021 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

		2021 Amount	2020 Amount
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) .....		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....		
	ESA's only:		
2021 contributions to this ESA .....			
Value of this account at 12/31/21 (plus outstanding rollovers) .....			
Basis in this ESA as of 12/31/20 .....			
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) .....		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....		
	ESA's only:		
2021 contributions to this ESA .....			
Value of this account at 12/31/21 (plus outstanding rollovers) .....			
Basis in this ESA as of 12/31/20 .....			
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) .....		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....		
	ESA's only:		
2021 contributions to this ESA .....			
Value of this account at 12/31/21 (plus outstanding rollovers) .....			
Basis in this ESA as of 12/31/20 .....			

**14.3**

<b>2021</b>	<b>1040</b>	<b>US</b>	<b>ABLE Distributions</b>	<b>14.4</b>
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

### ABLE DISTRIBUTIONS / CONTRIBUTIONS

		2021 Amount	2020 Amount
No. <input style="width: 40px;" type="text"/>	Name of payer or issuer .....		
	1=spouse .....		
	Distributions (1099-QA):		
	Gross distributions (1) .....		
	Earnings (2) .....		
	Basis (3) .....		
	1=program to program transfer (4) .....		
	1=ABLE account terminated (5) .....		
	1=recipient is not the designated beneficiary (6) .....		
	Qualified disability expenses paid .....		
	Amount excluded from 10% tax .....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return .....		
Earnings on excess contributions .....			

No. <input style="width: 40px;" type="text"/>	Name of payer or issuer .....		
	1=spouse .....		
	Distributions (1099-QA):		
	Gross distributions (1) .....		
	Earnings (2) .....		
	Basis (3) .....		
	1=program to program transfer (4) .....		
	1=ABLE account terminated (5) .....		
	1=recipient is not the designated beneficiary (6) .....		
	Qualified disability expenses paid .....		
	Amount excluded from 10% tax .....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return .....		
Earnings on excess contributions .....			

No. <input style="width: 40px;" type="text"/>	Name of payer or issuer .....		
	1=spouse .....		
	Distributions (1099-QA):		
	Gross distributions (1) .....		
	Earnings (2) .....		
	Basis (3) .....		
	1=program to program transfer (4) .....		
	1=ABLE account terminated (5) .....		
	1=recipient is not the designated beneficiary (6) .....		
	Qualified disability expenses paid .....		
	Amount excluded from 10% tax .....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return .....		
Earnings on excess contributions .....			

	<b>14.4</b>
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

## EXPENSES

	2021 Amount	2020 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

_____		
_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Series: 52 Capital Gains & Losses (Schedule D)



2021

1040

US

Installment Sales (Form 6252)

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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

**PRIOR YEAR INSTALLMENT SALE**

		2021 Amount	2020 Amount
No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

17 p2

2021	1040	US	Sale of Home & Moving Expenses	17, 27
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If you sold your home or moved in 2021, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

### SALE OF HOME (17)

Description of property (Box 3) .....	
Date acquired (m/d/y) .....	
Date sold (m/d/y) (Box 1) .....	
Sales price (Box 2) .....	
1=sale of home .....	
1=owned and used property as main home for at least 2 of 5 years before sale .....	
1=first-time homebuyer credit was previously taken on this home .....	
1=business use in year of sale .....	
Number of days after December 31, 2008 that home was not used as principal residence .....	

### Adjusted Basis

Original cost .....	
Improvements:	
.....	
.....	
.....	
Adjusted basis .....	

### Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

.....	
.....	
.....	
Total expenses of sale .....	

### Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
**a)** Did not meet the ownership and use tests \*, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..	
1=sale due to change in health, employment or unforeseen circumstances .....	
Days used as main home - taxpayer .....	
Days used as main home - spouse .....	
Days property owned - taxpayer .....	
Days property owned - spouse .....	

### MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint .....	
1=armed forces move due to permanent change of station .....	
Miles from old home to new work place .....	
Miles from old home to old work place .....	
Expenses for transportation and storage of household goods and personal effects .....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile) .....	
Parking fees and tolls .....	
Gas and oil .....	
Miles driven to new home .....	

(\* owned and used property as main home for at least 2 of 5 years before sale)

2021	1040	US	Rental & Royalty Income (Schedule E)	No. <input type="text"/>	18
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

## GENERAL INFORMATION

	2021 Amount	2020 Amount
Description of property .....		Type of Property
Street address .....		1 = Single Family Residence
City .....		2 = Multi-Family Residence
State .....		3 = Vacation/Short-Term Rental
ZIP code .....		4 = Commercial
Type of property (see table) .....		5 = Land
Other type of property .....		6 = Royalties
Number of days rented .....	34	7 = Self-Rental

Percentage of ownership if not 100% (.xxxx) .....		1=did not actively participate ...	
Percentage of tenant occupancy if not 100% (.xxxx) .....		1=real estate professional .....	
1=spouse, 2=joint .....		1=rental other than real estate ..	
1=qualified joint venture .....		1=investment .....	
1=nonpassive activity, 2=passive royalty .....		1=single member limited liability company .....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....			

## INCOME

	2021 Amount	2020 Amount
Rents or royalties received .....		

## DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2021	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No. <input type="text"/>	18 p2
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

### GENERAL INFORMATION

Foreign region.....	
Foreign postal code.....	
Foreign country.....	

### OIL AND GAS

	2021 Amount	2020 Amount
Production type (preparer use only) .....		
Cost depletion.....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

### PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use.....	
Number of days owned (if optional method elected) .....	

### INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit.  
These include repairs, insurance, and utilities.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest.....		
Other interest (not entered elsewhere) .....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical .....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere) .....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		
_____		
_____		
_____		
_____		
_____		

2021

1040

US

Farm Income (Schedule F/Form 4835)

No. 

19

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

## GENERAL INFORMATION

Principal product .....

Employer ID number .....

Agricultural activity code .....	<input type="text"/>	
Accounting method: 1=cash, 2=accrual .....	<input type="text"/>	
1=spouse, 2=joint .....	<input type="text"/>	
1=farm rental (Form 4835) .....	<input type="text"/>	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other .....	<input type="text"/>	
1=crop insurance proceeds election .....	<input type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....	<input type="text"/>	
1=did not "materially participate" (Schedule F only) .....	<input type="text"/>	
1=did not actively participate (Farm rental only) .....	<input type="text"/>	
1=real estate professional (farm rental only) .....	<input type="text"/>	
1=single member limited liability company .....	<input type="text"/>	
% of ownership if not 100% (.xxxx) (Farm rental only) .....	<input type="text"/>	

## FARM INCOME

	2021 Amount	2020 Amount
Cash method:		
Sales of livestock and other resale items .....	<input type="text"/>	<input type="text"/>
Cost or basis of livestock or other resale items .....	<input type="text"/>	<input type="text"/>
Sales of products raised .....	<input type="text"/>	<input type="text"/>
Accrual method:		
Sales of livestock, produce, etc. ....	<input type="text"/>	<input type="text"/>
Beginning inventory of livestock, etc. ....	<input type="text"/>	<input type="text"/>
Cost of livestock, etc. purchased .....	<input type="text"/>	<input type="text"/>
Ending inventory of livestock, etc. ....	<input type="text"/>	<input type="text"/>
Other farm income:		
Total cooperative distributions .....	<input type="text"/>	<input type="text"/>
Taxable cooperative distributions .....	<input type="text"/>	<input type="text"/>
Total agricultural program payments (other than CRP) .....	<input type="text"/>	<input type="text"/>
Taxable agricultural program payments (other than CRP) .....	<input type="text"/>	<input type="text"/>
Total conservation reserve program payments .....	<input type="text"/>	<input type="text"/>
Taxable conservation reserve program payments .....	<input type="text"/>	<input type="text"/>
Commodity credit loans reported under election .....	<input type="text"/>	<input type="text"/>
Total commodity credit loans forfeited or repaid .....	<input type="text"/>	<input type="text"/>
Taxable commodity credit loans forfeited or repaid .....	<input type="text"/>	<input type="text"/>
Total crop insurance proceeds received in 2021 .....	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds received in 2021 .....	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds deferred from 2020 .....	<input type="text"/>	<input type="text"/>
Custom hire (machine work) income not included above .....	<input type="text"/>	<input type="text"/>

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<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Farm Income (Sch. F/Form 4835) (cont.)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<b>19</b> p2
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

### FARM INCOME (continued)

Other income:

	2021 Amount	2020 Amount
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

### FARM EXPENSES

Car and truck expenses (not entered elsewhere) .....		
Chemicals .....		
Conservation expenses .....		
Custom hire (machine work) .....		
Employee benefit programs .....		
Feed purchased .....		
Fertilizers and lime .....		
Freight and trucking .....		
Gasoline, fuel, and oil .....		
Insurance (other than health) .....		
Mortgage interest (paid to banks, etc.) .....		
Other interest (not entered elsewhere) .....		
Labor hired .....		
Pension and profit sharing - contributions .....		
Pension and profit sharing plans - admin. and education costs .....		
Rent - vehicles, machinery, and equipment (not entered elsewhere) .....		
Rent - other (land, animals, etc.) .....		
Repairs and maintenance .....		
Seeds and plants purchased .....		
Storage and warehousing .....		
Supplies purchased .....		
Taxes (not entered elsewhere) .....		
Utilities .....		
Veterinary, breeding, and medicine .....		
Capitalized preproductive period expenses (also enter below) .....		

Other expenses:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2021	1040	US	Partnership and S corporation Information	20.1,20.2
Please add, change or delete 2021 information as appropriate. Be sure to attach all Schedule K-1s.				
PARTNERSHIP INFORMATION (20.1)				
No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
S CORPORATION INFORMATION (20.2)				
No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
				20.1,20.2

2021	1040	US	Estate or Trust and REMIC Information	20.3,20.4
<div>Please add, change or delete 2021 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs.</div>				
ESTATE OR TRUST INFORMATION (20.3)				
No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number	
REMIC INFORMATION (20.4)				
No.	Name of REMIC	Employer Identification Number		
				20.3,20.4



Series: 61 Asset Disposition List

Series: 61 Asset Acquisition List

2021

1040

US

Vehicle Expenses

No.

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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2021 Amount	2020 Amount
Description of vehicle .....		
1=no evidence to support your deduction .....		
1=no written evidence to support your deduction .....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use .....		
1=vehicle used primarily by more than 5% owner .....		
Number of months of business use if changed from 100% personal use .....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year) .....		
Business mileage .....		
Commuting mileage (for the tax year) .....		
Average daily round-trip commute .....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only) .....		
Gasoline, lube, oil .....		
Repairs .....		
Tires .....		
Insurance .....		
Miscellaneous .....		
Auto license (other than personal property taxes) .....		
Personal property taxes (based on car's value) .....		
Interest (car loan) (for Schedule C, E & F) .....		
Vehicle rent or lease payments .....		
Inclusion amount (enter as positive) .....		
Value of employer-provided vehicle on Form W-2 (2106) .....		

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<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Adjustments to Income</b>	<b>24</b>
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Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

### TRADITIONAL IRA CONTRIBUTIONS

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) .....				
Contributions made to date .....				
1=covered by plan, 2=not covered .....				
2021 payments from 1/1/22 to 4/15/22 .....				

### ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) .....				
Contributions made to date .....				

### SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Defined benefit contributions you expect to make .....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Plan contribution rate if not .25 (.xxxx) .....				
Individual 401k: SE elective deferrals (except Roth) (1=max.) .....				
Individual 401k: SE designated Roth contributions (1=max.) .....				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....				
Employer matching rate if not .03 (.xxxx) .....				
1=nonelective contributions (2%) .....				
Contributions made to date .....				

### ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care) .....				
Long-term care premiums .....				
Student loan interest paid (1098-E, box 1) .....				
Educator expenses (kindergarten thru grade 12) .....				
Jury duty pay given to employer .....				
Expenses from rental of personal property .....				
Other adjustments to income:				
_____				
_____				
_____				

Alimony paid:	Taxpayer	Spouse
Date of divorce or sep. agreement .....		
Recipient's first name .....		
Recipient's last name .....		
Recipient's SSN .....		
Amount paid .....	2020 amt:	2020 amt:

	<b>24</b>
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<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions</b>
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**Please enter all pertinent 2021 amounts and attach all 1098 forms.**  
**Last year's amounts are provided for your reference.**

### MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2021 Amount	TS	2020 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

### TAXES PAID (State and local withholding and 2021 estimates are automatic.)

State income taxes - 1/21 payment on 2020 state estimate .....			
State income taxes - paid with 2020 state return extension .....			
State income taxes - paid with 2020 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/21 payment on 2020 city/local estimate .....			
City/local income taxes - paid with 2020 city/local extension .....			
City/local income taxes - paid with 2020 city/local return .....			

### SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2021 purchases .....			
Use taxes paid with 2020 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

### OTHER TAXES PAID

Real estate taxes - principal residence:			
_____			
_____			
Real estate taxes - held for investment :			
_____			
_____			
_____			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...			
Foreign income taxes .....			
Other taxes:			
_____			

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<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions (continued)</b>	<b>25</b> p2
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

## INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2021 Amount

TS

2020 Amount


Home mortgage interest not reported on Form 1098:

Payee's name.....	
Payee's SSN or FEIN.....	
Payee's street address.....	
Payee's city.....	
Payee's state.....	
Payee's ZIP code.....	
Payee's region.....	
Payee's postal code.....	
Payee's country.....	

Amount paid.....		
------------------	--	--

Points not reported on Form 1098:


Mortgage insurance premiums on post 12/31/06 contracts (Box 4) .....

--	--	--

Investment interest (interest on margin accounts):


--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

## CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:


Volunteer expenses (out-of-pocket) .....		
--	--	--

Number of charitable miles .....		
----------------------------------	--	--

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:


Volunteer expenses (out-of-pocket) .....		
--	--	--

Number of charitable miles .....		
----------------------------------	--	--

	<b>25</b> p2
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<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions (continued)</b>	<b>25</b> p3
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

### NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2021 Amount

TS

2020 Amount



30% limitation (see above):



30% capital gain property (gifts of capital gain property to 50% limit orgs.):



20% capital gain property (gifts of capital gain property to non-50% limit orgs.):



### STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues .....

--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):



Investment expense:



Tax return preparation fee .....

Safe deposit box rental .....


Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):



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## OTHER MISCELLANEOUS DEDUCTIONS

Other miscellaneous deductions:

[illegible]



<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions (continued)</b>	<b>25</b> p5
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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2021 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2021 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2021 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

	2021 Amount	TS	2020 Amount
Fair market value of the property on the date that the last debt was secured .			
Home acquisition and grandfather debt on the date that the last debt was secured .			

### LOAN INFORMATION

#### Loan #1

Lender's name . . . . .

Form (see table) . . . . .

Number of form . . . . .

1=taxpayer, 2=spouse, blank=joint . . . . .

Interest paid . . . . .

Points paid . . . . .

Total principal paid . . . . .

Lump sum principal payment (if paid off) . . . . .

Months outstanding (if not 12) . . . . .

1=home acquisition debt incurred after 12/15/17 . . . . .

Home acquisition debt balance - beginning of year . . . . .

Home acquisition debt borrowed in 2021 . . . . .

Home equity debt balance - beginning of year . . . . .

Home equity debt borrowed in 2021 . . . . .

Grandfather debt balance - beginning of year . . . . .


#### Loan #2

Lender's name . . . . .

Form (see table) . . . . .

Number of form . . . . .

1=taxpayer, 2=spouse, blank=joint . . . . .

Interest paid . . . . .

Points paid . . . . .

Total principal paid . . . . .

Lump sum principal payment (if paid off) . . . . .

Months outstanding (if not 12) . . . . .

1=home acquisition debt incurred after 12/15/17 . . . . .

Home acquisition debt balance - beginning of year . . . . .

Home acquisition debt borrowed in 2021 . . . . .

Home equity debt balance - beginning of year . . . . .

Home equity debt borrowed in 2021 . . . . .

Grandfather debt balance - beginning of year . . . . .


#### Form

- 1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

	<b>25</b> p5
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## LOAN INFORMATION (continued)

2021 Amount	TS	2020 Amount
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[illegible][illegible]

1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

2021

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2021, please complete the information below for each donee using the following guidelines:

\* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

\* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

### DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City .....		
	State .....		
	ZIP code .....		
	1=spouse, 2=joint .....		
	Property description (other than vehicle) .....		
	Vehicle	Identification number (VIN) .....	
		Year (yyyy) .....	
		Make and model .....	
		Condition and mileage .....	
	Date of contribution (m/d/y) .....		
	Date acquired by donor (m/y) .....		
	How acquired by donor (Table 1 or describe) .....		
Donor's cost or basis .....			
Fair market value .....			
Method used to determine FMV (Table 2 or describe) .....			

No. <input type="text"/>	Name of charitable organization (donee) .....		
	Street address .....		
	City .....		
	State .....		
	ZIP code .....		
	1=spouse, 2=joint .....		
	Property description (other than vehicle) .....		
	Vehicle	Identification number (VIN) .....	
		Year (yyyy) .....	
		Make and model .....	
		Condition and mileage .....	
	Date of contribution (m/d/y) .....		
	Date acquired by donor (m/y) .....		
	How acquired by donor (Table 1 or describe) .....		
Donor's cost or basis .....			
Fair market value .....			
Method used to determine FMV (Table 2 or describe) .....			

1

#### How Property was Acquired

1 = Purchase                      3 = Inheritance  
2 = Gift                            4 = Exchange

2

#### Method Used to Determine FMV

1 = Appraisal                      3 = Catalog  
2 = Thrift shop value            4 = Comparable sales

For other methods, see IRS Pub. 561.

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US

Business Use of Home (Form 8829)

No. 

29

Please enter 2021 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

Form.....  
 Number of form (e.g., enter 2 for Schedule C number 2) .....  
 Business use area (square footage) .....  
 Total area of home (square footage) .....  
 Total hours facility used (for daycare facilities only) .....  
 Total hours available (if not 8,760) .....  
 Area of home included above used exclusively for daycare business, if any (sq ft) .....  
 % (.xx) or amount of gross income from home if not 100% (-1 if none) .....  
 % (.xx) or amount of expenses from home if not 100% (-1 if none) .....

2021 Amount

2020 Amount


**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home.  
They benefit both the business and personal parts of your home.

Mortgage interest.....  
 Real estate taxes.....  
 Casualty losses.....  
 Insurance.....  
 Miscellaneous.....  
 Rent.....  
 Repairs and maintenance.....  
 Utilities.....  
 Excess mortgage interest.....  
 Excess real estate taxes.....  
 Other indirect expenses:



**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include  
painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....  
 Real estate taxes.....  
 Casualty losses.....  
 Insurance.....  
 Miscellaneous.....  
 Rent.....  
 Repairs and maintenance.....  
 Utilities.....  
 Excess mortgage interest.....  
 Excess real estate taxes.....  
 Excess casualty losses.....  
 Allowable casualty losses.....  
 Other direct expenses:



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2021	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No. <input type="text"/>	30
------	------	----	--	--------------------------	----

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

### GENERAL INFORMATION

Occupation, if different from Form 1040 .....	<input type="text"/>	
Form .....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.) .....	<input type="text"/>	
1=spouse .....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official .....	<input type="text"/>	
1=minister's expenses .....	<input type="text"/>	

### EMPLOYEE BUSINESS EXPENSES

	2021 Amount	2020 Amount
Meal and entertainment expenses .....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1 .....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance) .....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.) .....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight .....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1 .....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

### VEHICLE INFORMATION

1=vehicle used primarily by more than 5% owner .....

1=vehicle is available for off-duty personal use .....

1=no other vehicle is available for personal use .....

1=no evidence to support your deduction .....

1=no written evidence to support your deduction .....

2021 Amount	2020 Amount

### VEHICLE 1

Description of vehicle .....

Date placed in service (m/d/y) .....

Total mileage (for the tax year) .....

Business mileage .....

Commuting mileage (for the tax year) .....

Average daily round-trip commute .....

Number of months of business use if changed from 100% personal use .....

Parking fees and tolls (business portion only) .....


#### Actual expenses:

Gasoline, lube, oil .....

Repairs .....

Tires .....

Insurance .....

Miscellaneous .....

Auto license (other than personal property taxes) .....

Personal property taxes (based on car's value) .....

Interest (car loan) (for Schedule C, E & F) .....

Vehicle rent or lease payments .....

Inclusion amount (enter as positive) .....

Value of employer-provided vehicle on Form W-2 (2106) .....


### VEHICLE 2

Description of vehicle .....

Date placed in service (m/d/y) .....

Total mileage (for the tax year) .....

Business mileage .....

Commuting mileage (for the tax year) .....

Average daily round-trip commute .....

Number of months of business use if changed from 100% personal use .....

Parking fees and tolls (business portion only) .....


#### Actual expenses:

Gasoline, lube, oil .....

Repairs .....

Tires .....

Insurance .....

Miscellaneous .....

Auto license (other than personal property taxes) .....

Personal property taxes (based on car's value) .....

Interest (car loan) (for Schedule C, E and F) .....

Vehicle rent or lease payments .....

Inclusion amount (enter as positive) .....

Value of employer-provided vehicle on Form W-2 (2106) .....


2021

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US

## Foreign Income Exclusion (Form 2555)

No. 

31.1

Please enter all pertinent 2021 information.

## GENERAL INFORMATION

1=spouse.....

--	--

Foreign address of taxpayer, if different from Form 1040:

Street address.....

--

City.....

--

Region.....

--

Postal code.....

--

Country.....

--

Employer:

Name.....

--

U.S. street address.....

--

U.S. city.....

--

U.S. state.....

--

U.S. ZIP code.....

--

Foreign street address.....

--

Foreign city.....

--

Foreign region.....

--

Foreign postal code.....

--

Foreign country.....

--

Employer type: 1=foreign entity, 2=U.S. company,  
3=self, 4=foreign affiliate of U.S. company, 5=other.....

--	--

Employer type, if other.....

--

Type of exclusion revoked if revoked in earlier year (if applicable):

Tax year revocation was effective



Country of citizenship.....

--

City and country of separate foreign residence if maintained due to  
adverse living conditions (if applicable):Number of days during tax year at separate  
foreign address (if applicable)



Tax homes(s) during tax year:

Dates tax home(s) were  
established (m/d/y)



31.1

2021

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US

Foreign Income Exclusion (2555)

No. 

31.1 p2

Please enter all pertinent 2021 information.

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2021 as well as travel for 2022 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y) .....

Ending date for bona fide residence (m/d/y) .....

Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer .....

Names of family living abroad with taxpayer (if applicable):

Relationship

Period family lived abroad


1=submitted statement to country of bona fide residence .....

1=required to pay income tax to country of bona fide residence .....

Contractual terms relating to length of employment abroad .....

Type of visa you entered foreign country under .....

Explanation why visa limited stay or employment in country (if applicable) .....


Address of home in U.S. maintained while living abroad (if applicable):

ZIP Code

1=U.S. home rented (if applicable)


Names of occupants in U.S. home (if applicable)

Relationship of occupants in U.S. home (if applicable)


Principal country of employment .....

**FOREIGN HOUSING EXPENSES**

2021 Amount

2020 Amount

Qualified housing expenses .....

--	--	--

Location of housing expenses:

Qualifying days in location (multiple locations only)


**Travel Type**

- 1 = Travel to U.S. (default)
- 2 = Travel to foreign country
- 3 = Travel to restricted country

31.1 p2



<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Foreign Income Exclusion (Form 2555)</b>	No. <span style="border: 1px solid black; padding: 0 10px;"> </span>	<b>31.2</b>
-------------	-------------	-----------	---	--	-------------

Please enter all pertinent 2021 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

### FOREIGN WAGES, SALARIES, TIPS

	2021 Amount	2020 Amount
Name or number.....		
1=spouse.....		
1=retirement plan (Box 13).....		
Name of employer (Box c).....		
Wages, tips, other compensation (Box 1).....		
Federal income tax withheld (Box 2).....		
Social security tax withheld (Box 4).....		
Medicare tax withheld (Box 6).....		
State income tax withheld (Box 17).....		
Local income tax withheld (Box 19).....		

### FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

#### Noncash Income

Home (lodging).....		
Meals.....		
Car.....		
Other properties or facilities:		

#### Allowances and Reimbursements

Cost of living and overseas differential.....		
Family.....		
Education.....		
Home leave.....		
Quarters.....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119).....		
--	--	--

#### Other Foreign Earned Income


#### 2021 Days Worked Allocation Information

Total number of days worked (if not 240).....		
Total days worked before and after foreign assignment.....		
Foreign days worked before and after foreign assignment.....		

	<b>31.2</b>
--	-------------

2021	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2021 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

## HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2021, a high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$ 7,000 for self-only coverage or \$14,000 for family coverage.

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage .....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) .....				
Contributions included above that were made after you became eligible for Medicare .....				
Contributions made to date .....				

## HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...				
Distributions included above that were rolled over to another HSA .....				
Total unreimbursed qualified medical expenses ....				

<b>2021</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2021 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2021 .....				
Employer-provided benefits forfeited in 2021 .....				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width: 40px;" type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2021 .....		2020 amt:
	1=disabled .....		
	1=spouse, 2=joint .....		

No. <input style="width: 40px;" type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2021 .....		2020 amt:
	1=disabled .....		
	1=spouse, 2=joint .....		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width: 40px;" type="text"/>	Name of provider .....		
	Street address .....		
	City .....		
	State .....		
	ZIP code .....		
	Foreign region .....		
	Foreign postal code .....		
	Foreign country .....		
	Identification number (SSN or EIN) .....		
	Amount paid to care provider in 2021 .....		2020 amt:
	1=spouse, 2=joint .....		

**33.1,33.2**

2021

1040

US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

## ELIGIBLE CHILDREN

2021 Amount

2020 Amount

No. <input type="text"/>	First name .....		
	Last name .....		
	Identification number .....		
	Date of birth (m/d/y) .....		
	1=born before 2004 and was disabled .....		
	1=special needs child .....		
	1=foreign child .....		
	1=adoption was not final in 2021 .....		
	Qualified Adoption Expenses Paid in 2020 for adoption not finalized by end of 2021 .....		
		Prior years for adoption of foreign child finalized in 2021 .....	
2020 and 2021 for adoption finalized in 2021 .....			
2021 for adoption finalized before 2021 .....			
1=spouse, 2=joint .....			

No. <input type="text"/>	First name .....		
	Last name .....		
	Identification number .....		
	Date of birth (m/d/y) .....		
	1=born before 2004 and was disabled .....		
	1=special needs child .....		
	1=foreign child .....		
	1=adoption was not final in 2021 .....		
	Qualified Adoption Expenses Paid in 2020 for adoption not finalized by end of 2021 .....		
		Prior years for adoption of foreign child finalized in 2021 .....	
2020 and 2021 for adoption finalized in 2021 .....			
2021 for adoption finalized before 2021 .....			
1=spouse, 2=joint .....			

No. <input type="text"/>	First name .....		
	Last name .....		
	Identification number .....		
	Date of birth (m/d/y) .....		
	1=born before 2004 and was disabled .....		
	1=special needs child .....		
	1=foreign child .....		
	1=adoption was not final in 2021 .....		
	Qualified Adoption Expenses Paid in 2020 for adoption not finalized by end of 2021 .....		
		Prior years for adoption of foreign child finalized in 2021 .....	
2020 and 2021 for adoption finalized in 2021 .....			
2021 for adoption finalized before 2021 .....			
1=spouse, 2=joint .....			

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US

Education Credits / Tuition Deduction

No. 

38

Please complete the information below if you paid qualified education expenses in 2021 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.  
Last year's amounts are provided for your reference.

**STUDENT INFORMATION**

1=taxpayer, 2=spouse.....

First name.....

Last name.....

Social security number.....

Number of years hope credit claimed.....

Number of prior years AOC claimed.....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2021 (or the first 3 months of 2022 if the qualified expenses were made in 2021) at an eligible institution in a qualified program.....

1=student completed first four years of post-secondary education before 2021.....

1=student was convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance.....

**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2021 Form 1098-T was NOT received.....

1=2021 Form 1098-T received with Box 2 &amp; 7 completed.....

1=2020 Form 1098-T received with Box 2 &amp; 7 completed.....

Federal ID number from Form 1098-T.....

**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2021 Form 1098-T was NOT received.....

1=2021 Form 1098-T received with Box 2 &amp; 7 completed.....

1=2020 Form 1098-T received with Box 2 &amp; 7 completed.....

Federal ID number from Form 1098-T.....

**QUALIFIED EDUCATION EXPENSES**

Qualified tuition &amp; fees paid in 2021 (net of refund or assistance, &amp; not entered elsewhere).....

Books &amp; supplies required to be purchased from institution.....

Books &amp; supplies not entered above.....

Amount of prior year refund or assistance \*.....

2021 Amount

2020 Amount


\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

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2021

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US

## Household Employment Taxes (Schedule H)

42

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

## HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$ 2,300 or more in 2021; withheld federal income tax during 2021 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to household employees, please complete the following:

Employer identification number .....  
 1=spouse, 2=joint .....


Social security, Medicare and income taxes:

2021 Amount

2020 Amount

1=paid any one employee cash wages of \$2,300 or more .....

1=withheld federal income tax for household employee .....

Total cash wages subject to social security taxes .....

Total cash wages subject to Medicare taxes .....

Federal income tax withheld .....

Taxes withheld from state disability payments .....


Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 .....

Total cash wages subject to FUTA tax .....

1=paid unemployment contributions to only one state .....

1=paid all state unemployment contributions by 4/15/22 .....

1=all wages taxable for FUTA were also taxable for state unemployment .....

Name of state .....

Contributions paid to state unemployment fund .....


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2021

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US

Parent's Election to Report Child's Inc.

No. 

44

Please enter all pertinent 2021 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**CHILD'S INFORMATION**

First name.....	
Last name.....	
Social security number.....	
Date of birth (m/d/y).....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

**INTEREST INCOME (Form 1099-INT)**

Banks, credit unions, etc. (Box 1):

2021 Amount

2020 Amount

---


U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):

---


Tax-exempt interest:

Total municipal bonds.....


In-state municipal bonds.....

Adjustments:

Nominee distribution.....


Accrued interest.....

Tax-exempt interest (1099-INT in error).....


OID adjustment.....

ABP adjustment.....


Foreign:

1=interest in or authority over foreign account.....


Name of foreign country.....

1=grantor/transferor or received distribution from foreign trust.....


Post 8/7/86 private activity bond interest (included above) (6251).....


**DIVIDEND INCOME (Form 1099-DIV)**

Total ordinary dividends (Box 1a):

---


Qualified dividends (Box 1b).....


Total capital gain distributions (Box 2a):

---


Unrecaptured section 1250 gain (Box 2b).....

Section 1202 gain (Box 2c).....

Collectibles (28%) gain (Box 2d).....

Nontaxable distributions (Box 3).....


Tax-exempt interest:

Total municipal bonds.....


In-state municipal bonds.....

Nominee distributions:

Ordinary dividends.....


Qualified dividends.....

Capital gain distributions.....


Alaska permanent fund dividends included above.....

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2021	1040	US	Report of Foreign Bank and Financial Accounts	82.1
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

## GENERAL INFORMATION

	2021 Amount	2020 Amount
Canadian province or Mexican state .....		
Other type of filer .....		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Spouse:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Taxpayer:		
Title .....		
Spouse:		
Title .....		



2021	1040	US	Report of Foreign Bank & Fin. Accts.	No. <input type="text"/>	82.1 p2
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Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

### INFORMATION ON FINANCIAL ACCOUNTS

	2021 Amount	2020 Amount
1=spouse.....		
Type of account: 1=bank account, 2=securities account, or specify .....		
Maximum value of account (-1 if unknown) .....		
Financial institution:		
Name of institution (Line 1) (mandatory) .....		
Name of institution (Line 2) .....		
Mailing address.....		
Account number .....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts owned jointly:		
Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer) .....		
Principal joint owner:		
Taxpayer identification number, if not joint filer .....		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....		
Last name .....		
First name.....		
Middle initial.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts where filer has no financial interest:		
Last name or org. name (mandatory) .....		
First name.....		
Middle initial.....		
Taxpayer identification number .....		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Filer's title.....		

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US

Foreign Reporting (8938)

No. 

82.2 p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

**FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)**

	2021 Amount	2020 Amount
Description of asset .....		
Type of account: 1=deposit, 2=custodial .....		
Use financial institution information from Form 114 .....		
Financial institution information (if not filing Form 114):		
Maximum value of account during year .....		
Name of institution .....		
Account number (mandatory for part I) .....		
Mailing address of institution .....		
City of institution .....		
State/province of institution .....		
Postal code of institution .....		
Country of institution .....		
1=account opened during year .....		
1=account closed during year .....		
1=account jointly owned with spouse .....		
1=no tax item in Part III with respect to this account .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which account is maintained .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		

**OTHER FOREIGN ASSETS (Part II)**

Identifying number or other designation (mandatory for part II) .....		
Date asset acquired during year (m/d/y) .....		
Date asset disposed of during year (m/d/y) .....		
1=jointly owned with spouse .....		
1=no tax item in Part III with respect to this asset .....		
Maximum value of asset during year .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which asset is denominated .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		
Foreign entity information (complete if stock or interest):		
Name of entity .....		
Type of entity .....		
Mailing address of entity .....		
City of entity .....		
State/province of entity .....		
Postal code of entity .....		
Country of entity .....		

1

**Type of Entity**

- 1 = Partnership  
 2 = Corporation  
 3 = Trust  
 4 = Estate

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2021

1040

US

Foreign Reporting (8938) (continued)

No. 

82.2 p2

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

### OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name .....

1=issuer, 2=counterparty .....

Type of issuer or counterparty (see table 2) .....

Issuer or counterparty: 1=US person, 2=foreign person .....

Mailing address .....

City.....

State/province .....

Postal code .....

Country .....


Issuer or counterparty (#2):

Name .....

1=issuer, 2=counterparty .....

Type of issuer or counterparty (see table 2) .....

Issuer or counterparty: 1=US person, 2=foreign person .....

Mailing address .....

City.....

State/province .....

Postal code .....

Country .....


Issuer or counterparty (#3):

Name .....

1=issuer, 2=counterparty .....

Type of issuer or counterparty (see table 2) .....

Issuer or counterparty: 1=US person, 2=foreign person .....

Mailing address .....

City.....

State/province .....

Postal code .....

Country .....


Issuer or counterparty (#4):

Name .....

1=issuer, 2=counterparty .....

Type of issuer or counterparty (see table 2) .....

Issuer or counterparty: 1=US person, 2=foreign person .....

Mailing address .....

City.....

State/province .....

Postal code .....

Country .....


2

#### Type of Issuer or Counterparty

- 1 = Individual
- 2 = Partnership
- 3 = Corporation
- 4 = Trust
- 5 = Estate

82.2 p2

Series: Additional Information