

**Prepared By:**

Dievendorf and Company  
323 Delaware Ave  
Delmar, NY 12054-1920

**Prepared For:**

**NEW CLIENT**

**2021 Client Organizer**

**Dievendorf and Company  
323 Delaware Ave  
Delmar, NY 12054-1920  
518-439-1040**

NEW CLIENT

Dear NEW CLIENT:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2021 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2020 personal income tax return.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as \*\*\*-\*\*-6789, an account number as \*\*\*\*\*6789, and a date of birth as \*\*/ \*\*/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2021 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The **Client Questionnaire** asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions.

**The Client Questionnaire must be completed and signed in order for a return to be prepared.**

***You will also need to provide the following information because we work from original documents which will be returned to you:***

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, virtual currencies, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements and receipts supporting qualified educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- All Forms 1099-QA and/or 5498-QA related to ABLE (Achieving a Better Life Experience) account.
- All Forms 1099-H related to Health Coverage Tax Credit (HCTC) advance payments.
- Statements supporting deductions for mortgage interest (Forms 1098), taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
  
- **Notice 1444-C and Letter 6475**, Your 2021 Economic Impact Payment, showing the amount of the Economic Impact Payment (EIP3) you received, or a document from your bank.
- **Notice CP-21 or CP-22** showing an adjustment to your refund or balance due to an IRS adjustment to your tax return for the exclusion of unemployment compensation and/or Advance Premium Tax Credit as a result of the American Rescue Plan Act (ARPA).
- **Letter 6419** showing advanced Child Tax Credit (CTC) payments you received in July, August, September, October, November, and December.
  
- Six-digit Identity Protection PIN if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
  
- *A copy of your income tax return from last year, if not prepared by this office.*

**Dievendorf and Company**  
**323 Delaware Ave**  
**Delmar, NY 12054-1920**  
**518-439-1040**

NEW CLIENT

Dear NEW CLIENT:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2021 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. Our fee for these services will be based upon our published billing rates plus any additional required time to prepare a complete and accurate return from your information. All invoices are due and payable upon presentation.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. Your returns may be selected for review by the taxing authorities. Any proposed adjustments and notices should be provided to us for response or rebuttal.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office with your tax information. We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Dievendorf and Company

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

## Questions

Please check the appropriate box and include all necessary details and documentation. These are your attestations and you must sign and date on the last page.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200? (interest or dividends)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases and Sales</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>

## Income Information

	Y	N
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services)?	<input type="checkbox"/>	<input type="checkbox"/>

## Retirement Information

Are you an active participant in a pension or retirement plan although you are still working?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster or COVID?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2021?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

## Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLÉ (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

## Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through <a href="https://healthcare.gov">healthcare.gov</a> under the Affordable Care Act? Please provide Form 1095-A.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through <a href="https://healthcare.gov">healthcare.gov</a> under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>

## Health Care Information continued

	Y	N
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments?	<input type="checkbox"/>	<input type="checkbox"/>

## Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year?.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

## Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable and the debtor was notified in writing?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

## COVID-19 Tax Changes and Important Information

	Y	N
Did you receive an Economic Impact Payment (EIP3) <i>as reported on Notice 1444-C</i> ? This is the stimulus payment after Biden was elected. How much? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an adjustment to your refund or balance due for the exclusion of unemployment compensation and/or Advance Premium Tax Credit as a result of the American Rescue Plan Act (ARPA)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive advanced Child Tax Credit (CTC) payments in July, August, September, October, November, and December? If so, how much per month? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols <i>while working in a state that was not your home state</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>

---

Signature and Date

Form ID: 1040 **Personal Information** **1**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) 2[1]  
 Mark if you were married but living apart all year \_\_\_\_\_[2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_[3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	<b>NEW CLIENT</b> _____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) <u>2</u> [12]		<u>2</u> [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number _____ [28] _____ [29]		_____ [30] _____ [31]
Home/evening telephone number _____ [32]		_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N) <u>Y</u> [34]		

**Present Mailing Address**

Address \_\_\_\_\_ [40]  
 Apartment number \_\_\_\_\_ [41]  
 City, state postal code, zip code \_\_\_\_\_ [42] \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Foreign country name \_\_\_\_\_ [46]  
 Foreign phone number \_\_\_\_\_ [49]  
 In care of addressee \_\_\_\_\_ [50]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>51]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [52]  
 Social security number of qualifying person \_\_\_\_\_ [53]

**Dependent Codes**

<b>*Basic</b>	1 = Child who lived with you	<b>**Other</b>	1 = Student (Age 19 - 23)
	2 = Child who did not live with you due to divorce/separation		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit		
<b>***Months</b>	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

## Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

	<b>Taxpayer</b>	<b>Spouse</b>
Fax telephone number	_____ [11]	_____ [20]
Mobile telephone number	_____ [12]	_____ [21]
Mobile telephone #2 number	_____ [13]	_____ [22]
Pager number	_____ [14]	_____ [23]
Other:	_____ [15]	_____ [24]
Telephone number	_____ [16]	_____ [25]
Extension	_____ [17]	_____ [26]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	_____ [18]	_____ [27]

**NOTES/QUESTIONS:**



**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]

Identification number \_\_\_\_\_ [2]

Issue date \_\_\_\_\_ [3]

Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]

Location of issuance (State issued only) \_\_\_\_\_ [5]

Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [9]

Identification number \_\_\_\_\_ [10]

Issue date \_\_\_\_\_ [11]

Expiration date (mm/dd/yyyy) \_\_\_\_\_ [12]

Location of issuance (State issued only) \_\_\_\_\_ [13]

Document number (New York only) \_\_\_\_\_ [14]

---

**NOTES/QUESTIONS:**

If you have an overpayment of 2021 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]  
Applied to 2022 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2022 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect a considerable change in your deductions for 2022? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect a considerable change in the amount of your 2022 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect a change in the number of dependents claimed for 2022? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) \_\_\_\_\_ [74]

**2021 Federal Estimated Tax Payments**

2020 overpayment applied to 2021 estimates + \_\_\_\_\_ [1]  
Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/21	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/21	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/21	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/18/22	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]		

**\*Method of payment indicated in prior year**  
EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System  
Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
**State postal code** \_\_\_\_\_ [2]

Amount paid with 2020 return + \_\_\_\_\_ [3]  
 2020 overpayment applied to '21 estimates + \_\_\_\_\_ [4]  
 Treat calculated amounts as paid \_\_\_\_\_ [8]

	Date Paid		Amount Paid		Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]		_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]		
3rd quarter payment	_____ [13]	+	_____ [14]		
4th quarter payment	_____ [15]	+	_____ [16]		
Additional payment	_____ [17]	+	_____ [18]		

<b>2021 City Estimated Tax Payments</b>
---

	City #1		City #2
City name	_____ [28]	City name	_____ [50]
Amount paid with 2020 return	+ _____ [31]	Amount paid with 2020 return	+ _____ [53]
2020 overpayment applied to '21 estimates	- _____ [32]	2020 overpayment applied to '21 estimates	- _____ [54]
Treat calculated amounts as paid	_____ [36]	Treat calculated amounts as paid	_____ [58]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [37]	+	_____ [38]	1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]	2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]	3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]	4th quarter payment	_____ [65]	+	_____ [66]

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

	City #3		City #4
City name	_____ [72]	City name	_____ [94]
Amount paid with 2020 return	+ _____ [75]	Amount paid with 2020 return	+ _____ [97]
2020 overpayment applied to '21 estimates	- _____ [76]	2020 overpayment applied to '21 estimates	- _____ [98]
Treat calculated amounts as paid	_____ [80]	Treat calculated amounts as paid	_____ [102]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [81]	+	_____ [82]	1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]	2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]	3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]	4th quarter payment	_____ [109]	+	_____ [110]

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount	
1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____





## Interest Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals +

## Dividend Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
<b>1</b>	Payer											
	Amounts +											
<b>2</b>	Payer											
	Amounts +											
<b>3</b>	Payer											
	Amounts +											
<b>4</b>	Payer											
	Amounts +											
<b>5</b>	Payer											
	Amounts +											
<b>6</b>	Payer											
	Amounts +											
<b>7</b>	Payer											
	Amounts +											
<b>8</b>	Payer											
	Amounts +											
<b>9</b>	Payer											
	Amounts +											
<b>10</b>	Payer											
	Amounts +											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee



State and local income tax refunds + \_\_\_\_\_ [5] **Prior Year Information**

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

\*\*Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

Unemployment compensation\*\* Taxpayer Spouse Prior Year Information

Table with columns: T/S/J, Self-Employment Income?, 2021 Information, Prior Year Information. Rows include 'Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships'.

NOTES/QUESTIONS:

Please provide all Forms 1099-MISC

Preparer use only

	2021 Information	Prior Year Information
Name of payer	_____ [3]	
Taxpayer/Spouse/Joint (T, S, J)	_____ [5]	
State postal code	_____ [6]	
Rents (Box 1)	+ _____ [13]	
Royalties (Box 2)	+ _____ [15]	
Other income (Box 3)	+ _____ [17]	
Federal income tax withheld (Box 4)	+ _____ [19]	
Fishing boat proceeds (Box 5)	+ _____ [21]	
Medical and health care payments (Box 6)	+ _____ [23]	
Payer made direct sales of \$5,000 or more of consumer products (Box 7)	_____ [27]	
Substitute payments in lieu of dividends or interest (Box 8)	+ _____ [29]	
Crop Insurance proceeds (Box 9)	+ _____ [31]	
Gross proceeds paid to an attorney (Box 10)	+ _____ [36]	
Fish purchased for resale (Box 11)	+ _____ [38]	
Section 409A deferrals (Box 12)	+ _____ [40]	
Excess golden parachute payments (Box 13)	+ _____ [42]	
Nonqualified deferred compensation (Box 14)	+ _____ [44]	
State tax withheld (Box 15)	+ _____ [46]	
State/Payer's state no. (Box 16)	_____ [48]	
State income (Box 17)	+ _____ [49]	

Control Totals +

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

Preparer use only

	2021 Information	Prior Year Information
Name of payer	_____ [3]	
Taxpayer/Spouse/Joint (T, S, J)	_____ [5]	
State postal code	_____ [6]	
Rents (Box 1)	+ _____ [13]	
Royalties (Box 2)	+ _____ [15]	
Other income (Box 3)	+ _____ [17]	
Federal income tax withheld (Box 4)	+ _____ [19]	
Fishing boat proceeds (Box 5)	+ _____ [21]	
Medical and health care payments (Box 6)	+ _____ [23]	
Payer made direct sales of \$5,000 or more of consumer products (Box 7)	_____ [27]	
Substitute payments in lieu of dividends or interest (Box 8)	+ _____ [29]	
Crop Insurance proceeds (Box 9)	+ _____ [31]	
Gross proceeds paid to an attorney (Box 10)	+ _____ [36]	
Fish purchased for resale (Box 11)	+ _____ [38]	
Section 409A deferrals (Box 12)	+ _____ [40]	
Excess golden parachute payments (Box 13)	+ _____ [42]	
Nonqualified deferred compensation (Box 14)	+ _____ [44]	
State tax withheld (Box 15)	+ _____ [46]	
State/Payer's state no. (Box 16)	_____ [48]	
State income (Box 17)	+ _____ [49]	

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 1099-R.

2021 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
 Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
 Federal withholding (Box 4) + \_\_\_\_\_ [11]  
 Distribution code (Box 7) \_\_\_\_\_ [14]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
 State withholding (Box 14) + \_\_\_\_\_ [17]  
 Local withholding (Box 17) + \_\_\_\_\_ [19]  
 Amount of rollover + \_\_\_\_\_ [21]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]


Control Totals+

**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

2021 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
 Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
 Federal withholding (Box 4) + \_\_\_\_\_ [11]  
 Distribution code (Box 7) \_\_\_\_\_ [14]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
 State withholding (Box 14) + \_\_\_\_\_ [17]  
 Local withholding (Box 17) + \_\_\_\_\_ [19]  
 Amount of rollover + \_\_\_\_\_ [21]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]


Control Totals+

**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

2021 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
 Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
 Federal withholding (Box 4) + \_\_\_\_\_ [11]  
 Distribution code (Box 7) \_\_\_\_\_ [14]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [16]  
 State withholding (Box 14) + \_\_\_\_\_ [17]  
 Local withholding (Box 17) + \_\_\_\_\_ [19]  
 Amount of rollover + \_\_\_\_\_ [21]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [23]


Control Totals+

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
State postal code \_\_\_\_\_ [2]

**Social Security Benefits**

	2021 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2021 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

**Tier 1 Railroad Benefits**

	2021 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2021 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

**Additional Information About Benefits Received**

Additional information about the benefits received not reported above. For example did you repay any benefits in 2021 or receive any prior year benefits in 2021. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

- \_\_\_\_\_ [40]
- \_\_\_\_\_ [41]
- \_\_\_\_\_ [42]
- \_\_\_\_\_ [43]
- \_\_\_\_\_ [44]

**NOTES/QUESTIONS:**

Form ID: IRA **Traditional IRA** 26

	<b>Taxpayer</b>	<b>Spouse</b>
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2021	+ _____ [5]	+ _____ [6]

	<b>Taxpayer</b>	<b>Spouse</b>
Enter the nondeductible contribution amount made for use in 2021	+ _____ [5]	+ _____ [6]
Enter the nondeductible contribution amount made in 2022 for use in 2021	+ _____ [7]	+ _____ [8]
Traditional IRA basis	+ _____ [17]	+ _____ [18]
Value of all your traditional IRA's on December 31, 2021:		
_____	+ _____ [19]	+ _____ [20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**Roth IRA**

**Please provide copies of any 1998 through 2020 Form 8606 not prepared by this office**

	<b>Taxpayer</b>	<b>Spouse</b>
Mark if you want to contribute the maximum Roth IRA contribution	__ [29]	__ [30]
Enter the total Roth IRA contributions made for use in 2021	+ _____ [31]	+ _____ [32]
Enter the amount a 2021 Roth IRA conversion should be adjusted by	+ _____ [39]	+ _____ [40]
Enter the total contribution Roth IRA basis on December 31, 2020	+ _____ [43]	+ _____ [44]
Enter the total Roth IRA contribution recharacterizations for 2021	+ _____ [45]	+ _____ [46]
Enter the Roth conversion IRA basis on December 31, 2020	+ _____ [47]	+ _____ [48]
Value of all your Roth IRA's on December 31, 2021:		
_____	+ _____ [49]	+ _____ [50]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

Alimony Paid:

T/S	Date*	2021 Information	Prior Year Information
		+ _____ [4]	
	<b>Recipient name and SSN</b>		
	<b>Address</b>		
	<b>City, state and zip code</b>		
		+ _____	
	<b>Recipient name and SSN</b>		
	<b>Address</b>		
	<b>City, state and zip code</b>		
		+ _____	
	<b>Recipient name and SSN</b>		
	<b>Address</b>		
	<b>City, state and zip code</b>		

\* Date of divorce/separation agreement

	2021 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
Other adjustments:	+ _____ [9]	+ _____ [10]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

NOTES/QUESTIONS:

T/S/J	2021 Information	Prior Year Information	
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received			
[1] _____	+ _____ [2]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Medical insurance premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.			
[4] _____	+ _____ [5]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)			
[7] _____	+ _____ [8]		
_____	+ _____		
Prescription medicines and drugs:			
[10] _____	+ _____ [11]		
_____	+ _____		
_____	+ _____		
[13] Miles driven for medical items	_____ [14]		

**Schedule A - Tax Expenses**

T/S/J	2021 Information	Prior Year Information	
State/local income taxes paid:			
[18] _____	+ _____ [19]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
2020 state and local income taxes paid in 2021:			
[21] _____	+ _____ [22]		
_____	+ _____		
_____	+ _____		
Real estate taxes paid:			
[24] _____	+ _____ [25]		
_____	+ _____		
_____	+ _____		
Personal property taxes:			
[27] _____	+ _____ [28]		
_____	+ _____		
Other taxes, such as: foreign taxes and State disability taxes			
[30] _____	+ _____ [31]		
_____	+ _____		
_____	+ _____		
Sales tax paid on major purchases:			
[36] _____	+ _____ [37]		
_____	+ _____		
Sales tax paid on actual expenses:			
[39] _____	+ _____ [40]		
_____	+ _____		
_____	+ _____		

T/S/J	2021 Interest Paid <sup>2]</sup>	2021 Points Paid	Type*	2021 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2021 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
<b>Address</b>				
<b>City, state and zip code</b>				
			+	
<b>Address</b>				
<b>City, state and zip code</b>				

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid**

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2021 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2021 (Preparer use only) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2021 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2021 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2021 \_\_\_\_\_

T/S/J	2021 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	



Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J **2021 Information** **Prior Year Information**

Unreimbursed expenses, such as: Uniforms, Professional dues,  
Business publications, Job seeking expenses, Educational expenses

__ [1]	_____	+ _____ [2]
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____

Union dues, other than amounts reported on Form W-2:

__ [4]	_____	+ _____ [5]
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____

\_\_ [7] Tax preparation fees + \_\_\_\_\_ [8]

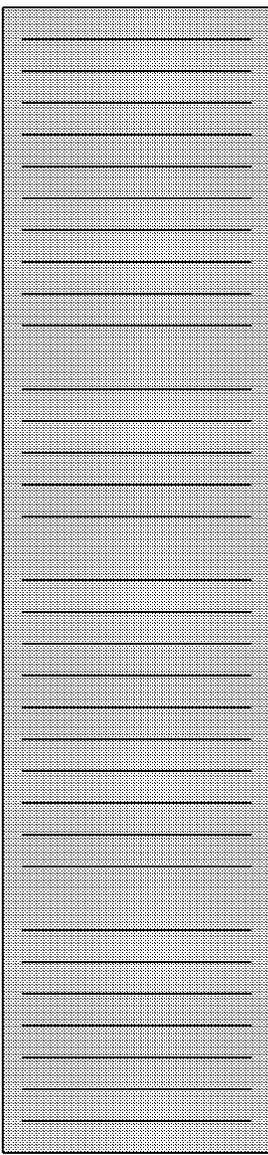
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

__ [10]	_____	+ _____ [11]
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____

\_\_ [13] Safe deposit box rental + \_\_\_\_\_ [14]

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

__ [16]	_____	+ _____ [17]
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____
—	_____	+ _____



**NOTES/QUESTIONS:**

	2021 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
_____ + _____ [2] + _____ [3]			
_____ + _____			
_____ + _____			
Self-employed long-term care premiums: (Not entered elsewhere)			
_____ + _____ [5] + _____ [6]			
_____ + _____			
_____ + _____			

**NOTES/QUESTIONS:**

**Dievendorf and Company  
323 Delaware Ave  
Delmar, NY 12054-1920  
518-439-1040**

December 22, 2021

NEW CLIENT

**CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION**

**Federal law requires this consent form be provided to you** to engage our tax preparation services. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

**You are not required to complete this form.** Because our ability to disclose your tax return information to another tax return preparer affects the tax preparation services that we provide to you and its cost, we may decline to provide you with tax preparation services or change the terms (including the cost) of tax preparation services that we provide to you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

We, Dievendorf and Company, a U.S.- based firm may disclose your 2021 tax return information to the entities listed below. The information disclosed may include information furnished to for or in connection with the preparation of your tax return(s); information derived or generated by Dievendorf and Company from the information furnished; and/or tax return information associated with prior years' returns in the possession of Dievendorf and Company. The information disclosed may also include all information contained within your tax return(s); if you wish to request a more limited disclosure of your tax return information you must inform Dievendorf and Company.

**If you and your spouse would like to agree to allow Dievendorf and Company to disclose your tax return information to the entities listed below, initial next to the authorization declaration below and sign and date this consent to the disclosure of your 2021 tax return information.**

\_\_\_\_\_ I, NEW CLIENT authorize Dievendorf and Company to disclose to the following my 2021 tax return information:

- \_\_\_\_\_ TAX PAYMENTS AND REFUNDS
- \_\_\_\_\_ MORTGAGE BROKERS
- \_\_\_\_\_ HEALTH CARE PROGRAMS
- \_\_\_\_\_ BROKERS AND FINANCIAL PLANNERS

\_\_\_\_\_

Taxpayer Signature: NEW CLIENT

\_\_\_\_\_  
Date Signed

\_\_\_\_\_ I, authorize Dievendorf and Company to disclose to the following my  
2021 tax return information:

\_\_\_\_\_  
TAX PAYMENTS AND REFUNDS  
\_\_\_\_\_  
MORTGAGE BROKERS  
\_\_\_\_\_  
HEALTH CARE PROGRAMS  
\_\_\_\_\_  
BROKERS AND FINANCIAL PLANNERS

\_\_\_\_\_  
Spouse Signature:

\_\_\_\_\_  
Date Signed

Consent Valid Until: **One year from signature date**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

Please feel free to contact us at 518-439-1040 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

**Dievendorf and Company  
323 Delaware Ave  
Delmar, NY 12054-1920  
518-439-1040**

December 22, 2021

NEW CLIENT

**CONSENT TO USE OF TAX RETURN INFORMATION**

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). **Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.**

**You are not required to complete this form to engage our tax preparation services.** If we obtain your signature on this form by conditioning our tax preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you and your spouse would like Dievendorf and Company to use your 2021 tax return information to determine whether these services are relevant to you, initial next to the authorization declaration below and sign and date this consent to use your 2021 tax return information.

\_\_\_\_\_ I, NEW CLIENT authorize Dievendorf and Company to use the information I provide to Dievendorf and Company during the preparation of my 2021 tax return.

- \_\_\_\_\_ FINANCIAL PLANNING
- \_\_\_\_\_ MORTGAGE APPLICATION
- \_\_\_\_\_ LOAN APPLICATION
- \_\_\_\_\_ WITHDRAWAL OF TAX PAYMENTS

\_\_\_\_\_  
Taxpayer Signature: NEW CLIENT

\_\_\_\_\_  
Date Signed

\_\_\_\_\_ I, authorize Dievendorf and Company to use the information I provide to Dievendorf and Company during the preparation of my 2021 tax return.

- \_\_\_\_\_ FINANCIAL PLANNING
- \_\_\_\_\_ MORTGAGE APPLICATION
- \_\_\_\_\_ LOAN APPLICATION
- \_\_\_\_\_ WITHDRAWAL OF TAX PAYMENTS

---

Spouse Signature:

---

Date Signed

Consent Valid Until: **One year from signature date**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

Please feel free to contact us at 518-439-1040 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.