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Thank you for letting us assist in the preparation of your income tax returns. We have created this organizer in order to make it easier for you to gather your income tax information. Please complete and bring the following information to your tax appointment.

- 1) If this is your **first year** with our firm, please bring a copy of your **prior year tax return** with you to your tax appointment.
- 2) Any **correspondence** received from the **IRS** or the **state** concerning your taxes.
- 3) **W-2 forms** from your employer or **1099-MISC forms** if you are self employed.
- 4) **Forms 1099** concerning your interest income, dividend income, investment sales, real estate sales, IRA/pension income, rental income, unemployment compensation, social security payments, etc.
- 5) **Schedule K-1** from partnerships, S corporations, estates and/or trusts.
- 6) **Forms 1098** concerning mortgage interest, student loan interest, and tuition payments.
- 7) Statement from child care provider showing **provider name, address, social security/tax ID number** and **amounts paid**.
- 8) **Forms 1095-A, 1095-B, or 1095-C** relating to healthcare coverage.
- 9) If you have a **business**, are a **daycare provider**, have **rental property**, or have a **farm operation**, and don't already have the applicable organizer, please download the organizer from our website or call our office and request the organizer be mailed to you.
- 10) The following personal information if this is **your first year** with our firm. Otherwise, simply fill in **any changes** from last year:

<u>Taxpayer</u>		<u>Spouse</u>			
Name	_____	Name	_____		
Social Security #	_____	Social Security #	_____		
Date of Birth	_____	Date of Birth	_____		
Occupation	_____	Occupation	_____		
Home Phone	_____	Cell Phone	_____		
Primary Email Address	_____	Preferred Contact Method	_____		
Address	_____				
City	_____	State	_____	Zip	_____
Referred By	_____				
Dependents:		Date of Birth		# of Months Child Lived	
<u>Name</u>	<u>Social Security #</u>	<u>Birth</u>	<u>Income</u>	<u>With You During 2021</u>	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

By signing below you acknowledge that, to the best of your knowledge and belief the information contained in this tax organizer is both accurate and complete and fairly represents your income and deductions for the 2021 tax year.

Signature	Date
Signature	Date

Yes No

General Information

Were there any changes to your filing status or number of dependents during 2021? If yes, provide details. Did you receive any notices from the IRS or other state taxing agency during 2021? If yes, provide details. Do you want to allow your preparer to be able to discuss your return with the IRS or MN Revenue should the need arise?

If you receive a refund would you like direct deposit? If yes, provide a voided check if not already on file. Would you like a PDF copy of your return instead of a paper copy? If yes, bring your ATS flash drive from prior years and you will receive \$5 off your 2021 tax preparation.

Did you receive any economic stimulus payments during 2021? \$_____ Attach IRS Letter 6475 which was mailed in January or go to IRS.gov and click Sign Into Your Account to determine the amount.

Did you receive any Advance Child Tax Credit payments during 2021? \$_____ Attach IRS Letter 6419 which was mailed in January or go to IRS.gov and click View Your Child Tax Credit Payments.

Did you receive a Paycheck Protection Program loan during 2021? If yes, provide the following amounts.

Loan Amount \$_____ Amount Forgiven \$_____

Did you receive an Identity Protection Personal Identification Number (IP PIN) from the IRS? If yes, provide the six-digit code: Taxpayer: _____ Spouse: _____

Did you or your spouse have a financial interest in or signature or other authority over a foreign bank or securities account? If yes, did the account value exceed \$10,000 at any time during the year?

Did you make estimated tax payments for the 2021 tax year? If yes, complete the following:

Federal: 4-15 _____ 6-15 _____ 9-15 _____ 1-18 _____
State: 4-15 _____ 6-15 _____ 9-15 _____ 1-18 _____

Did you purchase health insurance for yourself or a family member through the Health Insurance Marketplace (MNsure). If yes, attach Form 1095-A, Health Insurance Marketplace Statement.

Income

Did you receive any type of prize, award, or gambling winnings during 2021? If yes, provide details. Did you receive any alimony, unemployment benefits, jury duty pay, or any other items of miscellaneous income during 2021? If yes, provide details.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? If yes, provide details.

Did you have any debt cancelled during 2021? If yes, provide details and Form 1099-C.

Deductions

Are you a full-time K-12 teacher, counselor, or other school official who incurred at least \$250 of out of pocket expense for books, supplies, or professional development courses?

Are you a National Guard member or Reservist who traveled more than 100 miles away from home and stayed overnight to fulfill your training and service commitments? If yes, provide the following:

Miles Driven _____ Hotel/Lodging _____
Meals or Nights Away _____ Parking/Tolls _____

Did you make a non-payroll related Health Savings Account contribution for the 2021 tax year? \$_____

If you are self-employed, did you make a contribution to a SEP or SIMPLE IRA for the 2021 tax year?

If yes, please provide the amount and type of plan. \$_____ Plan Type _____

Are you self-employed and paid unsubsidized non-employer health insurance premiums? If yes, provide the amount paid during 2021. Health Insurance \$_____ Long-Term Care Insurance \$_____

Did you pay alimony in 2021? Amount \$_____ Recipient's Social Security # _____

Did you make any Traditional or Roth IRA contributions for the 2021 tax year? (Not related to employer plans)

Traditional IRA - Taxpayer _____ Roth IRA - Taxpayer _____
Traditional IRA - Spouse _____ Roth IRA - Spouse _____

Did you pay any student loan interest during 2021? If yes, attach Form 1098-E. \$_____

Do you own any securities or hold any debts that became worthless during 2021? If yes, provide details.

Yes No

Tax Credits

Did you pay child care costs for a dependent child under the age of 13 so you could work, attend school, or look for a job? If yes, please provide statement from daycare or complete the following:

Table with 4 columns: Name of Provider, Address of Provider, Provider SocSec/Tax ID #, Amount Paid*. Includes three blank rows for data entry.

*Child must have lived with you for greater than 6 months / Includes nursery or pre-school expense

Did you pay any qualified tuition in 2021? If yes, please attach Form 1098-T and answer the following:

Table with 4 columns: Student's Name & Grade or Year in College, Tuition & Fees Paid During 2021, Required Course Materials Purchased in 2021*, Degree Candidate & At Least 1/2 Student. Includes two rows with Yes/No options.

*Includes amounts spent on books, supplies, and equipment needed for a course of study. For Lifetime Learning Credit only course materials paid directly to the institution as a condition of enrollment qualify.

Did you make any energy efficient home improvements such as solar, fuel cell, wind energy, or geothermal heat pump to your primary residence? If yes, provide amounts and certification details from manufacturer.

Did you purchase a new plug-in electric vehicle? If yes, attach invoice or provide the following information:

Year / Make / Model _____ Date / Amount Paid / VIN# _____

Did you pay any of the following adoption related expenses in 2021 for an adoption finalized in 2021?

Table with 4 columns: Adoption Fees, Attorney Fees, Court Costs, Other Expense. Each row has a dollar sign and a blank line for amount.

MN Tax Items

Did you reside in more than one state during 2021? If yes, please provide the following:

Table with 3 columns: State, Date Residency Began, Date Residency Ended. Includes two rows for data entry.

Were you in the military during 2021 and did you receive federally taxable pay for federal active duty, state active service, or other compensation relating to National Guard/Reservists training?

Did you receive a military pension or other military retirement pay during 2021?

Did you make contributions to a Sec 529 College Savings Plan during 2021? If yes, provide the following:

Amount Paid \$ _____ Account Number _____ Financial Institution _____

Did you make any student loan payments during 2021? Attach 1098-E and complete all of the following:

Total Payments (Taxpayer) _____ Total Payments (Spouse) _____

Would you like to give to the MN Nongame Wildlife Fund? Amount? \$ _____

Did you pay any education related expenses relating to your qualifying child/children in grades K-12?*

Dependent Name and Grade in School _____

Table with 4 columns: Expense description, and three dollar amount columns. Lists various educational expenses like private school tuition, tutoring, fees, etc.

*Costs associated with school lunches, school uniforms, dance costumes, sports activities, college testing fees do not qualify

Itemized Deductions

Medical & Dental (Not reimbursed by insurance and not pretax)

Medical and dental insurance premiums _____
Long-term care insurance premiums - Taxpayer _____
- Spouse _____
Miles driven for medical or dental _____
Doctors, dentists, clinics, chiropractors _____
Prescription drugs and insulin _____
Glasses, contacts, and eye exams _____
Hospitals and ambulance _____
Nursing home or long-term care expense _____
Medicare premiums withheld from Social Security _____
Lodging (Limited to \$50 per night, per person) _____
Hearing aids, hearing aid repairs, and batteries _____
Medical equipment _____
Other transportation costs _____
Parking fees _____
Other: _____

Miscellaneous Itemized Deductions (For MN purposes only)

Union and other professional dues _____
Professional books and subscriptions _____
Safety deposit box rent _____
Tax preparation fee _____
Uniforms and protective clothing and upkeep _____
Work tools, equipment, and supplies _____
Professional insurance _____
Professional license _____
Seminars and meeting fees _____
Professional education _____
Job hunting expense in current line of work _____
Investment expense and fees _____
Other: _____

Taxes

Real estate taxes - Primary Residence _____
- Other _____
Personal truck or car license tabs: _____

Sales tax paid on major purchases* _____
*Vehicle, motorcycle, boat, home materials, etc.

Employee Business Expense - Taxpayer (For MN purposes only)

Parking fees & tolls _____
Car rental, taxi, or other local transportation _____
Airfare _____
Hotel _____
Number of nights away from home overnight _____
Business related meals & entertainment _____
Expenses listed above that were reimbursed by your employer:
Non-Meal Reimbursement _____
Meal Reimbursement _____

Interest (Attach Form 1098's)

Primary residence mortgage interest _____
Home equity/line of credit mortgage interest _____
Were the above home equity/line of credit loan proceeds used
to buy, build, or improve your home? Yes No
If not, what % of the home equity/line of credit loan proceeds
were used to buy, build, or improve your home? _____ %
Mortgage interest paid to individual: (Provide details) _____
Mortgage points paid relating to: (Attach settlement statement)
Purchase or improvement of main home _____
Refinancing of main home _____
Life of loan (Number of years) _____
Investment interest expense _____

Work Related Mileage - Taxpayer (For MN purposes only)

Date vehicle was first used for business _____
Business miles driven during 2021 (Non-commuting) _____
Total miles vehicle was driven during 2021 _____
Amount reimbursed by employer, if applicable _____

Employee Business Expense - Spouse (For MN purposes only)

Parking fees & tolls _____
Car rental, taxi, or other local transportation _____
Airfare _____
Hotel _____
Number of nights away from home overnight _____
Business related meals & entertainment _____
Expenses listed above that were reimbursed by your employer:
Non-Meal Reimbursement _____
Meal Reimbursement _____

Charitable Contributions (Complete even if taking the standard deduction)

Cash, Check, Credit Card, or Payroll _____
Non-Cash _____
Vehicle donation (Must attach 1098-C) _____
Charitable mileage _____
Please provide the following if non-cash items exceed \$500:
Name of organization _____
Address _____
Description of items given _____

Work Related Mileage - Spouse (For MN purposes only)

Date vehicle was first used for business _____
Business miles driven during 2021 (Non-commuting) _____
Total miles vehicle was driven during 2021 _____
Amount reimbursed by employer, if applicable _____