

# General Information

## Taxpayer

## Spouse

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Suffix \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Date of Death \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check ("X") which phone number to list on return.

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Fax Number \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Legally Blind \_\_\_\_\_  
 Totally Disabled \_\_\_\_\_  
 Claimed as a Dependent \_\_\_\_\_  
 Presidential Election Fund (\$3) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 State of Residence as of 12/31 \_\_\_\_\_  
 County of Residence as of 12/31 \_\_\_\_\_  
 School District as of 12/31 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sales tax rate of locality in 2021 \_\_\_\_\_ %  
 If Part Year, Period of Residency \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ %  
 \_\_\_\_\_ to \_\_\_\_\_

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type \_\_\_\_\_  Driver's license OR  State Issued ID \_\_\_\_\_  Driver's license OR  State Issued ID  
 ID number \_\_\_\_\_  
 ID issuing state \_\_\_\_\_  
 ID issue date \_\_\_\_\_  
 ID expiration date \_\_\_\_\_

## Filing Status

Status on 2020 return :

Status as of 12/31/2021 :

Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately  
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If address is in a foreign country, enter that country . . . \_\_\_\_\_  
 Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

## Preparer's Information

Preparer's name RENDA H MARTIN, CPA  
 Firm's name MARTIN & ASSOCIATES CPA LLC  
 Street P. O. BOX 522  
 City FAIRHOPE State AL Zip Code 36533

## Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
 here \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Questions**

**Personal Information**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you purchase or sell your principal residence or did your address change?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2021?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Were either you or your spouse in the military or National Guard?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?    |

**Dependents**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Are there any changes in your dependents from last year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you pay education expenses for your dependent children?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Did anyone in your family receive a scholarship of any kind during 2021?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Did you pay any dependent care expenses for a child or a parent?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Are all of your dependents either US residents or citizens?  |

**Health Care Coverage**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you or a member of your family have minimum essential coverage in 2021? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) |

**Income (In 2021, did you or your spouse have any of the following?)**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Wages? (include form(s) W-2)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Non-employee compensation? (include form(s) 1099-NEC)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Miscellaneous Income? (include form(s) 1099-MISC)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Interest income? (include form(s) 1099-INT)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Dividend income? (include form(s) 1099-DIV)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 Disability income? (include form(s) W-2 or 1099)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 Unemployment compensation? (include form(s) 1099-G)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 Alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 Did you receive tip income NOT reported to your employer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 Did you receive payments from a Long-Term Care insurance contract?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 Did you barter your services for goods or services from someone else?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 Did you receive employer-provided adoption benefits for a previous year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Did you cash in any U.S. savings bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 Did you make a loan to someone at an interest rate below market rate?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 Did you receive a housing allowance for ministerial services you provided?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 Did you receive any income not reported in this Organizer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 23 Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?              |

**Foreign Reporting**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Were you the grantor of or transferor to a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you receive income from a foreign source or pay taxes to a foreign government?                |

**Retirement & Other Plans**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 Did you rollover a retirement plan distribution into another plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 Did you convert a traditional IRA to a Roth IRA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?        |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 Did you make any contributions to an HSA (Health Savings Account) in 2021?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?                |

9 Did you receive an early distribution for a qualified birth or adoption distribution?

**Yes No Purchases, Sales, Gains and Losses**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you exchange any securities or investments for something other than cash?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Do you have any short sales, commodity sales, or straddles?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you receive Form 2439?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you receive stock from a stock bonus plan with your employer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you sell any other personal assets at a gain?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you sell any real estate (other than your home) during the year?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you sell any assets using the installment method?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you receive proceeds from a prior year installment sale?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2021?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2021?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

**Yes No Business and Rental Property Income & Deductions**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2021?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive income from raising animals or crops?   |

**Yes No Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you incur any travel and entertainment expenses for business purposes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you pay expenses for the care of your child or other dependent so you could work?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2021?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you contribute less than an entire interest in any property to charity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you refinance a mortgage or take out a home equity loan during 2021?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle?  |

**Yes No Miscellaneous**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?               |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2021? |

- 7 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?  
  8 Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

**Yes No** Return preparation and filing

- 1 Do you want to e-file your return?  
  2 If you are due a refund, how do you want to receive it?  
 Check sent to you in the mail  Other quick refund via a bank product  
 Apply to next year's estimates   
 Direct deposit (please provide voided blank check) Type of account:  Checking  Savings  
 If you owe taxes, how do you want to pay them?   
 Paper check sent with my return  Credit card  Installment Agreement  
 Direct debit (please provide a voided blank check) Type of account:  Checking  Savings

- 3 Do you want to allow your tax preparer to discuss this year's return with the IRS?  
 If no, enter another person (if desired) to be allowed to discuss this return with the IRS:  
 Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_



Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

"X" if spouse	Employer's Name	Box 1	Box 2	Box 16	Box 17
		Wages, Tips Other Comp	Federal Income Tax Withheld	State Wages	State Income Tax Withheld
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
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	40				
	41				
	42				
	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
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<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Interest Income

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Payer

		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
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	41						
	42						
	43						
	44						



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Dividend Income

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Payer

		Ordinary Dividends Current Year Amount	Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Dividends Prior Year Amount	Capital Gains Current Year Amount	Gains Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
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	40						
	41						
	42						
	43						
	44						



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Property Description \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Foreign Country \_\_\_\_\_  
 Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . .		
<b>1b</b> Enter property type number (1 to 8) . . . . . (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other	<input type="text"/>	<input type="text"/>
<b>2</b> Enter "X" if you actively participated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . .	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . .	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . .		
<b>5</b> Rent received . . . . .		
<b>5a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . .		
<b>5b</b> Rental use percentage for property used partially for personal use only . . . . .		
<b>6</b> Other Income . . . . .		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . .		
<b>8</b> Cleaning and maintenance . . . . .		
<b>9</b> Commissions . . . . .		
<b>10</b> Insurance . . . . .		
<b>11</b> Legal and other professional fees . . . . .		
<b>12</b> Management fees . . . . .		
<b>13a</b> Qualified mortgage interest paid to banks, etc. . . . .		
<b>13b</b> Other mortgage interest paid to banks, etc. . . . .		
<b>14</b> Other interest . . . . .		
<b>15</b> Repairs . . . . .		
<b>16</b> Supplies . . . . .		
<b>17a</b> Real estate taxes . . . . .		
<b>17b</b> Other Taxes . . . . .		
<b>18</b> Utilities . . . . .		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
<b>A</b> Description: _____		
<b>B</b> _____		
<b>C</b> _____		
<b>D</b> _____		
<b>E</b> _____		
<b>F</b> _____		
<b>G</b> _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

**Other Expenses:**

19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

**Travel Expenses:**

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_  
34 \_\_\_\_\_

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

**Meals Expenses:**

35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_  
42 \_\_\_\_\_

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		





Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

**49** Lender \_\_\_\_\_ **49**  
**50** Lender \_\_\_\_\_ **50**  
**51** Lender \_\_\_\_\_ **51**  
**52** Lender \_\_\_\_\_ **52**

Current Year Amount	Prior Year Amount

**Home Mortgage Interest Not Reported on Form 1098**

**53** Name: \_\_\_\_\_ **53**  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_

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**54** Mortgage insurance premiums paid on 2021 acquisition indebtedness for principal residence . . . . . **54**

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**Refinancing Points**

**55** Description . . . . . **55**  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments  
Number of payments made in 2021


**56** Description . . . . . **56**  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments  
Number of payments made in 2021


**57** Description . . . . . **57**  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments  
Number of payments made in 2021


**58** Description . . . . . **58**  
Points paid . . . . .  
Date of loan . . . . .  
Total number of scheduled loan payments  
Number of payments made in 2021


**59** Investment interest paid . . . . . **59**

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Name \_\_\_\_\_

SSN \_\_\_\_\_

**Noncash Charitable Contributions (Total of Contributions more than \$500)**

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						