

Welgaard CPAs & Advisors  
916 W 16th St  
Pella , IA 50219-7918

**2021 Client Organizer**



- When gathering your tax documents for preparation, be sure to include documentation on Economic Impact Payments and Advance Child Tax Credit payments received.
  - The IRS sent Notice 1444-C in the first or second quarter of 2021 if you received an economic impact payment (stimulus). The letter will detail the amount received for the third stimulus payment.
  - The IRS will be sending out Letter 6419 in early 2022 that will indicate the amount of child tax credit received.
- If you received unemployment in 2020, The American Rescue Plan provided a tax exemption on the first \$10,200 of unemployment income, if your Adjusted Gross Income was less than \$150,000. Because this law was enacted during the tax season, you may have filed your taxes before the law changed. If this was your situation, the IRS and your state's Department of Revenue should have automatically calculated and sent you a separate refund for the unemployment exemption. We will need confirmation of the amount received.
- If you receive any letters from the IRS or state tax agency showing an adjustment to refunds or credits, please include those letters with your tax documents so we can accurately account for any changes made to your tax account.
- **Please be prepared to pay for our services at the time your personal tax return is delivered for signature.** When you sign your taxes in our office, you may pay by check, credit card or ACH. If you sign electronically or upload your signed documents through the portal, the invoice will be included with instructions on how to pay online.

We realize that there are times when you do not have important IRS letters because the mail never arrived, or it was misplaced. To prepare your taxes, we will need the amounts received from Economic Impact Payments & Child Tax Credit Advance Payments. If you do not receive letters in the mail regarding these payments, you can find the information online, as outlined below.

## ECONOMIC IMPACT PAYMENTS

In March 2021, if eligible, a payment of up to \$1,400 for adults and dependent children was issued. You can confirm the actual amount received at [WWW.IRS.GOV/CORONAVIRUS/GET-MY-PAYMENT](https://www.irs.gov/coronavirus/get-my-payment)

You will need to input your Social Security Number (SSN) or Individual Tax ID Number (ITIN), Date of Birth, Street Address and Zip Code

## CHILD TAX CREDIT ADVANCE PAYMENTS

If you are unsure of the total received from the Child Tax Credit advance payments, you can verify online at [WWW.IRS.GOV/CREDITS-DEDUCTIONS/CHILD-TAX-CREDIT-UPDATE-PORTAL](https://www.irs.gov/credits-deductions/child-tax-credit-update-portal)

You will need to setup an ID.ME account which will require an email address and photo identification. It works best if you can use a computer and smartphone at the same time.

# Guidance Planning Strategies



## Learn More

Contact our team for more information.

## Avantax Planning Partners

avantaxplanningpartners.com  
800.791.8994

## Welgaard CPAs & Advisors

www.welgaardscpa.com  
Bethany | 660-425-4117  
Pella | 641-628-4521  
Stanberry | 660-783-2757  
Urbandale | 515-253-0099

## Custom solutions to help you navigate your unique financial plan.

The power of a plan comes to life when it incorporates your priorities, tax advice from Welgaard CPAs & Advisors, and the planning professionals at Avantax Planning Partners<sup>SM</sup>. Your personalized financial plan addresses not only your goals, but what keeps you up at night. Our comprehensive planning ensures you have the answers you need and the confidence you want in your future.

We start by learning about you—your passions and motivations. Once we understand your priorities, we design a custom financial plan that is unique to you. **Here is the process:**

### Discover

#### Process

Your plan is based on what's most important to you. We explore your goals and everything we do is built around you.

### Analyze

#### Information

We gather information to assess your current situation. This includes current income and expenses, retirement accounts, and more to get a full picture of your personal information.

### Focus

#### Tax

Collaboration with your CPA is key to developing tax-efficient strategies to help you reach your goals.

### Consider

#### Risk

A good plan takes into account opportunity and risk. Your personal plan will cover both.

### Launch

#### Strategy

Together, we build a custom long-term plan based on where you want to be on your goals, tax strategies, risk management, and more.

### Review

#### Plan

Your plan isn't a one and done. We continuously update, monitor, and stress-test your plan to ensure you are always on the right track.

Avantax WM Holdings<sup>SM</sup> is the holding company for the group of companies providing financial services under the Avantax<sup>SM</sup> name. Investment advisory services are offered through Avantax Planning Partners<sup>SM</sup>. Commission-based securities products are offered through Avantax Investment Services<sup>SM</sup>, Member FINRA, SIPC. Insurance services offered through licensed agents of Avantax Planning Partners, 3200 Olympus Blvd., Suite 100, Dallas, TX 75019. The Avantax entities are independent of and unrelated to Welgaard CPAs & Advisors. Although Avantax does not provide or supervise tax or accounting services, our Financial Professionals may offer these services through their independent outside business. Not all Financial Professionals are licensed to offer all products or services. Financial planning and investment advisory services require separate licenses. 3335576.5 12.2020



916 W 16th St  
Pella , IA 50219-7918  
641-628-4521

Dear :

We appreciate the opportunity to work with you. 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, you will find certain information from your 2020 personal income tax return, when available. In some cases, 2020 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

Please submit your completed organizer and all related tax documents to our office as soon as you have gathered all of your tax information. If you would like to make an appointment to review your completed tax return, you may schedule that when you deliver your information.

You have several options for delivering your tax documents to our office.

- Mail or drop off your tax information to our office.
- Scan and email your documents in .PDF format to [info@welgaardcpa.com](mailto:info@welgaardcpa.com).  
Please employ technical measures to ensure the safety of your information.
- Upload your documents to Client Access Portal, our secure client web portal.  
Please contact our office if you want to get registered for Client Access Portal.

To enable the highest level of service we can offer, early submission of your tax information will increase the likelihood of completing your tax return before the due date. If we do not receive your information by **April 1, 2022**, we will make every effort to complete your return without filing an extension, but will give priority service to clients who submitted information on time. This means that an extension may be filed on your behalf, depending on our workload late in the filing season.

Please enter your 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 complete and accurate tax return possible.** Please answer all applicable questions and provide any additional information not provided in the Client Organizer.

There is no need to enter amounts on the checklist pages. Simply provide us with the Government forms (1099, W-2, K-1, etc.) If you no longer have this type of income, cross out the item or make a notation.

**TAX DOCUMENTATION REQUIRED** - Please provide the following forms and documents:

- \* W-2 forms for wages, salaries, tips and gambling winnings.
- \* 1099 forms for interest, dividends, retirement, Social Security, state or local refunds, miscellaneous income, etc.
- \* Schedule K-1 from partnerships, S corporations, estates and trusts.
- \* 1098 and other statements supporting deductions for mortgage interest, real estate taxes, and auto registration fees.
- \* Evidence of contributions and, if greater than \$250, a written communication, statement or Form 1098-C from the donee organization.

- \* HUD-1 Closing Statements and other documentation regarding the sale, purchase or refinance of a home or other real property.
- \* 1098-T and detailed transcript or statement showing detail of college tuition, books, room, board and technology expenses paid.
- \* 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or 1095-C (Employer-Provided Health Insurance Offer and Coverage)
- \* Notice 1444-C or Letter 6475, Your 2021 Economic Impact Payment, showing the amount of the Economic Impact Payment (EIP3) you received
- \* Letter 6419 showing advanced Child Tax Credit (CTC) payments you received from July to December
- \* Any tax notices sent to you by the IRS or other taxing authority.
- \* A copy of your federal and state income tax returns from last year, if not prepared by this office.

If you are a farmer or have started a new business, rental or other activity, please visit the Client Center on our website at [www.welgaardcpa.com/resource-center](http://www.welgaardcpa.com/resource-center) to download a **farm worksheet** or blank organizer pages for your new activity. You can also contact our office and we can mail or email you a copy of the farm worksheet or blank organizer pages.

**PAYMENT POLICY** - Your payment is requested to be paid when the return is signed. There will be a direct debit authorization form included in all returns.

**RETURNING THE ORGANIZER** - If you would like a copy of your organizer, please make a copy before returning it to us. We will not return the original organizer to you. In all cases, please return the Organizer to us along with your other important tax information even if you have completed very little of it. It is very helpful for us to have your Organizer as we prepare your return.

If you need to request extra copies of your return, you may choose to have the return uploaded to your Client Access Portal, or a fee will apply for additional returns printed.

**TIMING** - Please provide us with your completed Organizer as soon as possible. If any Schedules K-1 have not been received when your other data is complete, do not hold for those documents. Rather, send us the Organizer and documents you have and forward the Schedules K-1 later.

One of the few deductions that can be added after year-end is the funding of the HSA, IRA, SEP, SIMPLE or Keogh retirement plan contribution. Please let us know if you wish to maximize any of these deductions for 2021.

**Your privacy is important to us.** In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (\*\*\*-\*\*-\*\*\*\*) and (\*\*\*\*1234) to protect your privacy and personal information. Please make any necessary changes or updates to any social security number or bank account information. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Thank you for the opportunity to serve you.

Sincerely,

Welgaard CPAs & Advisors

**Welgaard CPAs & Advisors**  
**916 W 16th St**  
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**641-628-4521**

NEWCLIENT

**Engagement Letter for 2021 Individual Income Tax Return Preparation**

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Dear :

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.

**YOUR RESPONSIBILITY:**

It is your responsibility to provide us all the information required for the preparation of complete and accurate returns. In that regard you state that, to the best of your knowledge and belief, you have provided true, correct and complete information, and have maintained written documentation supporting all amounts. Attached you will find an organizer to help you gather the information. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

You understand that your returns may be selected for examination or inquiry by taxing authorities. This can be an on site examination or by correspondence requesting additional information. You should retain all the documents, canceled checks and other data that form the basis of the income and deductions for five years. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. In the event of such examination or correspondence, we will be available upon request to represent you. An additional fee will be invoiced for the time and expenses incurred, if the review is determined to be of no fault of our own. If you enroll in our Audit Protection Plan, we will handle any correspondence or audit of your 2021 income tax returns on your behalf at no additional charge.

**OUR SERVICES:**

We will prepare your 2021 Federal and State income tax returns from the information you furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask for clarification of some of the information. We are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest. You will contact us immediately if you discover additional information that will lead to a change in your return, or you receive any letters from the IRS, state or local taxing authorities.

We will use our professional judgement to resolve questions in your favor where the tax law is unclear or if there is a reasonable justification for doing so, unless otherwise instructed by you. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments. The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

We will electronically file all qualifying returns at no additional charge. With electronic filing, you have the option to have your refund mailed to your home or direct deposited into your bank account. If you choose to have direct deposit, please enclose a voided check.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable prior to your return being filed.

**PRIVACY POLICY:**

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

**Types of Nonpublic Personal Information We Collect**

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

**Parties to Whom We Disclose Information**

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

If you request a copy of your tax returns to be sent directly to any third-party institution, we will require a signed

consent form **before** these can be sent.

NEWCLIENT

**Protecting the Confidentiality and Security of Clients' Information**

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

If this fairly sets forth your understanding, we will assume that you concur with these terms if data is supplied to compile your tax return.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Welgaard CPAs & Advisors

# Audit Protection

For Individuals – 2021

*To alleviate the cost burden of federal and state income tax audits, notices and correspondence, Welgaard CPAs & Advisors offers you its **2021 Audit Protection Plan for Individuals**.*

Welgaard CPAs & Advisors continues to see an increasing number of federal and state audits and tax notices issued to taxpayers. It is our experience that many of these notices are partially or completely incorrect; however, they need to be handled correctly, as do audits. We ask that you submit all tax notices to us for review, no matter how minimal the dollar amount, so we can verify the accuracy of the notice and prepare a proper response.

In response to these notices and audits, Welgaard CPAs & Advisors offers our Audit Protection Plan. Our Audit Protection Plan gives you peace of mind that there will be no additional charge for our services in responding to these tax notices and audits. For a one-time fee of \$150, we will cover your 1040 tax return for 2021, in the event of an IRS or state notice or audit.

## SIGN UP FOR AUDIT PROTECTION



The 2021 Audit Protection Plan enrollment voucher will be included with your 2021 tax return. The deadline for enrolling in this plan is April 30, 2022.

## IF YOU ARE AUDITED



For the one-time \$150 fee, Welgaard will handle all correspondence to resolve letters of inquiry relating to your 2021 federal and state individual income tax returns on your behalf at no additional charge.

If your 2021 federal or state income tax return should be audited, Welgaard will represent you up to and including any appeals or protests needed to be filed with the IRS or the State Departments of Revenue at no additional charge.

Whenever you receive an audit notice or letter of inquiry from the federal or state government relating to your 2021 income tax return, simply send it to Welgaard and authorize us to represent you. This is only effective for notices or audits, received after you are enrolled.

## WHAT THE PLAN COVERS



The Audit Protection Plan for Individuals includes IRS Form 1040 and associated state income tax returns. The one-time \$150 fee provides coverage for one state, for your 2021 individual tax return. You may add additional coverage at \$25 per state.

In addition to the peace of mind this program offers, our Audit Protection Plan could save you a substantial amount of money in terms of service fees. Service fees for responding to a tax notice can average \$150. Service fees for an audit representation can generally average \$3,000.

Please note: You are, of course, responsible for maintaining adequate records and making them available to us so that we can properly represent you before the taxing authorities. Similarly, you are liable for any additional taxes, penalties or interest that may eventually be assessed. This Audit Protection Plan applies only to individual income tax returns for 2021 and does not cover business, payroll or other tax returns. We reserve the right to offer this Audit Protection Plan on a case-by-case basis.



## Questionnaire

**This Client Questionnaire asks about pertinent tax events and information necessary for preparing the most accurate tax return possible.**

**Check all boxes that apply to the taxpayer or spouse during the 2021 tax year.  
Attach tax forms, statements, documentation and/or a detailed explanation for all checked items.**

### Personal Information

- ☐ Marital status changed from last year.
- ☐ Address changed from last year.
- ☐ You can be claimed as a dependent by another taxpayer.
- ☐ If you have a tax refund, you want ☐ direct deposit or ☐ a paper check mailed to you.
- ☐ If you have a tax liability, you want ☐ funds automatically withdrawn as of \_\_\_\_\_ date or ☐ a payment voucher to mail with payment.
- ☐ You have the same bank account as prior years and have verified your account on the "Direct Deposit/Electronic Funds Withdrawal Information" Section of this organizer.
- ☐ Have a new bank account for direct deposit or automatic withdrawal. (Provide a voided check)
- ☐ You, your spouse or any dependent received an Identity Protection PIN from the Internal Revenue Service or have been a victim of identity theft. (Attach any IRS letter received)

### COVID-19 Information

- ☐ Received the third round of Economic Impact Payment (3rd Stimulus payment beginning in March 2021). If yes, please include Notice 1444-C or Letter 6475 or check your bank statements for deposits with the discription "IRS TREAS 310 TAXEIP3" and provide amount \$ \_\_\_\_\_
- ☐ Received an adjustment to your refund or balance due for the exclusion of unemployment compensation or Advance Premium Tax Credit. Please include Notice CP-21 and/or CP-22.
- ☐ Received the advanced Child Tax Credit (CTC) payments in July - December. Please include Letter 6419.
- ☐ Received a Paycheck Protection Program (PPP) loan in 2021. If yes, \$ \_\_\_\_\_  
(Please provide letters if you received one)
- ☐ If you are self-employed, you were unable to work due to COVID related reasons.

### Dependent Information

- ☐ You had a change in dependents.
- ☐ You paid any expenses related to the adoption of a child during the year
- ☐ You have dependents who may need to file a return.  
Please provide a copy of their return or allow our office to assist in the preparation of their return.
- ☐ You have children under age 19 or a full time student age under 24 with unearned income in excess of \$2,200.
- ☐ You paid for child care while you worked or looked for work.
- ☐ You are divorced or separated with child(ren) you can claim as dependents.  
Child(ren) you can claim as dependents this year: \_\_\_\_\_
- ☐ Dependents lived with you over half of the year and did not provide over half of their own support.  
If no, provide Form 8332 signed by the custodial parent releasing the exemption.

### Income Information - Please check sources of income you received this year

- |   |  |
|---|--|
| <input type="checkbox"/> Social Security benefits. (SSA-1099) | <input type="checkbox"/> Any prizes, gambling or lottery winnings (W2-G)     |
| <input type="checkbox"/> Disability income                    | <input type="checkbox"/> Tip income not reported to your employer            |
| <input type="checkbox"/> Unemployment benefits                | <input type="checkbox"/> Long-term care insurance distributions (1099-LTC)   |
| <input type="checkbox"/> Alimony - received or paid           | <input type="checkbox"/> Life insurance policy matured or surrendered policy |
| <input type="checkbox"/> Debts cancelled/ forgiven (1099-C)   | <input type="checkbox"/> Other _____   |

**Retirement Information**

- ☐ Have made or intend to make IRA contributions for 2021:  
 Traditional IRA ☐ Taxpayer: \$ \_\_\_\_\_ ☐ Spouse: \$ \_\_\_\_\_  
 Roth IRA ☐ Taxpayer: \$ \_\_\_\_\_ ☐ Spouse: \$ \_\_\_\_\_
- ☐ Received distributions, including lump-sum payments, from a qualified retirement plan. (1099-R)
- ☐ Completed a rollover or converted any amounts from a qualified retirement plan.
- ☐ Contributed to a charitable organization directly from an IRA.
- ☐ Received military retirement benefits or military survivor benefits.
- ☐ If you received any qualified COVID retirement plan distributions, did you repay any of the distributions in 2021?

**Business, Farm or Real Estate Information**

- ☐ Started or bought a new business, rental, real estate or other property.
- ☐ Sold an existing business, rental, real estate or other property.
- ☐ Acquired a new or additional interest in a partnership or S corporation. (K-1)
- ☐ Sold or disposed of an interest in a partnership or S corporation. (K-1)
- ☐ Paid over \$600 to any person in rent or services  
☐ If yes, you have or will file required Form 1099s.

**Investment Information**

- ☐ Bought or sold any stocks, bonds or other investment property.
- ☐ Have a financial interest in or signature authority over a foreign financial account not reported on a 1099, such as a bank account, securities account, cash value of life insurance through a foreign insurer, or other account or entity located in a foreign country.
- ☐ Have any foreign income or pay any foreign taxes, directly or indirectly, such as investment accounts, partnerships or a foreign employer, not reported on a 1099.
- ☐ Received a distribution from, or were a grantor or transferor for a foreign trust.
- ☐ Have any sales or other exchanges of virtual currencies (including from an airdrop or hard fork) or use virtual currencies to pay for goods or services.

**Education Information**

- ☐ Paid any educational expenses to a post-secondary school for taxpayer, spouse, or dependent. (Form 1098T is required, along with a detailed account statement/receipts from the educational institution, including amounts paid for tuition, books, room, board and technology expenses)
- ☐ Made contributions to an education savings or 529 Plan account.
- ☐ Made withdrawals from an education savings or 529 Plan account. (1099-Q)
- ☐ Paid student loan interest.
- ☐ Incurred expenses working as a teacher, counselor, or principal for classes K-12. If yes, \$ \_\_\_\_\_
- ☐ Would like a worksheet to aid in the completion of a FAFSA.

**Itemized Deduction Information - Please provide evidence, receipts, 1098s, etc**

- ☐ Bought, sold, refinanced, foreclosed or abandoned principal or 2nd residence. (Closing statements)
- ☐ Took out a home equity loan or have an outstanding balance on a home equity loan.
- ☐ Own a vehicle and pay auto registration fees. Amount \$ \_\_\_\_\_ (Car registration)
- ☐ Made any cash or noncash charitable contributions. i.e. clothes, furniture, vehicle, boat, stocks, charitable mileage or travel expense.
- ☐ Paid sales tax on major purchases during the year. (Cars, boats, etc.)

**State/Iowa Information**

- ☐ Wish to donate to one of the state checkoff donations. Please indicate the organization and amount on the state Organizer page.
- ☐ Taxpayer or spouse is a volunteer firefighter, EMS or Reserve Peace Officer.  
 Months ☐ Taxpayer \_\_\_\_\_ ☐ Spouse \_\_\_\_\_
- ☐ Have a dependent attending grades K-12 in an accredited Iowa School.  
 If yes, list each dependent and the amount paid for tuition and other required school expenses.

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

## Miscellaneous Information

- ☐ Made gifts of more than \$15,000 total to any individual in 2021.
- ☐ Purchased a qualified plug-in electric drive vehicle or fuel cell vehicle. (Attach sales agreement)
- ☐ Received a letter of correspondence from the State or the Internal Revenue Service other than 1099-G that we have not yet received.
- ☐ Have had child credits, earned income credits, or education credits disallowed in the past.
- ☐ Taxpayer or ☐ spouse wants to designate \$3 to the Presidential Election Campaign Fund.
- ☐ Made qualified energy efficient improvements to primary residence in 2021. Qualifying improvements include energy-efficient windows, doors, roofs, insulation, solar, wind, geothermal and fuel-cell technology. If yes, \$ \_\_\_\_\_ (Please attach receipts)

## Health Care Information

- ☐ Had health care through the Marketplace. ☐ Received premium tax credit advance.
- ☐ Paid out-of-pocket medical, dental, vision or prescription expenses **not reimbursed** through HSA, MSA, or flex spending account.
- ☐ Contributed to or received distributions from a Health Savings Account (HSA), Archer MSA or Medicare Advantage MSA. (Attach 1099-SA)
- ☐ Paid **after-tax** health insurance premiums. \$ \_\_\_\_\_ (Do not include payroll deductions)
- ☐ Paid premiums for supplemental health insurance. \$ \_\_\_\_\_
- ☐ Paid long-term care premiums. \$ \_\_\_\_\_

## 2022 Estimates and Tax Planning

- ☐ Expect a large fluctuation in income, deductions, or withholding in 2022. Explain:

Method for making quarterly estimate payments, if necessary:

- ☐ Mail check and voucher
- ☐ Schedule automatic withdrawal with e-file (federal estimates only)
- ☐ EFTPS - Electronic Federal Tax Payment System (federal estimates only)
  - ☐ You schedule payments. ☐ Welgaard schedules payments (fee applies)
- ☐ Iowa eFile & Pay (Iowa estimates only)

You would like additional information about:

- ☐ Education Planning ☐ Investment Planning ☐ Retirement Planning
- ☐ Estate Planning ☐ Social Security Planning ☐ Other \_\_\_\_\_

## Delivery options for your 2021 tax returns

**How would you like to receive your copy of your 2021 tax returns? (CHECK ONE)**

\*There will be a \$25 fee for additional copies of your returns, unless sent by Portal (see below)

- ☐ Paper ☐ Portal

**How would you like to be notified when your return is complete? (CHECK ONE)**

- ☐ Text message # \_\_\_\_\_ ☐ Taxpayer Email \_\_\_\_\_
- ☐ Phone # \_\_\_\_\_ ☐ Spouse Email \_\_\_\_\_

**How would you like to receive your 2022 organizer? (CHECK ONE)**

- ☐ Paper ☐ Portal

A fee of \$25 will be charged for each additional copy of your returns. You may choose to have the return uploaded to your Client Axxess Portal to have the \$25 fee waived.

**What is Client Axxess Portal?** Client Axxess Portal is a private, secure internet portal with:

- ° High security and efficient transfer of your documents and private information
- ° Easy to set up and use
- ° 24/7 access to electronic copies of your documents (tax returns and financial statements)
- ° Access to your documents for 12 months after they are posted

To sign up, please go to our website [www.welgaardecpa.com](http://www.welgaardecpa.com) or call our office at 641-628-4521. Click on About at the top and select Client Axxess. At the bottom of the page, enter your name and email address in the sign up area. We will get your portal setup for you within a couple business days.

***Focusing beyond the numbers for your success!***

**[www.welgaardecpa.com](http://www.welgaardecpa.com)**



## 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:

## BANK &amp; IDENTITY AUTHENTICATION

General: Bank

## Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Your account number \_\_\_\_\_

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

## Identity Authentication

**Taxpayer -**

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

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

**Spouse -**

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

Identification number \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_

Location of issuance \_\_\_\_\_

Document number (New York only) \_\_\_\_\_

## NOTES/QUESTIONS:

**Estimated Taxes**

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:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

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

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

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

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

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

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

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.

	<b>Date Due</b>	<b>Date Paid if After Date Due</b>	<b>Amount Paid</b>	<b>Calculated Amount</b>	<b>Method*</b>
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****EFTW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System****Voucher = Form 1040-ES estimated tax payment voucher****NOTES/QUESTIONS:**

**2021 State Estimated Tax Payments****9**

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]	_____

**2021 City Estimated Tax Payments**

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 \_\_\_\_\_



Credits: Rebate

**Economic Impact Payment (EIP)/Stimulus Payment**

Please provide all copies of Notice 1444-C that you receive.

Look up your EIP3 amount by creating or viewing your IRS online account at <https://www.irs.gov/payments/view-your-tax-account>

Taxpayer

Spouse

Economic impact payment(s) 3 (EIP3) received

Mark if taxpayer or spouse, if married, was member of US Armed Forces in 2021

Income: W2

**Salary and Wages**

Please provide all copies of Form W-2 that you receive.

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

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

Retirement: 1099R

**Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

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

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

Income: K1, K1T

**Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.

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

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

Income: W2G

**Gambling Income**

Please provide all copies of Form W-2G that you receive.

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

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

Educate: 1099Q

**Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

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

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

## INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1

## Interest Income

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

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

Income: B3

## Seller Financed Mortgage Interest

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
Payer's address, city, state, zip code \_\_\_\_\_  
Amount received in 2021 \_\_\_\_\_ Amount received in 2020 \_\_\_\_\_

Income: B2

## Dividend Income

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

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

Income: D

## Sales of Stocks, Securities, and Other Investment Property

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

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

Income: Income

## Other Income

Please provide copies of all supporting documentation.

		2021 Information	Prior Year Information
State and local income tax refunds		_____	_____
T/S	Agreement Date	2021 Information	Prior Year Information
Alimony received	_____	_____	_____
Taxpayer		Spouse	Prior Year Information
Unemployment compensation		_____	_____
Unemployment compensation repaid		_____	_____
Social security benefits		_____	_____
Medicare premiums to be reported on Schedule A		_____	_____
Railroad retirement benefits		_____	_____

T/S/J

2021 Information

Prior Year Information

Other Income:

\_\_\_\_\_

\_\_\_\_\_

**Rent and Royalty Property - General Information****1 Preparer use only**

	2021 Information	Prior Year Information
Description .	[2]	
Taxpayer/Spouse/Joint (T, S, J) [3]	State postal code [5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[14]	
Description of other type (Type code #8)	[15]	
Did you make any payments in 2021 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%	[22]	
Business use percentage, if not 100% (Not vacation home percentage)	[24]	

**Rent and Royalty Income**

Rents and royalties	2021 Information	Prior Year Information
	+ [33]	

**Rent and Royalty Expenses**

	2021 Information	Percent if not 100%	Prior Year Information
Advertising	+ [35]	[36]	
Auto	+ [38]	[39]	
Travel	+ [41]	[42]	
Cleaning and maintenance	+ [44]	[45]	
Commissions:			
	+ [47]	[49]	
	+ [48]	[50]	
Insurance:			
	+ [50]	[52]	
	+ [51]	[53]	
Legal and professional fees	+ [54]	[55]	
Management fees:			
	+ [57]	[59]	
	+ [58]	[60]	
Mortgage interest paid to banks, etc (Form 1098)			
	+ [60]	[62]	
	+ [61]	[63]	
Other mortgage interest	+ [63]	[65]	
Qualified mortgage insurance premiums	+ [66]	[67]	
Other interest:			
	+ [69]	[71]	
	+ [70]	[72]	
Repairs	+ [72]	[73]	
Supplies	+ [75]	[76]	
Taxes:			
	+ [78]	[80]	
	+ [79]	[81]	
Utilities	+ [81]	[82]	
Depreciation	+ [84]	[85]	
Depletion	+ [87]	[88]	
Other expenses:			
	+ [90]	[91]	
	+ [92]	[93]	
	+ [94]	[95]	
	+ [96]	[97]	

**Control Totals+****RENT & ROYALTY****Form ID: Rent**

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

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

Taxpayer

Spouse

**Traditional IRA Contributions for 2021 -**

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2021

**Roth IRA Contributions for 2021 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2021

Educate: Educate2

**Higher Education Deductions and/or Credits**

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

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

Complete this section if you paid qualified education expenses for higher education costs in 2021.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

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

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

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

Description of move

Taxpayer/Spouse/Joint (T, S, J)

Mark if the move was due to service in the armed forces

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Mark if move is outside United States or its possessions

Transportation and storage expenses

Travel and lodging (not including meals)

Total amount reimbursed for moving expenses

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

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

Street address

City, State and Zip code

\*Enter the divorce/separation agreement date

Taxpayer	Spouse	Prior Year Information
----------	--------	------------------------

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide all Forms 5498-SA.

	2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of Trustee	____ [4]	
State postal code	____ [2]	
Indicate type of health or medical savings account:		
HSA	____ [6]	
Archer MSA	____ [7]	
MA (Medicare Advantage) MSA	____ [9]	
Total HSA/MSA contributions made		
for 2021 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [12]	
Number of months in qualified high deductible health plan in 2021	____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	____ [14]	
Total HSA/MSA contribution to be made for 2021	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2020 taken as constructive contributions for 2021	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2021? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**

**Health, Medical Savings Account Distributions****72**

Please provide all Forms 1099-SA.

		2021 Information	Prior Year Information
Taxpayer/Spouse (T, S)		____ [1]	
Name of Trustee		____ [4]	
State postal code		____ [2]	
Gross distributions received <b>(Box 1)</b>		+ _____ [7]	_____
Earnings on excess contributions <b>(Box 2)</b>		+ _____ [9]	_____
Distribution code <b>(Box 3)</b>		____ [11]	
Fair Market Value on date of death <b>(Box 4)</b>		+ _____ [12]	
<b>Box 5 -</b>			
HSA		____ [13]	
Archer MSA		____ [14]	
MA MSA		____ [15]	
All distributions were used to pay unreimbursed qualified medical expenses		____ [17]	_____
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2021		+ _____ [19]	_____
Withdrawal of excess contributions by the due date of the return		+ _____ [21]	_____
Amount of distribution rolled over for 2021		+ _____ [23]	_____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer		+ _____ [26]	_____
If MA (Medicare Advantage) MSA, enter value of account on 12/31/20		+ _____ [27]	_____
For HSA accounts:			
Was the high deductible health plan coverage started in 2020 and in effect for the month of December 2020? (Y, N)		____ [29]	
Was the high deductible health plan coverage ended before 12/31/21? (Y, N)		____ [30]	

**Long Term Care (LTC) Service and Contracts**

Please provide all Forms 1099-LTC.

		2021 Information	Prior Year Information
Name of the insured chronically ill individual		____ [39]	
Social security number of insured		____ [40]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>		+ _____ [42]	_____
Accelerated death benefits paid <b>(Box 2)</b>		+ _____ [44]	_____
Check one <b>(Box 3)</b>			
Per diem		____ [46]	
Reimbursed amount		____ [47]	
Qualified contract <b>(Box 4)</b>		____ [48]	
Check, if applicable <b>(Box 5)</b>			
Chronically ill		____ [49]	
Terminally ill		____ [50]	
Are there other individuals who received LTC payments during 2021? (Y, N)		____ [52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		____ [53]	
Number of days during the long-term care period		____ [54]	
Cost incurred for qualified long-term care services during the long-term care period		+ _____ [55]	

**NOTES/QUESTIONS:**

## ITEMIZED DEDUCTIONS

Itemized: A1

## Medical and Dental Expenses

T/S/J	2021 Information	Prior Year Information
— Medical and dental expenses	_____	_____
— Medical insurance premiums you paid***	_____	_____
— Long-term care premiums you paid***	_____	_____
— Prescription medicines and drugs	_____	_____
— Miles driven for medical items	_____	_____

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

## Tax Expenses

T/S/J	2021 Information	Prior Year Information
— State/local income taxes paid	_____	_____
— 2020 state and local income taxes paid in 2021	_____	_____
— Sales tax paid on actual expenses	_____	_____
— Real estate taxes paid	_____	_____
— Personal property taxes	_____	_____
— Other taxes	_____	_____

Itemized: A2

## Interest Expenses

T/S/J	2021 Information	Prior Year Information
— Home mortgage interest From Form 1098	_____	_____
— Other home mortgage interest paid to individuals:		
T/S/J	Payee's Name	SSN or EIN
—	_____	_____
	Address	City
	_____	State
		Zip Code
	_____	_____
T/S/J	2021 Information	Prior Year Information
— Investment interest expense, other than on Sch K-1s:	_____	_____
Refinancing Information:	Refinance #1	Refinance #2
T/S/J	_____	_____
Recipient/Lender name	_____	_____
Total points paid at time of refinance	_____	_____
Date of refinance	_____	_____
Term of new loan (in months)	_____	_____
Reported on Form 1098 in 2021	_____	_____

Itemized: A3

## Charitable Contributions

T/S/J	2021 Information	Prior Year Information
— Contributions made by cash or check	_____	_____
— Volunteer miles driven	_____	_____
— Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St

## Miscellaneous Deductions

T/S/J	2021 Information	Prior Year Information
Other expenses	_____	_____
— _____	_____	_____
— Gambling losses (enter only if you have gambling income)	_____	_____
***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J	2021 Information	Prior Year Information
— Unreimbursed expenses***	_____	_____
— Union dues, other than amounts reported on Form W-2***	_____	_____
— Tax preparation fees***	_____	_____
— Other expenses, subject to 2% AGI limitation***:	_____	_____
— _____	_____	_____
— _____	_____	_____
— Safe deposit box rental***	_____	_____
— Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

**Miscellaneous Itemized Deductions (State Use Only)**

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]
+	
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**NOTES/QUESTIONS:**



**Recovery Rebate Credit (Economic Impact Payment)****80****Please provide copies of all Notice(s) 1444-C and Letter(s) 6475**

A third round of stimulus payments was issued in 2021 for qualifying individuals. The third economic impact payment, referred to as EIP3, was issued in 2021 to qualifying individuals. Refer to the IRS notice or letter indicating the payment amount received. You can look up your EIP3 amount by either creating or viewing your IRS online account at <https://www.irs.gov/payments/view-your-tax-account>.

The EIP3 was an advance on a 2021 tax credit. The payments will be used to determine if you qualify for an additional recovery rebate credit on your 2021 return. The EIP3 will not increase the total amount of tax you pay but may reduce the amount owed or increase a tax refund.

	<b>Taxpayer/Joint</b>	<b>Spouse</b>
<b>Economic impact payment (EIP). Enter a zero (0) if none was received:</b>		
EIP no. 3 reported on Notice 1444-C	+ _____ [1]	+ _____ [2]
Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed Forces in 2020		_____ [3]
EIP3 amount projected from your prior year return		+ _____ 0 [4]
EIP3 projection tax year		_____ <b>2020</b> [5]
Mark if the EIP3 you received matches the <b>EIP3 amount projected from your prior year return</b>		_____ [6]

**NOTES/QUESTIONS:**

Form ID: IA

**Iowa General Information**

County of residence as of December 31st \_\_\_\_\_ [1]  
 School district \_\_\_\_\_ [2]

**Contributions**

Amount of charitable contributions you wish to make to:

Fish and Wildlife Fund \_\_\_\_\_ [3]  
 State Fairgrounds Renovation \_\_\_\_\_ [4]  
 Firefighters Fund and Veterans Trust Fund \_\_\_\_\_ [5]  
 Child Abuse Prevention \_\_\_\_\_ [6]

**Residency Information**

Residency code \_\_\_\_\_ [7]

**Residency Code**

Blank = Both spouses have the same residency status		4 = Taxpayer nonresident, spouse part-year resident
1 = Taxpayer nonresident, spouse resident		5 = Taxpayer resident, spouse part-year resident
2 = Taxpayer resident, spouse nonresident		6 = Taxpayer part-year resident, spouse resident
3 = Taxpayer part-year resident, spouse nonresident		

**Part-year Resident Information**

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	_____ [8]	_____ [10]
Moved out of Iowa	_____ [9]	_____ [11]

**Nonresident Information**

Illinois residents:

Iowa wages or salary only	_____ [12]
Wages or salary and other Iowa source income	_____ [13]

**NOTES/QUESTIONS:**

Form ID: MO

**Missouri General Information**

County of residence name \_\_\_\_\_ [1]  
 County of residence \_\_\_\_\_ [2]

**Contributions****Amount of contributions you wish to make to:**

Children's Trust Fund \_\_\_\_\_ [3]  
 Veterans Trust Fund \_\_\_\_\_ [4]  
 Elderly Home Delivered Meals Trust Fund \_\_\_\_\_ [5]  
 Missouri National Guard Trust Fund \_\_\_\_\_ [6]  
 Workers' Memorial Trust Fund \_\_\_\_\_ [7]  
 Childhood Lead Testing Trust Fund \_\_\_\_\_ [8]  
 Missouri Military Family Relief Trust Fund \_\_\_\_\_ [9]  
 General Revenue Trust Fund \_\_\_\_\_ [10]  
 Organ Donor Program Trust Fund \_\_\_\_\_ [11]  
 Kansas City Regional Law Enforcement Memorial Foundation Trust Fund \_\_\_\_\_ [12]  
 Soldiers Memorial Military Museum in St. Louis Trust Fund \_\_\_\_\_ [13]  
 Trust Fund \_\_\_\_\_ [14] \_\_\_\_\_ [15]  
 Trust Fund \_\_\_\_\_ [16] \_\_\_\_\_ [17]

**Trust Fund Codes**

<b>01 = American Cancer Society</b>	<b>08 = March of Dimes</b>
<b>02 = American Diabetes Association</b>	<b>09 = National Arthritis Foundation</b>
<b>03 = American Heart Association</b>	<b>10 = National Multiple Sclerosis Society</b>
<b>04 = American Lung Association</b>	<b>12 = Cervical Cancer Fund</b>
<b>05 = ALS (Lou Gehrig's Disease)</b>	<b>13 = Breast Cancer Awareness Fund</b>
<b>07 = Muscular Dystrophy Association</b>	<b>14 = Adoptive Parent's Recruitment and Retention</b>

**Part-year Resident and Nonresident Information****If you were a part-year resident during the tax year, enter the dates you lived in Missouri**

	<b>Taxpayer</b>	<b>Spouse</b>
Missouri residency dates:		
From	_____ [18]	_____ [19]
To	_____ [20]	_____ [21]
Other state residency dates:		
From	_____ [22]	_____ [23]
To	_____ [24]	_____ [25]
Other state of residency	_____ [26]	_____ [27]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer \_\_\_\_\_ [28]  
 Spouse \_\_\_\_\_ [29]

**Property Tax Information****Residents only**

Mark if you are a 100% disabled veteran \_\_\_\_\_ [30]  
 Mark if you are disabled per section 135.010(2), RSMo \_\_\_\_\_ [31]  
 Mark if surviving spouse social security benefits were received during the tax year \_\_\_\_\_ [32]

**NOTES/QUESTIONS:**