

**SAMUEL K. ANDERS, CPA, MSA, PC**  
**P O BOX 447**  
**OAK RIDGE, NC 27310**  
**Telephone: (336)643-7577 Fax: (336)643-3606**  
**E-mail: info@samanderscpa.com**

**2021  
TAX ORGANIZER**

Taxpayer Information				Spouse Information			
Last name .....				Last name .....			
First name .....				First name .....			
Middle Initial.....		Suffix.....		Middle Initial.....		Suffix.....	
Social security number .....				Social security number .....			
Occupation .....				Occupation.....			
Work phone .....		Ext ...		Work phone.....		Ext ...	
Cell phone .....				Cell phone .....			
E-mail address.....				E-mail address.....			
Date of birth.....				Date of birth .....			
Address .....			Apartment number.....				
City .....		State.....		ZIP Code.....			
Home phone.....		Fax number .....		Home phone.....		Fax number .....	

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

**Education Tuition and Fees**  
Attach all Form 1098-Ts and a list of your qualified education expenses.

**Student Loan Interest Paid**  
Enter total 2021 qualified student loan interest.....

**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

<b>Employer Name</b>	<b>2020 Amount</b>
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

<b>1099-R Payer Name</b>	<b>2020 Amount</b>
_____	_____
_____	_____
_____	_____

<b>Attach Form(s) SSA-1099 – Social Security/Railroad Benefits</b>	<b>Taxpayer</b>	<b>Spouse</b>
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____
Medicare C premiums withheld .....	_____	_____
Medicare D premiums withheld .....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income and 1099-NEC**

**1099-MISC Payer Name and 1099-NEC Payer Name**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach Form(s) 1099-INT – Interest Income**

<b>1099-INT Payer Name</b>	<b>2020 Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

<b>1099-DIV Payer Name</b>	<b>2020 Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**  
 Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**  
 Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**  
 Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	<b>Taxpayer</b>	<b>Spouse</b>
<b>Retirement Plan Contributions</b>		
Traditional IRA contributions made for 2021 .....	_____	_____
Roth IRA contributions made for 2021 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

## 2021 Deductions

<b>Medical and Dental Expenses</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Prescription medications.....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc .....	_____	_____
Hospitals, clinics, etc .....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
<b>Taxes</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098.		
<b>Lender's Name</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
<b>Lender's Name</b>	<b>2021 Amount</b>	
_____	_____	
<b>Cash/Check/Credit Contributions</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
Union and professional dues .....	_____	_____
Professional subscriptions, books, supplies .....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list): _____	_____	_____

	<b>Yes</b>	<b>No</b>
1 Did you receive an Economic Impact (Stimulus) Payment? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much did you receive? .....	<input style="width:100px;" type="text"/>	
2 Did you receive any Advanced Child Tax Credit payments? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , how much did you receive? .....	<input style="width:100px;" type="text"/>	
3 Did a lender cancel any of your debt in 2021? (Attach any Forms 1099-A or 1099-C) .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021? If <b>yes</b> , please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you purchase a motor vehicle or boat during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
6 Did you purchase a hybrid or electric vehicle in 2021? If <b>yes</b> , enter year, make, model, and date purchased: .....	<input type="checkbox"/>	<input type="checkbox"/>
_____		
7 Did you donate a vehicle in 2021? If <b>yes</b> , attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
8 What was the sales tax rate in your locality in 2021? ..... %      State ID .....		
9 Did your marital status change during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain: .....		
10 Were you or your spouse permanently and totally disabled in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you provide over half the support for any other person during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you incur adoption expenses during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive any disability payments in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2021? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you pay any individual for domestic services in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you take a retirement account distribution related to the corona virus or a natural disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you buy or sell any stocks or bonds in 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you incur any moving expenses? If <b>yes</b> , attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		
27 Do you expect your income and deductions in 2022 to be the same as 2021? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , attach explanation of changes expected.		
28 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
29 At any time during 2021, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? .....	<input type="checkbox"/>	<input type="checkbox"/>
30 <b>a</b> Did you obtain a Paycheck Protection Program (PPP) loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If yes, has any portion of that loan been forgiven? .....	<input type="checkbox"/>	<input type="checkbox"/>
31 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
32 Enter your state of residence: _____ Taxpayer _____ Spouse _____		
33a Do you want to change the language with which the IRS communicates with you? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If yes, which language? .....		

**Electronic Filing and Direct Deposit of Refund** **Yes**  **No**

If your tax return is eligible for Electronic Filing, would you like to file electronically? .....

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
 If you receive a refund, would you like direct deposit? .....

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.  
 What type of account is this? .....

Checking  Savings

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

**Additional Information** (Enter any additional information here and attach any documents.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

**Part 1 Coverage**

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:														
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

**ORG3A**