



2021 Tax Organizer

All clients are required to complete and submit this organizer with their tax documents

- NO EXCEPTIONS -

CLIENT INFORMATION

Please review your personal information, noting any changes as applicable.

TAXPAYER:

SPOUSE:

Name	_____	_____
DOB	_____	_____
Social Security #	_____	_____
Primary Phone	_____	_____
Occupation	_____	_____
Street Address	_____	City, State Zip _____
Was this your address for all of 2021?	Y <input type="checkbox"/> N <input type="checkbox"/>	If no, Date moved _____
Prior Address:	_____	City, State Zip _____

****NOTE:** If you are filing a 2021 NY Tax Return, please provide a copy, front and back of your current state driver's license.

DEPENDENT INFORMATION

List those whom you are claiming as a dependent. If you are unsure, please contact VTA.

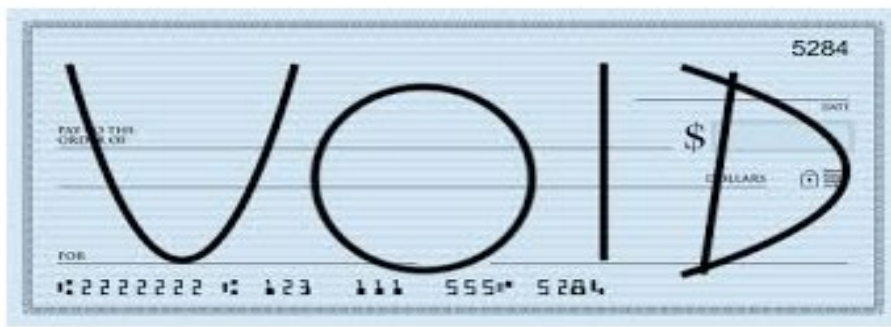
Name	_____	_____	_____
Relation	_____	_____	_____
Social Security #	_____	_____	_____
DOB	_____	_____	_____
Lived with you for all of 2021?	Y <input type="checkbox"/> N <input type="checkbox"/>	**Attach sheet for Y <input type="checkbox"/> N <input type="checkbox"/>	additional dependent** Y <input type="checkbox"/> N <input type="checkbox"/>

If not, how many months did they live with you?

Full-time college student in 2021 for a least 5 months? Y N Y N Y N

Filed own tax return for 2021? Y N Y N Y N

Attach VOIDED check for direct deposit / electronic payment



Alternate
Routing # _____
Account # _____

***IMPORTANT – The last page of this organizer requires a signature**

2021 STATUS CHANGES - Check any that occurred and effective date:

Married _____ *Separated _____ *Divorced _____

Dependent Deceased _____ Spouse Deceased _____ Retired _____

***If divorced/separated with dependents, have you coordinated dependency with the other parent?** Y N

ESTIMATED TAXES PAID - Do not include amounts from your W-2's

	Date Paid	Federal \$	State \$	Local \$
First Qtr (Apr 21)				
Second Qtr (Jun 21)				
Third Qtr (Sep 21)				
Fourth Qtr (Jan 22)				

Have ever been denied the Earned Income Credit by the IRS?			Y <input type="checkbox"/>	N <input type="checkbox"/>
Do you want to contribute \$3 to the Pres. Election Campaign Fund? (Does not affect refund)				
TAXPAYER	Y <input type="checkbox"/>	N <input type="checkbox"/>	SPOUSE	Y <input type="checkbox"/> N <input type="checkbox"/>

COVID-19 ISSUES

In 2021, did you:		
Receive the third Economic Impact Payment (EIP) (i.e., Stimulus) in 2021 (maximum \$1400 per family member)? If yes, please provide the amount _____	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive Advance Child Tax Credits (AdvCTC)? <i>If yes, attach IRS Ltr 6419 showing amounts</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Unenroll from the AdvCTC for 2021? <i>If yes, include confirmation</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive Identity Protection Pin (IP PIN) or been a victim of identity theft? <i>If yes, attach IRS doc</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive an IRS adjustment to your 2020 refund or balance due for any reason (e.g., UC benefits, stimulus tax credits, health premium tax credits)? <i>If yes, attach IRS letter</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Work as a telecommuting employee due to COVID-19 protocols while working at home for a job that normally was located outside of your home state?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive emergency sick pay or family leave wages?	Y <input type="checkbox"/>	N <input type="checkbox"/>

GENERAL - Provide supporting documents. If new to VTA, provide 2019 & 2020 federal & state returns.

Do you expect a large fluctuation in income for next tax year – 2022?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Can you be claimed as a dependent on another individual's return?	Y <input type="checkbox"/>	N <input type="checkbox"/>
In 2021, did you:		
Have debts canceled, forgiven, or refinanced?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Purchase a principal residence using funds withdrawn from an IRA or Roth IRA?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Sell, exchange, or purchase any real estate? <i>If yes, attach closing statements (HUD-1)</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Cash any U.S. Savings Bonds?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Make any gifts in excess of \$15,000 to any one donee/individual?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Have signature authority or named as a co-owner on a bank account in a foreign country even if the funds are not yours? <i>If yes, complete an FBAR Organizer</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive an inheritance from someone in a foreign country?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Have a foreign bank/financial account (over \$10,000)? <i>If yes, complete an FBAR Organizer</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive a distribution from, or the grantor, or transferor to, a foreign trust?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Incur expenses in conjunction with adoption of a child? <i>If yes, provide documents</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>

HEALTH CARE

If insured thru the Marketplace/Pennie, provide **Form 1095-A**, and check here

If insured thru the Marketplace with dependents and a dependent filed his/her own return, attach return, and check here

If an individual on your return was included on another's policy, provide that 1095-A, and check here

Did you receive distributions from **OR** contribute to a Health Savings Account (HSA) Y N

PROVIDE FORMS 1099-SA (DISTRIBUTION). 5498-SA (CONTRIBUTION) OR 1099-H (HEALTH COVERAGE TAX CREDIT ADVANCE PAYMENTS)

NJ ONLY – Complete the healthcare section below; provide your 1095A, 1095B, or 1095C

Did you have health coverage via an employer or gov't plan (Medicare), or private policy? Y N

If you DID NOT have coverage for every month of 2021, check boxes for months you WERE insured.

Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCOME AND ADJUSTMENTS TO INCOME

<i>In the event of a refund</i> , would you like to credit it towards your 2022 tax?	Y <input type="checkbox"/>	N <input type="checkbox"/>
In 2021, did you:		
Receive W-2s from employers?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive Interest Income (1099-INT)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive Dividends (1099-DIV)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive a Prior year state/local tax refund (1099-G)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Have capital gains/losses (1099)? <i>If yes, ensure cost basis data is complete</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive, sell, send, exchange, or acquire any financial interest in any virtual currency?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Sell a personal residence?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive distributions (i.e., withdrawals) from an IRA, Pension or Annuity (1099- R)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive Unemployment Compensation (Form 1099-G)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive unemployment benefits under the any pandemic relief acts?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive Social Security Benefits (Form SSA-1099)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive gambling or contest winnings (W-2G)? <i>If yes, provide win/loss documents</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive Schedule K-1 from Partnership or S corporation?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive Schedule K-1 from estates and trusts?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Have Business Income (Self Employed)? <i>If yes, complete Schedule C Organizer</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Have Rental Real Estate income? <i>If yes, complete Schedule E Organizer</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Pay Student Loan Interest (Form 1098-E)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Or a dependent attend college and/or post-high school educational training (1098-T)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Or will you have contributed to a traditional IRA (Form 5498) by 4/18/2022 ?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Receive Alimony (not including child support)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Date of original divorce or separation agreement (even if not in 2021) _____		
Pay alimony that is covered by a pre-2019 order (not including child support)? <i>If yes, provide amount paid _____ name of recipient _____ and recipient's social security number _____</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>

Did you contribute to a PA or other state qualified 529 College Plan? (**Attach Form 1099-Q**) Y N

Amount \$ _____ Dependent Name _____

Amount \$ _____ Dependent Name _____

Did you pay someone else for childcare so that you could work? (**Tax ID or SSN required**) Y N

Name of individual/organization providing care _____

Address _____

Phone # _____ Tax ID # (or SSN of individual) _____

Amount paid (by dependent) _____

IF YOU DO NOT ITEMIZE, YOUR ORGANIZER IS COMPLETE - ***Please sign the last page***

ITEMIZED DEDUCTIONS

*You itemize (generally) if you own your own home, pay real estate taxes and mortgage interest, incur large medical expenses, and/or give large sums to charity – or some combination thereof. **But a portion of your cash charitable contributions (joint max \$600) may be deductible even if you do not itemize, so provide that information below.***

If you wish to provide the detailed data via a hard copy attachment or an electronically transmitted spreadsheet, etc., you may do so by completing any Y/N questions and writing “See Attached”.

Taxes – Property - primary residence \$ _____ Property - secondary residence \$ _____

State/local income taxes not listed elsewhere \$ _____ (Do not include amounts from your W2)

Sales tax – If you made any **major purchases** and paid significant sales tax, please advise; you can deduct the higher of state income tax or sales tax paid during 2021, in most cases the income tax paid will be higher.

Mortgage Interest

Mortgage Interest (attach Form 1098) \$ _____ Equity interest (attach Form 1098) \$ _____

Were the equity loan proceeds used to buy, build, or substantially improve the home that secures the loan? Y N

Other Mortgage Interest Paid \$ _____

Party to whom you paid this interest:

Name _____ Tax ID# - Required _____

Address _____

Did you refinance your home? *If yes, please enclose the closing statement (HUD-1).* Y N

Medical and Dental (NOT reimbursed by insurance or HSA distributions). **Caution – medical expenses are only included as itemized deductions if they exceed 7.5% of your Adj. Gross Income**

Cost of prescribed drugs. \$ _____

Cost of all doctors, dentists, and nurses. \$ _____

Hospital \$ _____

Medical and Dental Insurance** \$ _____

Hearing Aid/Contact/Eyeglasses/Dentures \$ _____

Ambulance Service \$ _____

X-Rays \$ _____

Clinic (Lab) \$ _____

Lodging for medical Care \$ _____

Long-term Care Insurance (taxpayer) \$ _____

Long-term Care Insurance (spouse) \$ _____

Miles traveled to doctors and hospitals _____

**** If your health and/or dental insurance is paid thru employment as a “pre-tax” deduction, do not include it, for it is non-deductible**

Charitable Contributions - Provide details of any charitable contributions made including name of charity, address, and details of items donated. **Cash donations require a receipt, regardless of amount.**

Cash Contributions (This section can be used up to max. \$300/\$600 even if not itemizing)

Organization Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Non-Cash Contributions – acknowledgement & description required for value over \$250

Organization Name	Address	Items	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Please provide any mileage incurred while traveling to perform work for any charity _____

Other Deductions include investment interest expense, gambling losses and amortizable bond premiums.

Description	Amount
_____	\$ _____
_____	\$ _____

PA INCOME TAX ONLY

(Documented unreimbursed employee expenses reduce your PA and local earned income tax liability but PA may request details of expenses claimed, dated receipts and letter from employer)

Unreimbursed Employee Expenses (list in detail – attach sheet if needed): Uniform, auto, union dues, meals, business gifts, cell phone, periodicals, subscriptions, internet, home office, office supplies, etc.

Description	Amount
_____	\$ _____
_____	\$ _____

Please provide any amount received as partial reimbursement for items listed above

NOTE: The PA Department of Revenue requires the following with your E-Filed Tax Return:

- Detailed documentation for each line item (including copies and a summary page)
- A letter from your employer indicating that the expenditures were necessary and not reimbursed (REV-757 – Employer Letter Template)

If an employer letter is not available, submit one of the following:

- A signed affidavit (REV-775 – Personal Income Tax Employee Business Expense Affidavit), or
- A copy of the employer’s employee expenses reimbursement policy

Unreimbursed mileage for employment purposes _____ (Do NOT include commuting mileage)

Total mileage driven in 2021 for any all purpose _____

Signature: _____ Date: _____