

- NOTES:** 1) You must retain receipts and backup for all tax items & expenses for at least 7 years.
 2) Please upload, email or mail all docs at the same time, rather than piecemeal. Copies are preferred over originals.
 3) Please do not send 5498 forms, 1095-B or C, receipts, annual statements or anything not specifically requested.
 4) If you own a small business or rental property, please use the organizers found at www.cpamichele.com

Taxpayer

Spouse

Name	
SSN	
Occupation	
Date of Birth	
Email	
Phone #	
Driver's License: State, License #, Issue Date, Exp Date	

Name	
SSN	
Occupation	
Date of Birth	
Email	
Phone #	
Driver's License: State, License #, Issue Date, Exp Date	

Mailing Address (city, state, zip):

Direct Deposit Info:

Bank Name Routing # Account #

If you want your refund split between bank accounts or used to purchase US Savings Bonds, please note below.

Dependents' Name	SSN	Date of Birth	Age 12/31/21

Do any dependents have earned income > \$12,400 or investment income > \$2,200? If so, a return may be required.

For Daycare and Summer/Sports Camps (under age 13)

* Add list below if you need more space, must list amount paid per child

Child	Provider's Name	Provider's Address	Tax ID#	Amount Paid

For College & Grad Students:

* Attach 1098-T, 1099-Q, and Savings Bond Info

Student	# of year's completed as of 12/31/21	Name of School	Tuition Paid in 2021	Other Exp Paid in 2021

Total Annual Contributions to State's 529 Plan

REQUIRED:

Copy of Letters 6475 (Stimulus / Economic Impact Payment) and 6419 (Child Tax Credit)

If you do not receive the proper letters, please visit www.irs.gov/account and set up an account in order to get your printout.

Any notes on items listed on this page?

NOTES:

INCOME SOURCES - Please include copies of the following source documents:

- W-2 Wages or W-2G Gambling Income, SSA-1099 (Social Security Statement)
- 1099-R (pension), 1099-MISC (miscellaneous), 1099-INT (interest), 1099-DIV (dividends), 1099-G (government payments)
- 1099-B: Stocks, Bonds, Real Estate - **must provide Purchase Price & Date, Sales Price & Date**
- Schedule K-1: Partnerships, S Corporations, Trust or Estate
- Other Income: Alimony, jury duty, tips, prizes, awards, unreported tips
- 1095-A from State Health Insurance Marketplace (1095-B and 1095-C are NOT needed)

ESTIMATED TAX PAYMENTS - only list amounts you paid to the IRS and state on 2021 estimated tax vouchers

- do not include amounts paid towards prior year taxes
- do not include items paid or withheld through payroll, W-2, 1099 or other withholdings

	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Federal		\$ -		\$ -		\$ -		\$ -
State		\$ -		\$ -		\$ -		\$ -

HEALTH SAVINGS ACCOUNTS

- do not include amounts listed on your W-2, only those made out of pocket

	Taxpayer's Contribution	Spouse's Contribution
HSA Out of Pocket Contribution Amt	\$ -	\$ -
Was this a high deductible health plan?	yes / no	
Was this plan for an individual or family?	Individual / Family	

RETIREMENT CONTRIBUTIONS

- do not include amounts listed on your W-2, only those made out of pocket

	Taxpayer's Contribution	Spouse's Contribution	Date Made
Trad'l IRA Contributions ALREADY made for 2021	\$ -	\$ -	
Roth IRA Contributions ALREADY made for 2021	\$ -	\$ -	
SEP Contributions ALREADY made for 2021	\$ -	\$ -	

If you want Knight Accounting to calculate your allowable contributions, please make note below of how much you plan to contribute before 4/15/2021 (or just write "MAXIMIZE")

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Student Loan Interest Deduction

- do not include interest statements from student loan companies

Loan Company Name	Taxpayer's Interest Paid	Spouse's Interest Paid
	\$ -	\$ -
	\$ -	\$ -

Did you receive, sell, send, exchange or acquire any interest in any virtual currency?

If taxpayer/spouse is a K-12 educator, did you spend \$250 or more on supplies?

Did you add central air, boiler/furnace/fan, insulation, roof, water heater, or windows/doors to your home?

Cost	Description	Recipient's SSN	Payor's SSN
\$ -			
Amount of alimony paid?	\$ -		
Amount of alimony received?	\$ -		
Date of Divorce			
Did you adopt a child?	yes / no	Total adoption expenses incurred?	\$ -

NOTES:	
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ITEMIZED DEDUCTIONS

Actuals only, estimates are not acceptable.

MEDICAL EXPENSES: (only list if you feel they may exceed 7.5% of your income, or if you are self-employed)

Prescription Drugs	\$ -
Doctors, Dentists	\$ -
Hospitals, Clinics	\$ -
Eyeglasses, Contacts	\$ -

LongTerm Care-taxpayer	\$ -
LongTerm Care-spouse	\$ -
Medical Eqpt & Supplies	\$ -

Insurance Premiums paid out of pocket

Miles Driven for Medical

\$ -

(do not include Medicare or premiums paid through an employer or paycheck)

TAXES:

Do you claim a home office for business? (If yes, complete page 2 of small business organizer)

yes / no

Real estate taxes paid on principal residence

\$ -

Real estate taxes paid on add'l homes or land (NOT RENTAL PROPERTIES)

\$ -

Car Registration Taxes

\$ -

Total sales tax paid on large purchases (if greater than state income tax paid)

\$ -

HOME MORTGAGE INTEREST - Please include copies of Form 1098 for each loan:

Mortgage Lender/Bank	Interest Paid
	\$ -
	\$ -
	\$ -

Points Paid on Mortgage

\$ -

Date Paid

Length of Mortgage

* CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not.

CASH: Unless eligible for CO-specific credit, do not send receipts, but keep for your records

Name of Charity	\$ donated
	\$ -
	\$ -
	\$ -
	\$ -

Name of Charity	\$ donated
	\$ -
	\$ -
	\$ -
# Charitable Miles Driven?	

NON-CASH: See Salvation Army Donation Guide posted on www.cpamichele.com, under Downloads

Charity Name and Address	Est. Thrift	Est. Purch	Date Donated
	Store Value	Price	
	\$ -	\$ -	
	\$ -	\$ -	
	\$ -	\$ -	

NOTES: