



The Bridge

Certified Public Accountants

Individual
Tax
Organizer

2021

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INDIVIDUAL TAX ORGANIZER

Enclosed is an organizer that I provide to tax clients to assist in gathering the information needed to prepare your current year tax returns.

Your individual income tax returns are due on **April 18, 2022**. Tax returns are prepared in the order received. **I will not start working on your return until all information required has been received.** In order to guarantee the timely filing of your return, tax organizers and supporting documents must be received no later than **April 4, 2022**.

If an extension of time to file your tax return is required, any tax that may be due must be paid with the extension by April 18, 2022. Amounts not paid by the filing deadline may be subject to late payment penalties and interest.

The work performed in connection with the preparation of your federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact, The Bridge CPAs can assist you with responding to the notice or represent your position before the taxing authority. However, there is an additional fee for this service that is not included in your tax preparation fees.

Please review all completed tax returns carefully. As a tax preparer, we have a responsibility to both the various taxing authorities with whom we file tax returns as well as to our clients. Clients will remain liable for the contents of tax returns prepared by The Bridge CPAs, LLC with data provided by that client.

All tax return preparation fees must be paid before the full tax return will be released to clients and/or electronically filed. Tax returns will be electronically filed only after payment and the signed e-file authorization forms are received.

**BELOW IS A LIST OF ITEMS YOU WILL NEED TO
COMPLETE YOUR ORGANIZER:**

- Name, social security numbers and date of birth for dependents
- Driver's license for filer and spouse
- Social security cards for all taxpayers and dependents
- W-2s
- 1099-R for retirement and pension payments
- K-1s
- 1099-SSA received from Social Security Administration
- 1099-MISC
- 1099-NEC
- Unemployment information
- 1099-DIV for dividends received during the year
- 1099-INT for interest received during the year
- 1099-G for gambling winnings and any gambling losses
- State income tax refunds
- 1099-B for sales of stock – need cost basis and sales proceeds
- 1098-T for tuition and other qualified expense including fees, books and supplies
- 1098-E for interest paid on student loans
- 1099-C or 1099-A for cancellation of debt
- Health Insurance Form 1095-A (from health insurance exchange) or 1095-B/C (from employer)
- Child and dependent care expenses – name, tax ID number and address of provider and amount paid
- Records of income and expenses for your business and mileage log
- Rental property income and expenses, HUD-1 statement if purchased during the tax year
- Out of pocket medical expenses, health insurance premiums paid, and medical mileage
- 1098 for mortgage interest paid
- Real estate taxes paid during the year
- Sale or refinance of property information including HUD-1 statement
- Cash and non-cash contributions made to charities
- Alimony received or paid, name of person paid to and their social security number
- Medical savings account contributions and disbursements
- Education savings account contributions and disbursements
- IRA or other retirement account contributions
- IRS Notice 1444-C for the 2021 stimulus check
- IRS Letter 6419 for those that received the advance child credit
- Copy of your previous year tax return if not prepared by Sankofa Financial Group

2021 Tax Organizer Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2021

- Single
 Married
 Widowed - If widowed and your spouse died in 2021, enter the date of death _____
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? _____

Yes No

- Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
 Was your earned income in 2021 less than your earned income in 2019?
 If "Yes," enter the amount of your 2019 earned income. _____
 Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
 If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.
 Taxpayer _____ Spouse _____

Identification Information

Taxpayer's type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID	Spouse's type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID
Photo ID number _____	Photo ID number _____
State photo ID was issued _____	State photo ID was issued _____
Date photo ID was issued _____	Date photo ID was issued _____
Date photo ID expires _____	Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2021 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: _____

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Yes No

Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer _____

Spouse _____

If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2020	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name	2021 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2021 distribution

- Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
 Yes No Did you use any of the distributions for disaster or coronavirus relief?

Other Income and Adjustments

Name:

SSN:

Other Income

	2021 Taxpayer	2021 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Alimony received Divorce or separation date _____ Amount	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2021	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
Jury duty pay	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2021 Taxpayer	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies).....	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses	Charitable Contributions
<p>Health insurance premiums (paid by you) _____</p> <p>Long-term care premiums (you) _____</p> <p>Long-term care premiums (your spouse) _____</p> <p>Long-term care premiums (dependents) _____</p> <p>Mileage driven for medical purposes _____</p> <p>Medical & dental expenses</p> <p style="padding-left: 20px;">Doctor, dental, etc _____</p> <p style="padding-left: 20px;">Prescription medicines _____</p> <p style="padding-left: 20px;">Insulin _____</p> <p style="padding-left: 20px;">Glasses & contacts _____</p> <p style="padding-left: 20px;">Hearing aids _____</p> <p style="padding-left: 20px;">Braces _____</p> <p style="padding-left: 20px;">Medical equipment & supplies _____</p> <p style="padding-left: 20px;">Hospital services _____</p> <p style="padding-left: 20px;">Laboratory services _____</p> <p style="padding-left: 20px;">Nursing services _____</p> <p style="padding-left: 20px;">Other _____</p>	<p>Donations to charity</p> <p style="padding-left: 20px;">Church <input type="checkbox"/> Cash <input type="checkbox"/> Noncash <input type="checkbox"/> Amount _____</p> <p style="padding-left: 20px;">Boy or Girl Scouts <input type="checkbox"/> _____</p> <p style="padding-left: 20px;">Goodwill <input type="checkbox"/> _____</p> <p style="padding-left: 20px;">Red Cross <input type="checkbox"/> _____</p> <p style="padding-left: 20px;">Salvation Army <input type="checkbox"/> _____</p> <p style="padding-left: 20px;">United Way <input type="checkbox"/> _____</p> <p style="padding-left: 20px;">Veterans <input type="checkbox"/> _____</p> <p style="padding-left: 20px;">Hospital <input type="checkbox"/> _____</p> <p style="padding-left: 20px;">University <input type="checkbox"/> _____</p> <p style="padding-left: 20px;">Other _____ <input type="checkbox"/> _____</p> <p>Miles driven for charitable purposes _____</p>
<p>Taxes Paid</p> <p>State and local income taxes _____</p> <p>General sales tax (vehicle, boat, home, etc.) _____</p> <p>Real estate taxes _____</p> <p>Personal property taxes _____</p> <p>Other taxes (list) _____</p>	<p style="background-color: #e0e0e0;">Other Miscellaneous Deductions</p> <p>Amortizable bond premiums _____</p> <p>Federal estate tax _____</p> <p>Gambling losses _____</p> <p>Impairment-related work expenses _____</p> <p>Claim repayments _____</p> <p>Unrecovered pension investments _____</p> <p>Loss from other activities from Schedule K-1 _____</p> <p>Ordinary loss debt instrument _____</p> <p>Excess deduction on termination _____</p>
<p>Interest Paid</p> <p>Home mortgage interest paid (attach Form 1098) _____</p> <p><input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home.</p> <p>Home mortgage interest paid to an individual _____</p> <p>Paid to:</p> <p style="padding-left: 20px;">Name _____</p> <p style="padding-left: 20px;">Address _____</p> <p style="padding-left: 20px;">City, State, ZIP _____</p> <p style="padding-left: 20px;">SSN or EIN _____</p> <p>Home mortgage insurance premiums _____</p> <p>Investment interest _____</p>	<p style="background-color: #e0e0e0;">Job Expenses & Certain Miscellaneous Deductions</p> <p>Necessary job expenses you paid that were not reimbursed by your employer</p> <p style="padding-left: 20px;">Safety equipment, tools, & supplies _____</p> <p style="padding-left: 20px;">Uniforms _____</p> <p style="padding-left: 20px;">Protective clothing (shoes, hardhats, glasses, etc.) _____</p> <p style="padding-left: 20px;">Dues to professional organizations _____</p> <p style="padding-left: 20px;">Books & subscriptions _____</p> <p style="padding-left: 20px;">Other _____</p> <p>Union dues _____</p> <p>Tax preparation fees _____</p> <p>Other nonpersonal expenses related to taxable income</p> <p style="padding-left: 20px;">Safe deposit box fees _____</p> <p style="padding-left: 20px;">Investment expenses not entered elsewhere .. _____</p> <p style="padding-left: 20px;">Other _____</p> <p>Home equity interest _____</p>

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

Accounting Method: Cash Accrual Other (specify) _____

This business started or was acquired during 2021.

This business was disposed of during 2021.

Select if this business is for:

Professional gambler

Exempt Notary income

Newspaper delivery and you are under 18 years of age

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," you filed Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes," was any portion of the loan forgiven?

Income

	2021		2021
Gross receipts or sales		Other income	
Returns & allowances			

Expenses

	2021		2021
Advertising		Repairs & maintenance	
Car & truck expenses		Supplies	
Commissions & fees		Taxes & licenses	
Contract labor		Travel	
Depletion		Total meals	
Employee benefit programs		Utilities	
Insurance (other than health)		Wages	
Interest - mortgage		Family health coverage payments for taxpayer, spouse or dependents	
Interest - other		Other expenses (list)	
Legal & professional services			
Office expenses			
Pension & profit sharing plans			
Rent or lease (vehicles, machinery, & equipment)			
Rent (other business property)			

Cost of Goods Sold

	2021		2021
Inventory at beginning of year		Materials & supplies	
Purchases		Other costs	
Cost of personal use items		Inventory at end of year	
Cost of labor		<input type="checkbox"/> There was a change in inventory method.	

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

Was this vehicle available for use during off-duty hours?
 Was another vehicle is available for personal use?

Yes No

Do you have evidence to support your deduction?
 If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2021

Business _____

Commuting _____

Other _____

Expenses

Garage rent _____ Repairs _____

Gas _____ Tires _____

Insurance _____ Tolls _____

Licenses _____ Lease addback _____

Oil _____ Other expenses

Parking fees _____

Rental fees _____

Interest _____

Property tax _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Excess real estate taxes _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | |
|--|---|
| <input type="checkbox"/> This property was placed in service during 2021. | |
| <input type="checkbox"/> This property is your main home or second home. | <input type="checkbox"/> Yes <input type="checkbox"/> No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2021. | |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> Yes <input type="checkbox"/> No You filed Forms 1099 for the individuals |

Income

	2021		2021
Rent income		Royalties from oil, gas, mineral, copyright or patent	

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising			If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel			
Cleaning & maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depletion			
Other expenses			

