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PERSONAL INCOME TAX ORGANIZER - TAX YEAR 2021

Please fill out this organizer as completely as possible as it is designed to help you find all of the deductions you are entitled to on your tax return.

GENERAL INFORMATION

Name _____ Social Security # _____
 Address _____
 City, State, Zip _____ County or City _____
 Date of Birth _____ Occupation _____
 Phone Numbers Work _____ Home _____
 Cell _____ E-mail _____

Spouse's Name _____ Social Security # _____
 Address _____
 City, State, Zip _____
 Date of Birth _____ Occupation _____
 Phone Numbers Work _____ Home _____
 Cell _____ E-mail _____

FILING STATUS (check one)

Single Married Filing Jointly Surviving Widow(er) with dependent child
 Unmarried Head of Household Married Filing Separately (If MFS) List Spouse's Name & SSN
 Name _____ SSN _____

DEPENDENTS (for tax purposes)

Children (all children must have a SSN; please indicate "B" for boy or "G" for girl)

Name & Relationship	Social Security #	(DOB) Date of Birth	Live With You? Yes or No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FORM 1095-A: HEALTH INSURANCE MARKETPLACE

If you or your family received advance payments of the Premium Tax Credit through the Health Insurance Marketplace in 2021, please attach Form 1095-A (Health Insurance Marketplace Statement). **We must have this form in order to prepare your taxes.**

INCOME

Number of attached W-2 forms for Taxpayer _____ Spouse _____

EIP3 STIMULUS PAYMENTS RECEIVED IN 2021 (We must have this info)

Enter the amount, if any, of EIP3 that was issued to you during 2021 Taxpayer _____ Spouse _____

(You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount)

VIRTUAL CURRENCY

Did you receive, sell, exchange or otherwise dispose of any financial interest in virtual currency during 2021? Yes No

INTEREST RECEIVED (Attach 1099 Forms)

Taxpayer (T) or Spouse (S) or Joint (J)	Payer	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

DIVIDENDS RECEIVED (Attach 1099 Forms)

Taxpayer (T) or Spouse (S) or Joint (J)	Payer	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

SALE OF STOCKS OR OTHER PROPERTY (Attach 1099 Forms)

Taxpayer (T) or Spouse (S) or Joint (J)	Description	*Date Purchased	*Cost	Date Sold	Sale Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*We need this information for each stock you sold. This should be on your brokerage statement.

RENTAL INCOME AND EXPENSES *

Rents Received _____ **Property Address** _____

Expenses

Real Estate Taxes _____	Mortgage Interest _____	Utilities _____
Supplies _____	Repairs _____	Insurance _____
Auto Mileage _____	Other (describe) _____	
Improvements (describe) _____		

Include your closing statement (HUD 1) if you purchased or re-financed the property during 2021.

*Please attach an additional sheet for each additional rental property.

SOCIAL SECURITY AND PENSIONS

Please attach forms SSA 1099 for Social Security and forms 1099 R for pension or retirement benefits.

ADVANCE CHILD TAX CREDIT PAYMENTS (New for 2021)

Advance child tax credit payments received from Letter 6419 Taxpayer _____
Spouse _____

OTHER INCOME (any 1099's received, cancelled debt income, misc. income with no 1099s, etc.)

Please list any other income received or any questions you have about income items.

DEDUCTIONS AND CREDIT ITEMS

ESTIMATED TAXES PAID FOR TAX YEAR 2021 (not balance due from 2020)

		Federal	State
Overpayment Applied from Prior Year		_____	_____
	Date Paid	Amount Paid	Amount Paid
1 st Qtr.	_____	_____	_____
2 nd Qtr.	_____	_____	_____
3 rd Qtr.	_____	_____	_____
4 th Qtr.	_____	_____	_____

IRA OR SEP CONTRIBUTIONS

Taxpayer Amount _____ Date _____ Type _____
Spouse Amount _____ Date _____ Type _____

MEDICAL EXPENSES (Amounts for which you were not reimbursed; if you can itemize)

Insurance premiums _____ Prescriptions _____ Eyeglasses _____
Doctors _____ Dentists _____ Hospitals _____ Other _____
Medical mileage _____ Long Term Care Premiums _____

TAXES PAID (if you can itemize)

Real Estate taxes _____ Personal Property taxes _____
State tax paid for last year's return _____
Other taxes paid _____

INTEREST EXPENSE (if you can itemize)

Home mortgage – interest paid to Financial Institutions _____ Points paid _____
Home mortgage – interest paid to Individual _____ Recipient's SSN _____
Investment interest _____

CONTRIBUTIONS (You may be able to deduct even if you don't itemize)

Cash and check (for which you have receipts) _____
Description of donated property for which you have receipts _____

Donated to what organization? _____ Address _____
Original Cost of Donated Property _____
Charitable Activity Mileage _____
Other _____

EDUCATION, TUITION (AOTC & LIFETIME LEARNING) & STUDENT LOAN INTEREST

Expenses for qualified higher education (tuition & enrollment fees) _____ (attach Form 1098-T)
Student's name _____
What year of Higher Education? (please circle) 1 2 3 4 5+
Student loan interest paid during 2021 _____ (attach 1098-E Statement)

CHILD CARE EXPENSES

Name of provider	Address	Fed. ID#	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER

We recommend electronic filing for all returns. If you are due a refund, would you like to have the IRS deposit your refund directly into your checking account? If so, please enter your account number and routing number (or attach a voided check).

_____ Routing Number

_____ Account Number

ADDITIONAL INFORMATION, QUESTIONS OR NOTES FOR PREPARER

*****Please remember to enclose W-2s, 1099's, mortgage interest statements, etc.*****

Please do NOT text pictures of tax documents to us; they are very difficult to read.

Thank you for your business. We look forward to working with you.

You do not need an appointment to drop off your taxes.

Please visit our website at www.StaffordTaxAdvisors.com