

2021 Individual Organizer

Personal organizer available upon request

PERSONAL DATA

If you choose not to fill out the organizer because we have information on file, please update any information that may have changed for 2021, **and you must answer the "Yes" or "No" questions under Questions - All Taxpayers.**

PERSONAL DATA

Taxpayer Name #1:	Taxpayer Name #2:
Address:	
Social Security #:	Social Security #:
Date of Birth:	Date of Birth:
Daytime Phone:	Daytime Phone:
Evening Phone:	Evening Phone:
Email:	Email:
Please select the best time of day to contact:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

DEPENDENT INFORMATION

Name of Dependent	Date of Birth	Social Security #	Relationship	Months lived in your home	Did you provide over 1/2 support?	Wage & Investment Income

PLEASE PROVIDE DRIVER'S LICENSE INFORMATION

Taxpayer #1	State:	No:	Issue Date:	Expiration Date:
Taxpayer #2	State:	No:	Issue Date:	Expiration Date:

QUESTIONS ALL TAXPAYERS MUST COMPLETE

(During 2021- if yes to any questions, provide documentation and amounts)

- Should a dependent be added or deleted to your 2021 tax return when comparing to information on your 2020 tax return? Yes No
- Did you receive a third economic impact payment (EIP 3)? If so, how much? (Form 6475 from IRS).....Yes No \$ _____
- Did you receive Advance Child tax credit for 2021?(Form 6419 From IRS - Jan. 2022).....Yes No \$ _____
- Did you donate to a non-profit organization?.....Yes No \$ _____
- Did you contribute to an HSA for 2021? Other than reported on your W-2Yes No \$ _____
- Were you or any children attending college?Yes No If yes, detail in Education Expense on back page.
- Did you pay child or dependent care?Yes No If yes, complete child care expense on back page.
- Did you pay any classroom expenses as a teacher, counselor or principal?Yes No \$ _____
- Did you pay any student loan interest?Yes No \$ _____
- Did you purchase health insurance through a public exchange? If yes, need form 1095A..... Yes No
- Did you purchase a new energy-efficient car, truck or van or add home residential energy, wind or solar improvements? Yes No
- Did you have any cancellation of debt, foreclosure or repossession? Yes No
- Do you own or have financial interest in a foreign bank account? Yes No
- Did you make any contributions to a 529 plan in 2021?Yes No \$ _____
- If an Iowa resident with dependents in K to 12th grade, did you pay any tuition or school expense including extra circular activities?.....Yes No
If yes, complete Education expense on the back page.
- Have you or will you contributed to an IRA for 2021? Traditional or ROTH IRA?Yes No
- Did you sell any stocks or investment property?Yes No
- Did you receive, sell, send, exchange or acquire any virtual currency?Yes No
- Did you have any online sales or receive a 1099K for over \$600 in sales?Yes No
- Did you receive any notice from the IRS or states within the past year?Yes No
If you receive a refund, would you prefer direct deposit? If yes complete following info.

BANK INFORMATION FOR DIRECT DEPOSIT OF REFUND			
Checking	Savings	Routing Transit Number	Account Number
PLEASE PROVIDE ALL INCOME FORMS - SEE ATTACHED SHEET			
INCOME (for which you did NOT receive a Form W2, 1099, or K-1)			
OTHER INCOME (could include virtual currency, Uber, Lyft, Airbnb, Gambling, etc.)			
Interest, Dividends, Sale of Real Estate, Alimony, Tips, Commissions			
<u>Payer</u>	<u>Amount</u>	<u>Payer</u>	<u>Amount</u>
	\$		\$
	\$		\$

Collins Consulting Inc. - 2021 Organizer					
MEDICAL EXPENSES (only if over 10% of Income)			CHARITABLE CASH CONTRIBUTIONS		
Prescription Medicines	\$		Church	\$	\$
Doctors/Dentist/Eye Exams	\$			\$	\$
Hospital & Nursing Home	\$			\$	\$
Medical Insurance Premiums (not pretax)	\$		CHARITABLE NON-CASH CONTRIBUTIONS		
Medicare Payments	\$		Date of Contrib.	Current Value	Your Cost
Long-term Care Ins. Premium's	\$		Goodwill	\$	\$
Medical Reimbursements	\$		Salvation Army	\$	\$
Medicare Travel (# of Miles)	\$		Other	\$	\$
Parking/Lodging	\$		Volunteer Expenses		
Hearing Aids/Batteries	\$		Supplies, etc..	\$	# Miles Driven
Glasses/Contact Lenses	\$		Education Expenses		
Other Medical -	\$		College	Student Name:	
TAXES PAID			# years completed by 12/31/21		
Real Estate Tax - Home	\$		Tuition 1098T	\$	\$
Real Estate Tax - Investment	\$		Course Related Materials & Fees	\$	\$
Personal Property Taxes	\$		K-12 tuition/textbook/school exp (IA only)	\$	\$
(auto/boat/RV)	\$		College Savings Plan Contrib.'s	\$	\$
Sales Tax pd on Vehicle	\$				
Interest Expenses			Miscellaneous Deductions & Adjustments		
Home Mortgage (1st Home)	\$		Taxpayer/Spouse Traditional IRA Contributions		
2nd Home or 2nd Mortgage or RV	\$		Taxpayer/Spouse Roth IRA Contributions		
Points Pd - New Mortgage or Refinance	\$		Alimony		
Investment Interest Paid	\$		Health Savings Contributions		
Student Loan	\$				
CHILD CARE EXPENSES					
Child's Name	Amount Paid	Name & Address of Provider		SS # or Employer ID #	
	\$				
	\$				
	\$				
Financial interest for an account, asset, or property in a foreign country				\$	
Other Information	\$				
	\$				
Were there any significant changes not on this organizer that may impact your tax return for 2020? Do you have any questions for your tax preparer? Please list/describe:					

Taxpayer signature