

# 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-2 .....Yes 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
<b>***PLEASE PROVIDE ALL INCOME FORMS - SEE ATTACHED SHEET***</b>			
<b>INCOME (for which you did NOT receive a Form W2, 1099, or K-1)</b>			
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>
	\$		\$
	\$		\$

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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	\$		Miscellaneous Deductions & Adjustments		
Interest Expenses			Taxpayer/Spouse Traditional IRA Contributions	\$	
Home Mortgage (1st Home)	\$		Taxpayer/Spouse Roth IRA Contributions	\$	
2nd Home or 2nd Mortgage or RV	\$		Alimony	\$	
Points Pd - New Mortgage or Refinance	\$		Health Savings Contributions	\$	
Investment Interest Paid	\$		CHILD CARE EXPENSES		
Student Loan	\$		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
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