From the office of MANY HAPPY RETURNS TAX ORGANIZER

(If you are a new client, please send a copy of last years tax return)

FOR TAX YEAR 2021

Your Name			S.S. #			Birthdate / /		
Spouses Name				S.S. #			Birthdate	/ /
Mailing Address			Home Phone Number () - E-mail Address			Work or Cell Phone Number () -		
			_	ENDEN				
	NAME		S.S	5. #	D.C).B.	RE	LATIONSHIP
		-						
NAME	Was there anyone		contributed sup		resides in the U		la or Mexico	o? INCOME OF PERSON
								\$
	an adult & works i e forms contact us		y. Attach the d	ependent	care form fron			want us to prepare e care.
CREDIT FROM PRIOR	FIRST QUARTER	SEC	ESTIMA COND QUARTER		AXES D QUARTER	FOURTH	QUARTER	TOTAL FOR YEAR
YEAR'S VOUCHER PAYMENTS	(APRIL 15)		NE 15)	(SEPT		(JAN. 15		
Federal \$	s	\$		\$		\$		\$
State \$	\$	\$		\$		\$		\$
when they file a 20 early 2022, the IRS Payments received Individuals can als	ot get monthly add 121 federal income S will send Letter I. People should ke to log in to their IF The company in the co	vance pays tax return 6475 that cep this an RS.gov On	ments in 2021 on next year. This contains the tot d any other IRS line Account to uly 2021 thru	can still ge is includes al amount S letters ab o securely December	et a lump-sum s families who s of the third E cout their stim access their E	payment by don't norm conomic In ulus payme conomic In es or No, if	y claiming the ally need to ally need to appact Paymonts with other appact Paymonts Yes, Amou	ent and any Plus-Up ner tax records. ent amounts.

2021. You should keep this and any other IRS letters about advance Child Tax Credit payments with their tax records.

Did you receive unemployment in 2021?	Yes	No	
Did you cash out any retirement savings this year?	Yes	No	
Were you unemployed, furloughed or work less due to COVID?	Yes	No	
Did you invest in or cash out Virtual Currency in 2021?	Yes	No	
Did you have a Health Savings Account (HSA)?	Yes	No	

If you answered Yes to any of these, please attach the appropriate forms for tax preparation.

INCOME

Wages, Salaries, Tips, E						
Required Minimum Dis	tributions. (Attach 1099)'s)				
Interest income from Se						
Interests from Banks &			99 Int)			
Include all that have your	Social Security number	on them.				
NAME	AMOUNT		NAME		AMOUN'	Γ
	\$				\$	
	\$				\$	
Did you sell or turn in any		YES	NO			
If yes, Please list informa						
Nontaxable Interest: (Atta						
Did you have any foreign	bank accounts?	YES	NO []			
If yes, please explain						1
Did you have any penaltic		of Savings	s Certificates?	YES NO) []	
If yes, list or attach inform	nation					
Dividends: (Attach 1099)		tribution				099Q's)
Nontaxable Distribution				sions: (Attach 10991		
Exclusions of Reinvested						
Did you Contribute to yo	our pension plan?	If y	es, have you alro	eady recovered your	contribution?	
Did you have any Rollove				over papers Alimon	y: How much did yo	ou receive? \$
Did you invest in any Tra	nditional IRA's? If yes,	provide st	atement			
Did you receive a Medic						•
How did you receive pay	ment? Check	or Re	duction in Prem	ium, ch	eck box.	
		OTH	HER INCO	ME		
Estate & Trusts \$		(Attach K	(-1s)	Jury Duty	\$	
		(Attach K		Other	\$	
		(Attach K		Other	\$	
Did you have any tips tha	t you did not report to yo				ou receive?\$	
Prizes & Awards \$	State Tax R	efund \$		Unemployment Cor	mpensation \$	
Lump Sum Distributions	\$ (Atta	ch 1099R"s) Gambling Wi	innings (Attach W-2 G	s) \$	
	<u> </u>		,		/ ·	
	Gains & Losses fi	rom Sale	of Property, Sto	ock, Etc. (Attach 10	99 B's)	
Description	Date 1	Bought	Date Sold	Sale Price	Cost & Expense	Gain or Loss
	/_	_/	//	\$	\$	\$
		_/	//	\$	\$	\$
		_/	//	\$	\$	\$
SALE OF RESIDENCE	- Please send or bring e	scrows of	purchase & sale	of new house. Also	list improvements of	n old house.
	DID YOU HAVE AN					
Source	DID TOU DAVE AN	i Othei	K INCOME FR	Amount	\$00KCE: \$	
Source				Amount	\$ \$	
Source				Amount	<u>~</u>	_
				4 114104116	w w	

SOCIAL SECURITY

How much did you receive? \$	How much did your spouse receive? \$	(Attach SSA 1099s)
If you paid any individuals or Partnership February 28th. If you would like us to pre	\$600.00 or more for rent or services for business purporpare these, please contact us right away.	oses, you are required to file 1099s prior to
FARM INCOME - If you had any Farm	Income, attach or bring in the information.	
OTHER INCOME INFORMAT	ION (DETAIL)	

OTHER EXPENSE INFORMATION (DETAIL)

BUSINESS INCOME / BUSINESS EXPENSES (FOR SELF EMPLOYED)

What is the main business activity?			
Business Name			
Business Address			
HOW MUCH IS YOUR GROSS BUSINESS	INCOME ? \$	(Attach 1099 Miscs)	
HOW MANY MILES DID YOU DRIVE FOI	R BUSINESS PURPOS	SES?	
Merchandise \$	F	Real Estate Taxes	\$
Costs of Goods \$		Other Taxes & Licenses	\$
Materials & Supplies \$		Travel (no meals)	\$
Advertising \$		Meals & Entertainment	\$
Bad Debts \$		Jtilities & Telephone `	\$
Car & Truck Expense \$		Wages & Salaries	\$
Commissions \$		Bank Service Charges	\$
Insurance (other than health) \$		Cools	\$
Mortgage Interest \$	· · · · · · · · · · · · · · · · · · ·	Jniforms	\$
Other Interest Paid \$		Safety Items	\$
Legal & Professional Fees \$		reight & Shipping	\$
Office Expenses \$		Oues & Publications	\$
Rent on Business Property \$	I	aundry & Cleaning	\$
Equipment Rentals \$		other)	\$
Repairs \$		other)	\$
Supplies \$	(other)	\$
INCOM			
INCOM		PERTY RENTAL	DENIE AL A
	RENTAL 1	RENTAL 2	RENTAL 3
Rents Received (Attach all 1099s)	\$	<u>\$</u>	<u>\$</u>
Advertising Costs	\$	<u>\$</u>	\$
Association Dues	\$	<u>\$</u>	\$
Auto & Travel	\$		\$
Cleaning & Maintenance	\$	\$	\$
Commissions	\$	<u> </u>	\$
Gardening	ф		\$
Insurance	<u>ф</u>	\$	<u>\$</u>
Legal & Professional Fees	p	<u>\$</u>	<u>\$</u>
Licenses & Permits	<u>\$</u>	\$	\$
Management Fees	\$	\$	\$
Miscellaneous	<u> </u>	\$	\$
Mortgage Interest	Ф <u> </u>	\$ \$	\$
Other Interest Paid Painting & Decorating	\$	\$	<u>*</u>
Painting Equipment (brushes, ladders, etc.)	¢	\$	<u>*</u>
Pest Control	φ	<u>\$</u>	<u>\$</u>
Plumbing & Electrical	¢	• • • • • • • • • • • • • • • • • • •	<u> </u>
Repairs	\$	\$ <u></u>	<u>*</u>
Supplies	\$		\$
Cleaning Supplies	\$		- \$
Tools	\$		
Taxes	\$	\$	\$
Telephone	\$		
Utilities	<u> </u>	\$	\$
Wages & Salaries	<u>\$</u>	\$	\$
Other (list)	\$	\$	\$
Other (list)	\$	\$	\$
Other (list)	\$	\$	\$

RENTAL INCOME (continued)

When did you purchase your rental property? (Mm/Yy) RENTAL 1	What type of property is the rental? (i.e. f RENTAL 1	RENTAL 2	ouse, trailer park, etc.) RENTAL 3	
How much did the rental property cost you? RENTAL 2 \$ RENTAL 3 \$	When did you purchase your rental prope	erty? (Mm/Yy)		
How much did the rental property cost you? RENTAL 2 \$ RENTAL 3 \$	RENTAL 1//	RENTAL 2	/ RENTAL 3.	/
Did you have any Farm Rental Income?	How much did the rental property cost yo	ou?		
DEDUCTIONS DEDUCTIONS	RENTAL 1 \$	RENTAL 2 \$	RENTAL 3 S	ß
Medicines S	Did you have any Farm Rental Income? _attach information & 1099s. Did you rec	If yes, attach i eive an Education Distribut	nformation. Did you have any Roy ion?	valties?If yes,
NAME		DEDUC	TIONS	
NAME	MEDICAL			
Insurance Reimbursements Insurance Reimbursements Insurance Reimbursements	Medicines	\$	Drugs	\$
Doctors:	NAME		NAME.	
S				
S	Doctors	ø		e
Dentists:		\$		•
S S S S S S S S S S	Dontists	\$	Chiroprostors:	
S		er .		C
Orthodontists: \$		•		e
S	Orthodontists:			
S		e		C
Practitioners: \$ Hospitals: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		₽ .		c
Transportation & Lodging\$ Insurance Premiums (include Medicare) \$			Hospitals:	
Prenatal Care \$ Postnatal \$ Eyeglasses \$ Hearing Aids \$ X-Rays \$ Lab Fees \$ Medical Lodging \$ Bandages \$ Therapy Equipment \$ Crutches \$ Medical Supplies & Appliances \$ Diabetic Expense \$ Prosthesis Expense \$ Therapy Pool \$ Required Air Conditioning Expense \$ Electrical Expense \$ Stop Smoking Expense \$ Stop Smoking Expense \$ TAXES \$ Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year? Property Taxes \$ Property Taxes \$ Property Taxes \$ SIrrigation Taxes \$ Personal Property Taxes \$ SIRRIGIDATES \$ Personal Property Taxes \$ SIRRIGIDATES	Fractitioners.	\$	riospitais	
Prenatal Care \$ Postnatal \$ Eyeglasses \$ Hearing Aids \$ X-Rays \$ Lab Fees \$ Medical Lodging \$ Bandages \$ Therapy Equipment \$ Crutches \$ Medical Supplies & Appliances \$ Diabetic Expense \$ Prosthesis Expense \$ Therapy Pool \$ Required Air Conditioning Expense \$ Electrical Expense \$ Stop Smoking Expense \$ Stop Smoking Expense \$ TAXES \$ Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year? Property Taxes \$ Property Taxes \$ Property Taxes \$ SIrrigation Taxes \$ Personal Property Taxes \$ SIRRIGIDATES \$ Personal Property Taxes \$ SIRRIGIDATES	Control of the Contro		***************************************	<u> </u>
Eyeglasses \$ Hearing Aids \$ S	Transportation & Lodging_	\$	Insurance Premiums (include	Medicare) \$
X-Rays \$ Lab Fees \$ \$ Medical Lodging \$ Bandages \$ \$ Therapy Equipment \$ Crutches \$ Medical Supplies & Appliances \$ Diabetic Expense \$ Prosthesis Expense \$ Therapy Pool \$ Required Air Conditioning Expense \$ Electrical Expense \$ Repairs & Filters \$ Stop Smoking Expense \$ \$ TAXES Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay State Taxes last year? How much? \$ Major Purchases last Year? How much? \$ Mato License Fees \$ Auto Sales Tax \$ Medical Expense \$ Major Purchases last Year? Property Taxes \$ Major Purchases \$ Property Taxes \$ Major Purchases \$ Major Purchase	Prenatal Care	\$		\$
Medical Lodging \$ Bandages \$ Therapy Equipment \$ Crutches \$ Medical Supplies & Appliances \$ Diabetic Expense \$ Prosthesis Expense \$ Therapy Pool \$ Required Air Conditioning Expense \$ Electrical Expense \$ Stop Smoking Expense \$ Stop Smoking Expense \$ Stop Smoking Expense \$ Stop Smoking Expense \$ Major Purchases last year for prior years? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay Sales Taxes on Major Purchases last Year? How much? \$ Mato License Fees \$ Auto Sales Tax \$ Real Estate Taxes \$ Property Taxes \$ Property Taxes \$ Property Taxes \$ Personal Property Taxes \$ Major Purchases \$ Personal Property Taxes \$	Eyeglasses	\$	Hearing Aids	\$
Therapy Equipment \$ Crutches \$ Medical Supplies & Appliances \$ Diabetic Expense \$ Prosthesis Expense \$ Therapy Pool \$ Required Air Conditioning Expense \$ Electrical Expense \$ Stop Smoking Expense \$ St	X-Rays	\$		\$
Medical Supplies & Appliances \$ Diabetic Expense \$ Prosthesis Expense \$ Therapy Pool \$ Required Air Conditioning Expense \$ Electrical Expense \$		\$		\$
Medical Supplies & Appliances \$ Diabetic Expense \$ Prosthesis Expense \$ Therapy Pool \$ Required Air Conditioning Expense \$ Electrical Expense \$		\$		\$
Required Air Conditioning Expense \$ Electrical Expense \$ _		\$		\$
Repairs & Filters \$ Stop Smoking Expense \$ Stop Smoking Expense \$ TAXES Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay Sales Taxes on Major Purchases last Year? How much? \$ Auto Sales Tax Auto License Fees \$ Auto Sales Tax \$ Property Taxes Irrigation Taxes \$ Personal Property Taxes \$ Sale Sale Sale Sale Sale Sale Sale Sale	Prosthesis Expense	\$	Therapy Pool	\$
TAXES Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay Sales Taxes on Major Purchases last Year? How much? \$ Auto Sales Tax Auto License Fees \$ Auto Sales Tax \$ Property Taxes \$ Property Taxes \$ Personal Property Personal		\$		
Did you pay State Taxes last year? How much? \$ Did you pay State Taxes last year for prior years? How much? \$ Did you pay Sales Taxes on Major Purchases last Year? How much? \$ Auto License Fees \$ Auto Sales Tax \$ Property Taxes \$ Property Taxes \$ Personal Property Personal Prop	Repairs & Filters	\$	Stop Smoking Expense	\$
How much? \$Did you pay Sales Taxes on Major Purchases last Year?How much? \$ Auto License Fees \$Auto Sales Tax \$ Real Estate Taxes \$Property Taxes \$ Irrigation Taxes \$Personal Property Taxes \$	TAXES			
Real Estate Taxes \$ Property Taxes \$ Irrigation Taxes \$ Personal Property Taxes \$	How much? \$ Did you pay Sa	_ How much? \$ ales Taxes on Major Purcha	_Did you pay State Taxes last year ises last Year? How much?	for prior years?
Irrigation Taxes \$ Personal Property Taxes \$	Auto License Fees	\$	Auto Sales Tax	\$
	Real Estate Taxes	\$		\$
Boat Taxes	Irrigation Taxes	\$		\$
	Boat Taxes	\$	Other Taxes	\$

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.?_____(Attach Information.)

DEDUCTIONS (CONTINUED)

INTEREST: (Attach a	ll 1098s)				
1ST HOME	NAME	AMOUNT	2ND HOME	NAME	AMOUNT
Mortgages		•	Mortgages		_
2nd Home Mortgage		\$	2nd Home Mortgage		
Late Charges		^	F.H.A. Charges		
Mortgage Insurance		<u>°</u>	Real Estate Loan Fees		<u> </u>
College Loan Interest			Points		<u> </u>
College Loan Interest		c	College Loan Interest	 	\$
College Loan Interest		•	_ Conege Loan interest		Ψ
CONTRIBUTIONS					
Churches	\$		Payroll D	Deductions	\$
Missions	•		Youth Pr		\$
Evangelists	\$			r Dystrophy	\$
Bazaar	\$		Salvation		\$
Public Schools	\$		County F		\$
Jaycees	\$			rl Scouts	\$
Heart Fund	\$			Easter Seals	\$
Cancer Fund	\$		United W		\$
Cancer I und	Ψ	· · · · · · · · · · · · · · · · · · ·		· uy	Ψ
Did you donate any nor	n - cash items su	ch as food or used cloth	ning? Please list description a	and value:	
CONTINUED EDUCA Name of Student Name of Institution Education Purpose Dates Attended		ΓWO YEARS COLL!	EGE STUDENT CREDIT Travel E Tuition E Supplies		\$ \$ \$
Name of Student					
Name of Institution			Travel E	xpense	\$
Education Purpose			Tuition E	Expense	\$
Dates Attended		<u></u>	Supplies	Expense	\$
Did you or your spouse	contribute to a	REGULAR IRA, ROTI	H IRA, SIMPLE or KEOGH	? \$	
Do you or your spouse	have a retiremen	it plan at work ?		. <u></u>	
Did you pay alimony? What date was your div How much? Recipients Name & S. S	orce decree dete	ermined to pay alimony	?		
preparation of my/our	r income tax ret	urns. Where business	my knowledge and hereby s deductions shown, I ackno ion 274(a) and can fully su	owledge havin	g spent these amounts and
SIGNATURE (must b	e signed)	 	DATE		