

  
**2021 Tax Return Organizer**

Name(s): \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

Preferred method of communication?  Phone  Email

**Preparing Documents**

- When submitting scanned documents, please make sure scans are high quality and entirely readable. Documents should be formatted as PDFs. Uploading tax documents as JPGs or low-quality scans may cause delays in processing your returns.
- For your security, do not email tax returns, anything with SSNs, or bank info. Please use the MinistryCPA ShareFile portal.
- See Tax Preparation Checklist for help in gathering documents ([www.ministry.cpa/resources/tax-organizers](http://www.ministry.cpa/resources/tax-organizers))

My Forms W-2, 1099, K-1, 1095, 1098, 1098-T, etc. have been provided to MinistryCPA Yes  No

- Include any protective passwords and the PDF document associated with it below:

Password: \_\_\_\_\_ Document: \_\_\_\_\_

**Getting Started**

1. If you are due a **refund**, how do you want to receive it?      2. If you **owe** taxes, how do you want to pay them?

Check sent to you in the mail

Paper check sent in mail/online payment.

Apply to next year's estimates

Direct debit from my bank account

Direct deposit

Let me know if an IRA retirement or HSA contribution on or before 4/15/2022 will save taxes.

3. Did you have any **major changes** in 2021?

**Change in home address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Change in Dependent(s)** (i.e., birth, moved out...)

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ S.S # \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ S.S # \_\_\_\_\_

Reason for Change: \_\_\_\_\_

**Change in Bank Account Info:** \_\_\_\_\_  Checking  Savings

Routing #: \_\_\_\_\_ Acct. #: \_\_\_\_\_

## General Information

1. Did you purchase or sell your principal residence or other property? *Please provide closing documents.* YES  NO
2. Have you received any tax correspondence from the IRS or a state agency regarding prior year returns, etc.? YES  NO

*If yes, explain any ongoing correspondence in the Additional general info below.*

3. Have you been issued an Identity Protection Pin? *\* If available, provide IRS Notice CP01A* YES  NO   
If yes, provide PIN(s) \_\_\_\_\_
4. Did you receive any Advance Child Tax Credit payments? *\* If yes, provide IRS letter 6419* YES  NO
5. Did you make any federal or state estimated tax payments for tax year 2021? YES  NO

*If yes, provide payment dates and amounts, including any January 2022 payments for the year 2021.*

*Note: January 2021 payments, if any, were likely for the 2020 tax year. Please do not include payments made in 2021 not for tax year 2021.*

	Date	Amount		Date	Amount
Federal			State		

6. Did you receive an economic impact payment (stimulus check typically \$1400 per person) issued after March 2021? YES  NO   
If yes, amount received: \$ \_\_\_\_\_ *\* If yes, provide IRS Notice 1444-C or Letter 6475*

7. Did you receive, sell, exchange, or acquire any virtual currency in 2021? YES  NO   
*\*If yes, provide annual summary statement or Form 8949 if available*

8. Indicate what types of healthcare coverage you maintained in 2021?

- |                                                                                                   |                                              |
|---------------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Employer-Sponsored Plan                                                  | <input type="checkbox"/> Medicare            |
| <input type="checkbox"/> Marketplace Coverage* (healthcare.gov) <i>Please provide Form 1095-A</i> | <input type="checkbox"/> Medicare Supplement |
| <input type="checkbox"/> State Health Coverage/Medicaid                                           | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Healthcare Sharing                                                       | <input type="checkbox"/> None                |

- \*If you had Marketplace Coverage, did you receive an **Advance Premium Tax Credit**? YES  NO   
*Provide Form 1095-A*

9. Did you make charitable contributions of at least \$600? YES  NO
10. Were either you or your spouse in the military or National Guard in 2021? YES  NO
11. Did you incur adoption expenses in 2021? If yes, please provide payees and amounts. YES  NO
12. Did you own, have interest in, or have signing ability over a foreign financial account in 2021?  
(e.g., checking, savings, Canadian RRSP. The accounts may be owned by another individual or entity) YES  NO
- 12a. If yes, did the combined balances of all foreign accounts at any point in 2021 exceed \$10,000?\*  YES  NO  
*\* Please complete the FBAR Organizer: (www.ministry.cpa/resources/tax-organizers)*

**Additional general info:**

## Other Income and Expenses

13. Did you or your spouse have income not reported on Form W-2? YES  NO   
 Please indicate the types of additional income received in 2021:

- Self-employment/business  
  Rental  
  Royalty  
  Unemployment  
  Partnership or S-Corp (Sch. K-1)  
 Dividends  
  Interest  
  Capital gains  
  Retirement Distributions  
  Other: \_\_\_\_\_

14. Indicate which method/s used to provide listing of income and expenses (Check all that apply):

- Completed Self-Employed Organizer ([www.ministry.cpa/resources/tax-organizers](http://www.ministry.cpa/resources/tax-organizers))  
 Completed Rental Organizer ([www.ministry.cpa/resources/tax-organizers](http://www.ministry.cpa/resources/tax-organizers))  
 Provided income and expenses in another format (QuickBooks, Excel, etc.)  
 Provided tax documents (Forms 1099-NEC, 1099-MISC, 1099-G, 1099-INT, 1099-DIV, 1099-B, 1099-K, 1099-R, etc.)

Additional other income info:

## IRA, HSA, Investments

*Do not include contributions made through Employer-sponsored plan (e.g. 401(k), 403(b))*

15. Your Name: \_\_\_\_\_ Indicate which type of retirement/savings accounts you made contributions to and amount in 2021:

- |                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> IRA      \$ _____    | <input type="checkbox"/> HSA      \$ _____   |
| <input type="checkbox"/> Roth IRA    \$ _____ | <input type="checkbox"/> Other      \$ _____ |

16. Spouse Name: \_\_\_\_\_ Indicate which type of retirement/savings accounts you made contributions to and amount in 2021:

- |                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> IRA      \$ _____    | <input type="checkbox"/> HSA      \$ _____   |
| <input type="checkbox"/> Roth IRA    \$ _____ | <input type="checkbox"/> Other      \$ _____ |

17. Did you or your spouse "roll over" a retirement account or convert a traditional IRA amount to a Roth IRA? YES  NO

18. Did any investment of yours become worthless or debts become uncollectible in 2021? YES  NO

19. Did you or your spouse take any distributions from an HSA (Health Savings Account) in 2021? YES  NO

*If yes, please provide Form 1099-SA.*

*If yes, were all distributions for qualified medical expenses.* Yes  No

## Dependents and Child Care

I do not have dependents. (Skip this section)

20. Did any of your dependents (other than spouse) have earned income in 2021? Please provide all necessary tax documentation (form W-2, 1099, 1098-T, etc.), email address for e-filing, and preferred refund or balance due payment method on **page 5**. MinistryCPA will prepare your dependent's simple form W-2 tax return at no additional cost to you. If the dependent is filing his/her own return, *please provide a copy of their filed return.*

Child Name	Estimated Income	MinCPA Prepare	Self-Preparing	Email Address
	\$			
	\$			
	\$			

21. Did you pay expenses for the care of your child or other dependent, so you could work? YES  NO   
*If yes, please provide care provider name, EIN, and expenses.*

## Education

I do not have education expenses. (Skip this section)

22. Did you pay college tuition or fees for you or a dependent? YES  NO   
*If yes, complete the following table and provide Form(s) 1098-T. Note: We are required to have a copy of the 1098-T before e-filing your return.*

Student	Full-time or Part-time	Grade/Level	Cost of Expenses, other than room and board (e.g., books, supplies), in 2021

23. Did you pay any student loan interest? *If yes, provide statement (Form 1098-E) from lender.* YES  NO   
 24. Did you receive distributions from a 529 plan, or similar account? *If yes, provide Form 1099-Q.* YES  NO

## Minister and Missionary Questions

I am not a minister or a missionary (Skip this section)

25. Did you use part of your home "regularly and exclusively" for ministry purposes? YES  NO   
 Square footage of home: \_\_\_\_\_ Square footage of office space: \_\_\_\_\_
26. Did you use your car on the job (other than to and from work for commuting) and were not fully reimbursed? YES  NO
27. Did you incur any unreimbursed travel, meals, lodging, or gift expenses for ministry purposes? YES  NO   
*Please provide listing of all unreimbursed mileage and expenses.*
28. If applicable, have you completed and provided us the housing allowance worksheet? YES  NO   
*The worksheet is available for download on our website: [www.ministry.cpa/resources/tax-organizers](http://www.ministry.cpa/resources/tax-organizers).*
29. Did you and your family live outside the U.S. for any part of 2021? *If yes, provide below all travel dates in and out of the U.S.*

## State Tax (if applicable)

30. If you made online purchases subject to state sales tax that was unpaid, provide amount online purchases: \$ \_\_\_\_\_

31. If you paid rent for a personal residence that you lived in, provide total paid for 2021: \$ \_\_\_\_\_ Paid own heat  N/A

32. Did one or more of your dependents attend a private school (K-12)? N/A  YES  NO

*Please separately provide name, grade, tuition paid, other education expenses, and school info for 2021.*

33. Did you make contributions to a state education plan (e.g. WI Edvest, Tomorrow's Scholars, etc.)? YES  NO

34. Have you provided MinistryCPA with a copy of all filers Driver's Licenses? (Required by some states) YES  NO

35. Have you been issued an Identity Protection Pin? *\* If available, provide IRS Notice CP01A*

If yes, provide PIN(s) \_\_\_\_\_

## 2022 Tax Planning

Yes, please help me plan for 2022.

I expect the following major changes in income, deductions, or withholding in 2022:

Additional Comments:

## Dependent's preferred method for refunds or balances due:

List dependent's first name, preferred method, and bank account information, if applicable.

*Your submission of this organizer is accepted as acknowledgment of your intent to engage Corey A. Pfaffe, CPA, LLC to prepare your 2021 federal and state income tax returns.*



## Itemized Deductions/State Deductions

*If itemized deductions are not expected to exceed \$25,100 (married) or \$12,550 (single), please still complete any applicable portions below. State deductions may still apply.*

### Medical and Dental Expenses

(e.g., Prescriptions, doctor fees, hospital fees, medical aids or equipment, travel, lodging, premiums, and long-term care premiums):

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total Miles driven for medical purposes: \_\_\_\_\_

### Real Estate Taxes and Property Taxes

(e.g., taxes on principal residence, other non-business property, vehicle taxes, other personal property taxes)

I provided a copy of my real estate tax bill receipt instead of listing here

	\$ _____
	\$ _____
	\$ _____

### Mortgage Interest and Points

I provided Form(s) 1098 instead of listing here

	\$ _____
	\$ _____

### Gifts to Charity

I provided all substantiation provided me instead of listing here

#### Cash Gifts

	\$ _____
	\$ _____
	\$ _____
	\$ _____

Yes, I received a charitable contribution receipt from each charity that I gave \$250 or more during 2021.

Total Miles driven for charitable purposes: \_\_\_\_\_

#### Non-Cash Gifts

	\$ _____
	\$ _____

\*If donated non-cash gifts over \$500, please provide receipts or (1) Name, address, city, state, and ZIP code of the donee organization (2) description of donated property (3) Fair Market Value of contribution and (4) EIN of the donee organization.

# Self-Employed Business Income & Expenses



*Also, for use by ministers for unreimbursed employee business expenses*

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_

Business Address: \_\_\_\_\_ Same as personal address

If you purchased and sold inventory during the year, please provide your cost of inventory at the end of the year: \$ \_\_\_\_\_

Were you unable to work at any point in the year due to Covid-19 diagnosis, mandatory quarantine, caring for an individual subject to quarantine, or caring for a child due to a school closing related to Covid-19? YES  NO

Did you pay a non-employee over \$600 during 2021? YES  NO

**If yes, did you file the required Form(s) 1099-NEC with the IRS?\*** YES  NO

*\*Please advise us if you wish MinistryCPA to assist with this filing.*

Income – List your gross receipts, sales, and income from your business. Indicate if received and provided a 1099-NEC or 1099-K for any income.

Income Type or provide access to your accounting software	Amount	<b>1099-NEC/1099-K Received</b>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>

Expenses or provide access to your accounting software

Business Expenses	Amount	Home Office (Business Use of Home)	Amount
Cost of Inventory Purchased for Resale		Total square footage of home (portion that is heated)	
Advertising		Area of home used regularly and exclusively for business	
Subcontractor Labor		Home insurance	
Commissions and Fees		Rent	
Employee Expenses		Repairs and Maintenance	
Insurance		Utilities	
Interest		Other	
Legal and Professional Services			
Office Expenses			
Vehicle, Machinery, and Equip. Rental			
Other Rental			
Repairs and Maintenance			
Supplies			
Taxes and Licenses			
Travel			
Meals and Entertainment			
Utilities			

ADDITIONAL DETAILS  
(e.g., OTHER EXPENSES, ASSETS PLACED IN SERVICE THIS YEAR:  
DESCRIPTION, COST, AND DATE)

Use of Vehicle	Vehicle 1	Vehicle 2	Vehicle 3
Date Vehicle was placed in service			
Year and model of vehicle			
Total miles driven for the year			
Business miles driven during			
Personal miles			
Parking fees and tolls, vehicle interest, personal property tax			

Yes, I maintained mileage receipts or reports.

*If not using standard mileage rate, please provide gasoline, maintenance, repairs, insurance, registration, and or lease or rental expenses.*

# Real Estate Rentals and Royalties



*Please complete a separate rental page for each rental property.*

Property Description: \_\_\_\_\_ Owner (filer, spouse, or joint): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Select property type:

Single-family residence  Multi-family residence  Vacation/Short-term rental  Commercial  Other: \_\_\_\_\_

What is your ownership percentage? % \_\_\_\_\_ Explain (if less than 100%): \_\_\_\_\_

Did you pay a non-employee over \$600 during 2021? YES  NO

If yes, did you file the required Form(s) 1099-NEC with the IRS? \* YES  NO

*\*Please advise us if you wish MinistryCPA to assist with this filing.*

Income – List your gross rental or royalty income. Indicate if received and provided a 1099-MISC for any income.

	Rent or Royalties	Amount		1099-MISC Received
_____		\$ _____		<input type="checkbox"/>
_____		\$ _____		<input type="checkbox"/>
_____		\$ _____		<input type="checkbox"/>
_____		\$ _____		<input type="checkbox"/>

### Expenses

Property Expenses	Amount
Advertising	
Cleaning and Maintenance	
Commissions and Fees	
Insurance	
Legal and Professional Services	
Management Fees	
Qualified mtg. interest paid to banks	
Other mortgage interest paid to banks	
Other interest	
Repairs	
Supplies	
Real Estate Taxes	
Other Taxes	
Utilities	
Travel	
Meals and Entertainment	

ADDITIONAL DETAILS  
(e.g., OTHER EXPENSES, ASSETS PLACED IN SERVICE THIS YEAR:  
DESCRIPTION, COST, AND DATE)

Use of Vehicle	Vehicle 1	Vehicle 2	Vehicle 3
Date Vehicle was placed in service			
Year and model of vehicle			
Total miles driven for the year			
Business miles driven during			
Personal miles			
Parking fees and tolls, vehicle interest, personal property tax			

Yes, I maintained mileage receipts or reports.

*If not using standard mileage rate, please provide gasoline, maintenance, repairs, insurance, registration, and or lease or rental expenses.*