SCHNEIDER, LARCHE, HAAPALA & COMPANY, PLLC **CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS 401 LUDINGTON STREET, ESCANABA, MICHIGAN 49829** PHONE: 906.786.6151 FAX: 906.786.6625

www.slh-cpa.com

Restricted Tax Season Hours: Monday - Friday 9:00am - 5:00 pm Saturday 9:00am - 12:00pm We are encouraging taxpayers to drop off, use portal, or securely email tax information to us. COVID is still a factor for your safety and ours.

IND	IVIDUAL I	AX INFORMA	AHON	ORGANI	ZEK I	FOR 20	21 RETURI	<u>v</u>		
Personal	Informati	ion - If you are a	new clie	nt, please p	rovide	copies of	last year's ta	x return.		
Taxpayer	ocial Security Number				Identity Protection Pin					
First Name	Last Name					Birthdate				
Address	Home Phone ()				Occupation				
City, State Zip		Cell/Work ()				Email Addres	SS		
Driver's License Number		State	!	Issue	Date		Expiratio	on Date		
Are you Legally Blind? Yes No	Permanently	y disabled? Yes	No							
				•						
Spouse		Social Security N	Number				Identity Prot	ection Pin		
First Name		Last Name					Birthdate			
Address		Home Phone ()				Occupation			
City, State Zip		Cell/Work ()				Email Addres	SS		
Driver's License Number		State	!	Issue	Date		Expiratio	on Date		
Are you Legally Blind? Yes No	Permanently	disabled? Yes	No							
Filing status: Single Married filing j Did/have you celebrate(d) marriage to a Were you divorced or separated during t	same-sex spo		at legally	_	same-	sex marri	•	tered Domesti No	c Partne	ership
Names of dependent children First and Last Name	n	Social Security #		Date of birth		Rel	ationship	Months lived In home in 2021	Colleg Stude	
Is it anticipated that a different taxpayer									Yes N	_
Are any children disabled? Yes No Other dependents or people who lived		ren nave unearn	ea incom	e above \$1	,100 10	or the yea	r for filing req	Months live	res No)
First and Last Name		Social Securi	ity#	Date of	birth	Rel	ationship	In home in 2		Income
	Direct De	eposit/Electro	onic Fu	ınds Wit	hdra	wal Inf	ormation			
Bank Information: Use for Direct Deposi	t of Refund/ I	Direct Debit of Ba	lance Du	e						
Name of bank										
Checking Savings Routing tran	sit number				A	Account n	umber			
Ask your tax preparer for information ab	ed informatio	n is correct and ir	ncludes a	ll income, d	leducti	ions, and	other informa	tion for the pre	eparatio	
income tax returns for which I have adec information may be needed to electronic			a copy of	your (and	your sp	oouses, if	applicable) dr	iver's license (f	ront and	d back). This

Date

Date

Signature

Signature

			Questions – All Taxpayers							
			Yes refers to both taxpayer and spouse. Enter? if unsure.							
PERSONAL INFO	Yes	No	Did your marital status change during the year? If yes, explain:							
PER	Yes	No	Can you be claimed as a dependent by another taxpayer?							
	Yes	No	Do any of your dependents have unearned income in excess of \$2,200? (Kiddie tax)							
⊨	Yes	No	Did you pay for child care while you worked or looked for work?							
DEN O	Yes	No	Did you pay any expenses related to the adoption of a child during the year?							
DEPENDENT	Yes	No	you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement /hich establishes custodial responsibilities?							
J	Yes	No	Did any births, adoptions, marriages, separations, divorces or deaths occur related to you, your spouse or any of your dependents in 2021?							
ES,	Yes	No	Did you start a new business, purchase rental property, or receive income from a sharing/gig activity during the year?							
PURCHASES, SALES, AND DEBT INFORMATION	Yes	No	Did you purchase or sell a principal residence during the year?							
CHASES, SA AND DEBT FORMATIC	Yes	No	Did you have any investments become worthless or were you a victim of investment theft in 2021??							
HAS	Yes	No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?							
URC INF	Yes	No	Did you sell an existing business, rental or other property this year?							
₫.	Yes	No	Did you lend money with the understanding of repayment in this year and it became totally uncollectable?							
-	Yes	No	Do you own a business or an interest in a partnership, corporation, LLC, or other venture?							
_	Yes	No	Were you granted, or did you exercise, any employer stock options during 2021? Did you pay or receive alimony in 2021?							
ATION	Yes	No	Paid/received \$ Recipient SSN# Date of divorce							
INCOME INFORMATION	Yes	No	Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?							
Ž	Yes	No	Did you receive any income from an installment sale?							
OME	Yes	No	Did you receive any disability income during the year?							
NCC	Yes No Did you receive tip income not reported to your employer this year?									
_	Yes	No	Did any of your life insurance policies mature, or did you surrender any policies?							
_	Yes	No	Did you receive any awards, prizes, hobby income, gambling or lottery winnings?							
EDUCATION	Yes Yes	No No	Do you expect a large fluctuation in income, deductions, or withholding next year, such as retirement? Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the							
CAT	Yes	No	coming year? Did you make any withdrawals from an education savings or 529 Plan account? Please enclose forms.							
J G P	Yes	No	Did you cash any Series EE or I U.S. Savings bonds issued after 1989?							
	163	NU	Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please							
HEALTHCARE	Yes	No	provide any Form(s) 1095-A you received.							
ALTI-	Yes	No	Did you make any contributions before April 18, 2022 to a Health saving account (HSA) or Archer MSA?							
NFC	Yes Yes	No No	Did you receive any distributions from a Health savings account (HSA)? Include Forms 1099-SA and Form 5498-SA Did you pay long-term care premiums for yourself or your family?							
_	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters?							
O S	Yes	No	Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement.							
ITEMIZED SEDUCTION INFO	Yes	No	Did you incur any business casualty or theft loss or any condemnation awards during the year?							
ITEMIZED DEDUCTION INFO	Yes	No	Do you have evidence to substantiate all of your charitable deductions?							
	Yes	No	Did you make any major purchases during the year (cars, boats, motorhomes, etc.)?							
	Yes	No	Did you make any gifts of more than \$15,000 to any individual?							
	Yes	No	Did you acquire, use, dispose of or hold any virtual currency (such as bitcoin)?							
_	Yes	No	Did you pay any individual for domestic services in your home?							
NO.	Yes	No	Did you make any solar energy improvements to any property you own?							
MAT	Yes	No	Did you make energy efficient improvement to your main home this year?							
Yes No Did you make any solar energy improvements to any property you own? Yes No Did you make energy efficient improvement to your main home this year? Yes No Did you purchase a new energy-efficient car, truck, or van? Yes No Did you have a financial interest in or signature authority over a financial account such as bank account, securities account, or brokerage account, located in a foreign country? Yes No Did you have any foreign financial accounts, foreign financial assets, or hold an interest in a foreign entity? Yes No Did you receive correspondence from the State or the Internal Revenue Service? If so, explain Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity. If yes attach the IRS letter										
								EOL	Yes	No
ELLAN	Did you receive correspondence from the State or the Internal Revenue Service? If so, explain									
IISC	Yes	No	Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft?							
Σ			If yes, attach the IRS letter.							
	Yes	No	Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.							
	Yes	No	Would you like the IRS and State to discuss your tax return with your tax preparer if any questions should arise?							

NATIC TO YES	es	No	I la a a a .		Are you a member of the Military?									
Ž.		_	Has your	Has your will or trust been updated in the last three years?										
NUED)	es	No	,	vide the amounts a	' ' ' '	act payments (stimulus payments during 2021)? e date received or Form 6475 . Amount: \$								
MISCELLANEOUS INFORMATION (CONTINUED)	es	No		d you receive any Advance Child Tax Credit payments? yes, enter the amounts or attach Letter 6419 .										
H P	Payment Date			Amount Received	Payment Date	Amount Received	Payment Date	Amount Received						
SCE	July 15,2021				September 15, 2021		November 15, 2021							
Ē,	August 13, 2021 October 15, 2021 December 15, 2021													
					State Inform	ation								

		State Info	rmatio	on				
Full-year resident Part-year resi	dent Non-resid	lent						
States of residence during 2021:		Dates:						
School District:		Did you own or	rent you	ır home? Own	Rent			
Are you or your spouse a veteran with a se	rvice-connected disa	ability? Yes	No		%			%
Are you or your spouse a "resident tribal m	ember" of a federal	ly recognized Ind	ian Tribe	? Yes No If yes, v	vhat tribe	??		
Contributions made to:	Michigan Educatio	on Trust		Michigan Education S	avings Pla	an(MESP)		
				Including MI 529 Advi	sor Plan(I	MAP)		
Payments made in 2021	\$			\$				
Did you purchase tangible personal propert	ty items that you did	d not pay Michiga	n sales ta	ax on?		Yes	No	
If yes, what was purchased and how much	was spent including	shipping and han	dling?			\$		
	•					•		

Quarterly Tax Estimates Paid – Federal and State								
		Federal		State				
	Date paid	Date paid Amount		Amount				
1st quarter 2021								
2 nd quarter 2021								
3 rd quarter 2021								
4 th quarter 2021								
Other:								
TOTAL estimates paid for 2021	\$		\$					

Income Information

Annuities

Please bring in all supporting documentation such as W-2's, 1099's, 1095 from Marketplace healthcare, K-1's from employers, partnerships, S corporations, estates and trusts, brokerage houses, mutual funds, banks and credit unions, etc. for the following:

Interest income		Unemployment compensation (Form 1099-G)						
• Tax exempt interest income receive	d (attach year-end statement)	Social Security (attach Social Security report						
• Dividends		Form SSA-1099)						
Stock sales		Railroad retirement						
• Retirement income including pension	ons and IRA's *	State income tax refund						
Debt Forgiveness		Gambling winnings						
Please provide a total amount for (if a	pplicable):							
Public assistance	\$	Strike benefits	\$					
Prizes/award	\$	Scholarships	\$					
Education grants	\$	Tips/gratuities not reported on W-2	\$					
Veterans' disability	\$	Workers' compensation	\$					
Bartering	\$	Other	\$					
Alimony received	\$							

If any of the following apply, please attach detail of receipts and expenditures. (Contact us if you need additional help)

- Business (Schedule C)
- Rental (Schedule E) including type of property and full address
- Farm (Schedule F)

• Wages, salaries and tips

• Installment sale payments received on a previously reported transaction

Interest \$	Principal	\$	Payor	Social security #
Did you obtain a PPP or EIDL loan?	Yes	No	Did you obtain forgiveness? If so, the amount: \$	Date:

	Sale	es and Exchan	ge Workshe	eet – Plea	se bring 1	099's	you red	eived			
Pro	ovide information about sa	ales of stock, real es	state or other p	roperty, alor	ng with Forms	1099-B	, 1099-S,	or other supp	ortin	g statements.	
	Description		Purchase date	e	Cost		Selling date			ale price	
					\$				\$		
					\$				\$		
					\$				\$		
					\$				\$		
We need exa	We need exact purchase and sale dates and cost including reinvestments, if applicable, to determine the capital gain rate which									. Electronic	
spreadsheets	can be imported into our	tax package. Your	statements fror	m your broke	r (Form 1099	-B) some	times pro	ovide the cos	t/basi	s information	
necessary to	compute gain or loss. If th	e statement does n	ot contain this	information	, you must pi	rovide it.	1				
			Other Ad	djustment	/Credits						
			Reti	rement P	lans						
IRA Maximun	n \$6,000 for 2021 (additio	nal \$1,000 if 50 yea	rs or older)								
Traditional o	Roth IRA (indicate which):		Date made			Amou	ınt			
Taxpayer							\$				
Spouse							\$				
•	ed is not the maximum, d	o you want to conti	ribute the maxii	mum?	Yes	No					
	a retirement plan rollove	•			Yes	No	If ves.	, amount: \$			
	ur spouse actively particip				elf: Yes	No	Spous		No		
	contributions for a self-e		•		Yes	No		, amount: \$			
	utions for 2021 can be ma		qualif	p	103		,,	, y			
			Chile	d Care Cro	edit						
Child care ev	penses paid to allow parer	at to work or go to s									
	g information is needed fo					.00 to 4-	nondont	totals:			
		r each provider in o	rder to claim tr			ee to de	pendent	totais:			
Provider nam	<u>e</u>				er name						
Address	.5. /			Addres	Social security or ID number						
	y or ID number					number					
TOTAL PAID \$				TOTAL							
Amount you	elected to defer through y	our payroll to a caf	eteria or flex pl	an for child c	are in 2021 –	- should	agree to l	W-2 box 10	\$		
		Higher	Education	Deductio	ns and/or	Credi	ts				
Qualified tuit	ion and course fees paid f	or student attendin	g eligible educa	ation instituti	ions post high	n school.	Please a	ttach your tu	iition	settlement	
	nd 1098T's. We need the				, ,			•			
Yes No	Were any children	Year in	Paid by You:	: Tuition \$		Studer	nt loan int	terest \$		Books \$	
	attending college?	college	Paid by stud	lent: Tuition	\$	Studer	nt loan int	terest \$		Books \$	
	Other expenses:	•	-			•				•	
Yes No	Did you pay any tuition f	for a private school	for a dependen	nt child or tak	e classes you	rself?					
	Student				•			Amo	ount p	paid \$	
	Name and address of sci	hool						I		·	
Qualified Stu	dent Loan Interest Paid in		se or dependen	nt							
Name			se or dependen		payer	Spous	e	Depende	nt		
	num per year – Income Lir				,	- J- 2 - 0 - 0			•		
	vings Account (ESA) - max		21 & 2022								
		\$		Dist	ributions rec	eived in	2021	\$			
	-		Adiustr	nents Wo				<u> </u>			
Educator	oncos Classroom amaza	os of topobors				ach /cr	10 io:n±1		۲.		
	enses. Classroom expens			-		acn (\$50	o joint)		\$		
	red by a Health Savings Ad								\$		
	d SEP, Simple, and qualifie	•		zuzi may be	made in 2022	۷.			\$		
	d health insurance deduct		ors)						\$		
-	orly withdrawal of savings.						_		\$		
Moving expenses. Job-related move and at least 50-mile increase in commuting distance. ARMED FORCES ONLY Ask preparer											
Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer											
Charitable co	ntributions for year (up to	\$300 deduction pe	er person for joi	int returns ev	en if you do	not item	ize).		\$		
	Questions	& Concerns to	Be Address	sed Durin	g the Pres	paratio	n of Yo	our Tax Re	etur	n:	
	, , , , , , ,										

	Itemized Deduction	•							
Deductions must generally exceed \$12,550 for single,	: \$25,100 for MFJ; \$18,800	O HOH; or	\$12,55	0 MFS to be a b	enefit.				
Medical – Must exceed 7.5% of AGI									
Prescription medicines and drugs			Doctor, dentis				\$		
Medical insurance premiums paid	\$			Hospitals/Nursing Home fees				\$	
Medicare insurance paid (SSA-1099)	\$			Lab fees/X ray	'S			\$	
Long-term care insurance premiums	Taxpayer \$			Eyeglasses and	d conta	cts		\$	
	Spouse \$			Hearing aids				\$	
Ambulance	\$			Medical Suppl	ies			\$	
Number of medical miles: @ 1	6.0 cents per mile								
Lodging - limit of \$50 per day per person	\$								
Total insurance and HSA reimbursement if not nett	ed in above figures		\$						
Taxes – Do not include taxes paid for full or partial	business or rental-use p	roperty.							
Real estate taxes on personal residence:				Amount				Date	paid
Taxable value of residence	Township/City			\$			•		
2019 Winter				\$					
2021 Summer				\$					
2021 Winter				\$					
Other real estate taxes on land, camp, etc.:				\$					
Licenses fees on vehicles				\$					
Yes No Did you keep receipts for sales tax p	paid during 2021? A	mount \$							
Yes No Did you purchase a car, plane, boat	, motorcycle or home in 2	021?							
Sales tax paid \$	Purchase paid \$					Date		/	/
Interest Expense									
Principal residence and <u>one</u> vacation residence (bod	t or recreational vehicle v	vith living	accomi	modations)					
House mortgage paid to financial institution (attach	Form 1098 received fron	n lender)			\$				
Home equity or home improvement loan					\$				
House mortgage or contract paid to individual:					\$				
Name	Social Securi	ity#			ı				
Address		-							
New mortgage or refinance?	For how many paymer	nts?		Date	/	/			
Points Paid									
If you refinanced a mortgage or purchased a new re	esidence – please bring in	closing pa	pers			9	\$		
<u>Investment Interest</u> - i.e., on debt to carry stocks, be	onds or investments:					ļ.			
List:						9	\$		
Charitable						L			
Cash to church and charities *		\$							
Noncash contribution - Fair market value of items g	iven	\$							
If over \$500, provide details of contributions. Item		condition o	or bette	er					
Out-of-pocket expenses for charities		\$							
Charitable miles (14 cents per mile)									
Did you or your spouse make a contribution from a	n IRA directly to a charital	d							
organization?	,	Yes	No						
* Current tax law requires taxpayers to have the fol									
(1) a bank record or (2) a written communication fr		uately doc	uments	s the donation.	If the d	onation	is \$25	0 or m	ore, you must
Have the appropriate written communications from Casualty and Theft Loss	n the charity.								
	loss of proporty and the fo	- provide	dotaile	to vous prese	v /F!	oralls: -	oclara-	l dias :	tor area and a
If you suffered any sudden, unexpected damage or	ioss of property or a theff	, provide	uetalis	to your prepare	r. (rede	erally de	eciared	aisasi	.er area only)
Miscellaneous Deductions									
Attach detail if applicable: Were any expenses rein					. ,	,			
Gambling losses (Deductible only up to the amount	Gambling losses (Deductible only up to the amount of gambling winning reported. A log must be kept to verify losses.) \$								