

**SCHNEIDER, LARCHE, HAAPALA & COMPANY, PLLC**  
**CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS**  
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[www.slh-cpa.com](http://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.**

**INDIVIDUAL TAX INFORMATION ORGANIZER FOR 2021 RETURN**

**Personal Information** - *If you are a new client, please provide copies of last year's tax return.*

<b>Taxpayer</b>			Social Security Number	Identity Protection Pin
First Name	Last Name		Birthdate	
Address	Home Phone (    )		Occupation	
City, State Zip	Cell/Work (    )		Email Address	
Driver's License Number	State	Issue Date	Expiration Date	
Are you Legally Blind? <b>Yes No</b>	Permanently disabled? <b>Yes No</b>			

<b>Spouse</b>			Social Security Number	Identity Protection Pin
First Name	Last Name		Birthdate	
Address	Home Phone (    )		Occupation	
City, State Zip	Cell/Work (    )		Email Address	
Driver's License Number	State	Issue Date	Expiration Date	
Are you Legally Blind? <b>Yes No</b>	Permanently disabled? <b>Yes No</b>			

**Filing status:** **Single Married filing jointly Married filing separately Widow(er) Head of household Registered Domestic Partnership**  
 Did/have you celebrate(d) marriage to a same-sex spouse in a state that legally recognized same-sex marriage? **Yes No**  
 Were you divorced or separated during the year? **Yes No** Were there any deaths in the family? **Yes No**

Names of dependent children <i>First and Last Name</i>	Social Security #	Date of birth	Relationship	Months lived In home in 2021	College Student	Care expenses paid
	- -					
	- -					
	- -					
	- -					
	- -					

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent or the child will claim themselves? **Yes No**  
 Are any children disabled? **Yes No** Did any children have unearned income above \$1,100 for the year for filing requirements? **Yes No**

Other dependents or people who lived with you <i>First and Last Name</i>	Social Security #	Date of birth	Relationship	Months lived In home in 2021	Income
	- -				
	- -				

**Direct Deposit/Electronic Funds Withdrawal Information**

**Bank Information:** Use for Direct Deposit of Refund/ Direct Debit of Balance Due

Name of bank

<b>Checking</b>	<b>Savings</b>	Routing transit number	Account number
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Ask your tax preparer for information about depositing a refund into an IRA account, or splitting the deposit into more than one account.

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information for the preparation of this year's income tax returns for which I have adequate records. Please provide a copy of your (and your spouses, if applicable) driver's license (front and back). This information may be needed to electronically file your tax return.

<b>Signature</b>	<b>Date</b>
<b>Signature</b>	<b>Date</b>



MISCELLANEOUS INFORMATION (CONTINUED)	Yes No	Are you a member of the Military?					
	Yes No	Has your will or trust been updated in the last three years?					
	Yes No	Did you receive any economic impact payments (stimulus payments during 2021)? If yes, provide the amounts and the date received or <b>Form 6475</b> . <i>Payment Date:</i> _____ <i>Amount:</i> \$ _____					
	Yes No	Did you receive any Advance Child Tax Credit payments? If yes, enter the amounts or attach <b>Letter 6419</b> .					
		Payment Date	Amount Received	Payment Date	Amount Received	Payment Date	Amount Received
		July 15, 2021		September 15, 2021		November 15, 2021	
		August 13, 2021		October 15, 2021		December 15, 2021	

**State Information**

<b>Full-year resident</b>	<b>Part-year resident</b>	<b>Non-resident</b>				
States of residence during 2021:			Dates:			
School District:			Did you own or rent your home? <b>Own</b> <b>Rent</b>			
Are you or your spouse a veteran with a service-connected disability?		<b>Yes</b> <b>No</b>			%	%
Are you or your spouse a "resident tribal member" of a federally recognized Indian Tribe?		<b>Yes</b> <b>No</b>	If yes, what tribe?			
Contributions made to:		<i>Michigan Education Trust</i>		<i>Michigan Education Savings Plan(MESP) Including MI 529 Advisor Plan(MAP)</i>		
Payments made in 2021		\$ _____		\$ _____		
Did you purchase tangible personal property items that you did not pay Michigan sales tax on?					<b>Yes</b>	<b>No</b>
<i>If yes, what was purchased and how much was spent including shipping and handling?</i>					\$ _____	

**Quarterly Tax Estimates Paid – Federal and State**

	<b>Federal</b>		<b>State</b>	
	<i>Date paid</i>	<i>Amount</i>	<i>Date paid</i>	<i>Amount</i>
1 <sup>st</sup> quarter 2021				
2 <sup>nd</sup> quarter 2021				
3 <sup>rd</sup> quarter 2021				
4 <sup>th</sup> quarter 2021				
Other:				
TOTAL estimates paid for 2021		\$ _____		\$ _____

**Income Information**

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:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Wages, salaries and tips</li> <li>• Interest income</li> <li>• Tax exempt interest income received (attach year-end statement)</li> <li>• Dividends</li> <li>• Stock sales</li> <li>• Retirement income including pensions and IRA's *</li> <li>• Debt Forgiveness</li> </ul> | <ul style="list-style-type: none"> <li>• Annuities</li> <li>• Unemployment compensation (Form 1099-G)</li> <li>• Social Security (attach Social Security report Form SSA-1099)</li> <li>• Railroad retirement</li> <li>• State income tax refund</li> <li>• Gambling winnings</li> </ul> |
|--|--|

*Please provide a total amount for (if applicable):*

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)
- 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: \_\_\_\_\_

## Sales and Exchange Worksheet – Please bring 1099's you received

Provide information about sales of stock, real estate or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description	Purchase date	Cost	Selling date	Sale price
		\$		\$
		\$		\$
		\$		\$
		\$		\$

*We need exact purchase and sale dates and cost including reinvestments, if applicable, to determine the capital gain rate which applies. Electronic spreadsheets can be imported into our tax package. Your statements from your broker (Form 1099-B) sometimes provide the cost/basis information necessary to compute gain or loss. **If the statement does not contain this information, you must provide it.***

### Other Adjustment/Credits Retirement Plans

IRA Maximum \$6,000 for 2021 (additional \$1,000 if 50 years or older)

Traditional or Roth IRA ( <i>indicate which</i> ):	Date made	Amount
Taxpayer		\$
Spouse		\$

If amount listed is not the maximum, do you want to contribute the maximum?	<b>Yes</b>	<b>No</b>	
Did you make a retirement plan rollover to a traditional or Roth IRA in 2021?	<b>Yes</b>	<b>No</b>	If yes, amount: \$
Do you or your spouse actively participate in an employer plan?	Self: <b>Yes</b>	<b>No</b>	Spouse: <b>Yes</b> <b>No</b>
Did you make contributions for a self-employed SEP, Simple and/or qualified plan?	<b>Yes</b>	<b>No</b>	If yes, amount: \$

*Some contributions for 2021 can be made in 2022*

### Child Care Credit

*Child care expenses paid to allow parent to work or go to school (please estimate for each child):*

The following information is needed for each provider in order to claim the credit/totals should agree to dependent totals:

Provider name	Provider name
Address	Address
Social security or ID number	Social security or ID number
TOTAL PAID \$	TOTAL PAID \$

Amount you elected to defer through your payroll to a cafeteria or flex plan for child care in 2021 – *should agree to W-2 box 10* \$

### Higher Education Deductions and/or Credits

Qualified tuition and course fees paid for student attending eligible education institutions post high school. Please attach your **tuition settlement statements and 1098T's**. We need the institutions EIN, name and address.

Yes	No	Were any children attending college?	Year in college	Paid by You: Tuition \$	Student loan interest \$	Books \$
				Paid by student: Tuition \$	Student loan interest \$	Books \$
<i>Other expenses:</i>						

Yes	No	Did you pay any tuition for a private school for a dependent child or take classes yourself?			
		Student	Amount paid \$		
		Name and address of school			

Qualified Student Loan Interest Paid in 2021 for you, spouse or dependent

Name _____ Amount \$ _____	Taxpayer	Spouse	Dependent
<i>\$2,500 Maximum per year – Income Limits Apply</i>			

Education Savings Account (ESA) - *maximum \$2,000 for 2021 & 2022*

Contributions made in 2021	\$	Distributions received in 2021	\$
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### Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each (\$500 joint)	\$
Are you covered by a Health Savings Account (HSA)? Amount of deductible contributions	\$
Self-employed SEP, Simple, and qualified plans. Some contributions for 2021 may be made in 2022.	\$
Self-employed health insurance deduction. (Sole proprietors)	\$
Penalty on early withdrawal of savings.	\$
Moving expenses. Job-related move and at least 50-mile increase in commuting distance. <b>ARMED FORCES ONLY</b>	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer
Charitable contributions for year (up to \$300 deduction per person for joint returns even if you do not itemize).	\$

### Questions & Concerns to Be Addressed During the Preparation of Your Tax Return:

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## Itemized Deductions paid during 2021

*Deductions must generally exceed \$12,550 for single; \$25,100 for MFJ; \$18,800 HOH; or \$12,550 MFS to be a benefit.*

### Medical – Must exceed 7.5% of AGI

Prescription medicines and drugs	\$	Doctor, dentist, etc.	\$
Medical insurance premiums paid	\$	Hospitals/Nursing Home fees	\$
Medicare insurance paid (SSA-1099)	\$	Lab fees/X rays	\$
Long-term care insurance premiums	Taxpayer \$	Eyeglasses and contacts	\$
	Spouse \$	Hearing aids	\$
Ambulance	\$	Medical Supplies	\$
Number of medical miles: @ 16.0 cents per mile			
Lodging - limit of \$50 per day per person	\$		
Total insurance and HSA reimbursement if not netted in above figures		\$	

### Taxes – Do not include taxes paid for full or partial business or rental-use property.

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		\$	
<b>Yes No</b>	Did you keep receipts for sales tax paid during 2021?	Amount \$	
<b>Yes No</b>	Did you purchase a car, plane, boat, motorcycle or home in 2021?		
Sales tax paid \$		Purchase paid \$	Date / /

### Interest Expense

Principal residence and <u>one</u> vacation residence (boat or recreational vehicle with living accommodations)	
House mortgage paid to financial institution (attach Form 1098 received from lender)	\$
Home equity or home improvement loan	\$
House mortgage or contract paid to individual:	\$
Name	Social Security #
Address	
New mortgage or refinance?	For how many payments? Date / /
<u>Points Paid</u>	
If you refinanced a mortgage or purchased a new residence – please bring in closing papers	\$
<u>Investment Interest - i.e., on debt to carry stocks, bonds or investments:</u>	
List:	\$

### Charitable

Cash to church and charities *	\$
Noncash contribution - Fair market value of items given	\$
<i>If over \$500, provide details of contributions. Items must be in good used condition or better</i>	
Out-of-pocket expenses for charities	\$
Charitable miles (14 cents per mile)	
Did you or your spouse make a contribution from an IRA directly to a charitable organization?	<b>Yes No</b>

*\* Current tax law requires taxpayers to have the following for all tax deductions to a charitable contribution of cash, check, or any other monetary gift: (1) a bank record or (2) a written communication from the charity that adequately documents the donation. If the donation is \$250 or more, you must Have the appropriate written communications from the charity.*

### Casualty and Theft Loss

If you suffered any sudden, unexpected damage or loss of property or a theft, provide details to your preparer. (Federally declared disaster area only)

### Miscellaneous Deductions

<i>Attach detail if applicable: Were any expenses reimbursed by your employer</i>		<b>Yes No</b>
Gambling losses (Deductible only up to the amount of gambling winning reported. A log must be kept to verify losses.)	\$	
	\$	

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