

# Tax Organizer For 2021 Income Tax Return

**Prepared For:**

New or Current Client W/RENTAL/BUSINESS

,

**Prepared By:**

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PT CHARLOTTE, FL 33952

This Tax Organizer can be used to help identify information needed to prepare your 2021 income tax return. Enter your 2021 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2021 income tax return.

If you have any questions, please feel free to contact us at (941)249-3043.

**PERSONAL INFORMATION ORGANIZER**  
Please complete this Organizer before your appointment.

**1. PERSONAL INFORMATION**

Name		SSN or ITIN		Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer	<small>New or Current Client W/RENTAL/BUSINESS</small>						<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<b>Spouse if applicable</b>						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town		State	Zip Code	County	
Foreign country		Foreign province/state				Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone		

**2. FILING STATUS**

<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Check if parent (or someone else) can claim you as a dependent on their return.
<input type="checkbox"/> Married Filing Joint	
<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Check if you lived apart from your spouse for all of 2021.
<input type="checkbox"/> Head of Household	
<input type="checkbox"/> Qualifying Widow(er)	Year spouse died: _____

**3. DEPENDENTS**

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

**4. REFUND INFORMATION**

1. Would you like to have any refunds directly deposited into your bank account? . . . . . ☐ Yes ☐ No

Bank Account		Bank Account	
Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank name	_____	Bank name	_____
Routing number	_____	Routing number	_____
Account number	_____	Account number	_____
Account outside the jurisdiction of the United States?	<input type="checkbox"/> Yes	Account outside the jurisdiction of the United States?	<input type="checkbox"/> Yes

**5. IDENTIFICATION INFORMATION**

Taxpayer	Spouse
Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID	Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID
ID number _____	ID number _____
Location of issuance _____	Location of issuance _____
Issue date _____	Issue date _____
Expiration date _____	Expiration date _____

**6. HEALTH CARE INFORMATION**

Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer    ☐ Government-Sponsored Marketplace    ☐ Private Exchange (Individual Insurance Company)

## PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

New or Current Client W/RENTAL/BUSINESS

### 7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

- |  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| 1. Check the applicable boxes if you wish to contribute \$3 to the Presidential Election campaign fund.  | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse |
| 2. Were you a victim of identity theft and have you been contacted by the IRS? . . . . .   | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| If Yes, please furnish the 6-digit PIN issued to you by the IRS . . . . .  |                                   |                                 |
| 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2021? . . . . .   | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? . . . . .                                   | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than \$2,200? . . . . .                  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? . . . . . | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 7. Did you give a gift of more than \$15,000 to one or more people? . . . . .  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |
| 8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? . . . . .                          | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |

### 8. COMMENTS

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## INCOME ORGANIZER

Please complete this Organizer before your appointment.  
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

### 1. WAGE AND SALARY INFORMATION

Attach W-2s:

Employer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Unreported tip income received: . . . . . \_\_\_\_\_

### 2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth IRA	Other IRA	Taxpayer	Spouse
Payer Name				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach SSA 1099 or RRB 1099

	Yes	No
Did you receive social security benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive railroad retirement benefits? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

### 4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

Payer Name	Taxpayer	Spouse
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### 6. OTHER INCOME

Description	Amount
State income tax refund	_____
Alimony received	_____
Date of original divorce/separation agreement	_____
Unemployment compensation	_____
Gambling winnings	_____
Jury pay	_____
Hobby income	_____
Scholarships (grants)	_____
NOL Carryforward	_____
Child support	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . . ☐ Yes ☐ No
2. Did you earn any foreign income or pay any foreign taxes? . . . . . ☐ Yes ☐ No
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? . . . . . ☐ Yes ☐ No
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? . . . . . ☐ Yes ☐ No  
    If Yes, did the aggregate value of all financial accounts exceed \$10,000 at any time during 2021? . . . . . ☐ Yes ☐ No
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . . ☐ Yes ☐ No
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . . ☐ Yes ☐ No

**BUSINESS INCOME AND EXPENSES** (Schedule C)**New or Current Client W/RENTAL/BUSINESS**Indicate the owner of this business: ☐ Taxpayer ☐ Spouse ☐ Joint

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

Business product or service: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Did you start or acquire this business during 2021? ☐ Yes ☐ NoAccounting Method: ☐ Cash ☐ Accrual ☐ Other (describe) \_\_\_\_\_Method used to value inventory: ☐ Cost ☐ Lower of cost or market ☐ Other (describe) \_\_\_\_\_

Income and Cost of Goods Sold	2021 Amount	2020 Amount
Gross receipts or sales . . . . .		
Returns and allowances . . . . .		
Other income (enclose description). . . . .		
Inventory at beginning of year. . . . .		
Purchases less cost of items withdrawn for personal use. . . . .		
Cost of labor . . . . .		
Materials and supplies . . . . .		
Other costs . . . . .		
Inventory at end of year . . . . .		

Expenses	2021 Amount	2020 Amount		2021 Amount	2020 Amount
Advertising . . . . .			Wages . . . . .		
Commissions and fees . . . . .			Other: _____		
Contract labor. . . . .					
Depletion . . . . .					
Employee benefits. . . . .					
Insurance (other than health) . . . . .					
Mortgage interest . . . . .					
Other interest. . . . .					
Legal and professional fees . . . . .					
Office expenses . . . . .					
Pension and profit sharing . . . . .					
Rent - Vehicle, machinery . . . . .					
Rent - Other. . . . .					
Repairs and maintenance . . . . .					
Supplies. . . . .					
Taxes and licenses . . . . .					
Travel . . . . .					
Meals and entertainment. . . . .					
Utilities. . . . .					

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2021** (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

**Business Use of Home**

Area used exclusively for business \_\_\_\_\_ Total area of home \_\_\_\_\_

Was the home used as a day care facility? ☐ Yes ☐ No Date home placed in service \_\_\_\_\_

Casualty losses \_\_\_\_\_ Insurance \_\_\_\_\_ Rent \_\_\_\_\_

Mortgage interest \_\_\_\_\_ Repairs and maintenance \_\_\_\_\_ FMV of home \_\_\_\_\_

Real estate taxes paid \_\_\_\_\_ Utilities and other expenses \_\_\_\_\_ Value of land \_\_\_\_\_

Carryover of unallowed expenses to 2021 ☐ Yes ☐ No (if yes, enter amount) \_\_\_\_\_

**New or Current Client W/RENTAL/BUSINESS****RENTAL AND ROYALTY INCOME AND EXPENSES** (Schedule E, pg 1)Indicate the owner of this property: ☐ Taxpayer ☐ Spouse ☐ Joint

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? ☐ Yes ☐ NoDid you meet the Active Participation requirements for this property? ☐ Yes ☐ No

(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during 2021? ☐ Yes ☐ No

Income	2021 Amount	2020 Amount
Rents received . . . . .		
Royalties received . . . . .		

Expenses	2021 Amount	2020 Amount
Advertising . . . . .		
Cleaning and maintenance . . . . .		
Commissions . . . . .		
Insurance . . . . .		
Legal and other professional fees . . . . .		
Management fees . . . . .		
Mortgage interest paid to banks . . . . .		
Other interest . . . . .		
Repairs . . . . .		
Supplies . . . . .		
Taxes . . . . .		
Utilities . . . . .		
Other _____		
_____		
_____		
_____		
Amortization . . . . .		
Section 481(a) adjustment . . . . .		

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

Travel expenses \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2021**

(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

## DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.  
Itemized Deduction Organizers are on separate pages.

**New or Current Client W/RENTAL/BUSINESS**

### 1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

Student Name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition & Fees	Student Loan Interest Paid	Books, Supplies & Equipment	529 Plan
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

### 2. JOB-RELATED MOVING EXPENSES

Description	Amount
Lodging . . . . .	_____
Gas and Oil. . . . .	_____
Mileage . . . . .	_____
Other . . . . .	_____
Miles from old home to your new workplace	_____
Miles from old home to old workplace . . . .	_____
Member of the Armed Forces? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. IRA CONTRIBUTIONS

Description	Amount
Contributions to a Traditional IRA. . . . .	_____
Contributions to a ROTH IRA . . . . .	_____

### 4. OTHER DEDUCTIONS

Description	Amount
Educator expenses. . . . .	_____
Alimony paid Rec. SSN: _____	_____
Date of original divorce/separation _____	
Health Savings Account contributions . . . .	_____
Archer Medical Savings Account contributions	_____
Jury duty repayment to employer . . . . .	_____
Foreign qualified housing expenses. . . . .	_____
Contributions to College 529 Savings Plan. .	_____
Qualified business net (loss) carryover from 2020	_____
Qualified REIT dividends and PTP net (loss) carryover	_____
_____	_____
_____	_____
_____	_____

### 5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2021 for which you paid a large amount of sales tax? . . . . . ☐ Yes ☐ No
2. Did you refinance a mortgage during 2021? . . . . . ☐ Yes ☐ No

## ITEMIZED DEDUCTIONS

Medical and Dental Expenses <i>(not including reimbursements)</i>	2021 Amount	2020 Amount
Medical/dental care insurance premiums (other than self-employed) . . . . .		
Medicare B and D premiums from SSA-1099 and RRB-1099-R . . . . .		
Qualified long-term care premiums . . . . .		
Doctor, dentist, and hospital fees . . . . .		
Prescription medicines and drugs . . . . .		
Medical aids such as eyeglasses, contact lenses, and hearing aids . . . . .		
Total transportation expenses . . . . .		
Other medical and dental expenses . . . . .		

<b>Taxes Paid</b>	<b>2021 Amount</b>	<b>2020 Amount</b>
State and local income taxes paid (other than withholdings and estimates) . . . .		
Actual state and local general sales taxes paid . . . . .		
State and local real estate taxes . . . . .		
Personal state/local property taxes (list type of tax paid) _____		

Interest Paid	2021 Amount	2020 Amount
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)		
Home mortgage interest paid to individual. . . . .		
<i>Individual's name</i> _____		
<i>Individual's address</i> _____		
<i>Individual's ID number</i> _____		
Qualified mortgage insurance premiums (VA, FHA, RHS, or private) . . . . .		
Investment interest expense . . . . .		

[illegible]



# New or Current Client W/RENTAL/BUSINESS

## ITEMIZED DEDUCTIONS (continued)

### Casualty and Theft Losses (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.

(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: \_\_\_\_\_ Residential property ☐ Business property ☐  
 Description of property: \_\_\_\_\_ Federal Disaster ☐  
 Date of loss: \_\_\_\_\_ FEMA disaster declaration # \_\_\_\_\_

Amount of damage \_\_\_\_\_ Cost basis of property \_\_\_\_\_ Repair Costs \_\_\_\_\_  
 Insurance reimbursement \_\_\_\_\_ FMV of property before loss \_\_\_\_\_ Other \_\_\_\_\_  
 Federal monies received \_\_\_\_\_ FMV of property after loss \_\_\_\_\_ Other \_\_\_\_\_

### Unreimbursed Employee Business Expenses

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) \_\_\_\_\_  
 Subscriptions related to your work \_\_\_\_\_  
 Licenses and regulatory fees \_\_\_\_\_  
 Tools and supplies used in your work \_\_\_\_\_  
 Work clothes, uniforms if required \_\_\_\_\_  
 Medical exams required by your employer \_\_\_\_\_  
 Work related education (books, tuition) \_\_\_\_\_  
 Legal fees related to your job \_\_\_\_\_  
 Job search expenses (current occupation) \_\_\_\_\_

#### \*In home office:

Total square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Office square footage \_\_\_\_\_  
 Rent . . . . . \_\_\_\_\_  
 Insurance . . . . . \_\_\_\_\_  
 Utilities . . . . . \_\_\_\_\_  
 Repairs/Maintenance \_\_\_\_\_

\*Questions relating to mortgage interest, taxes, and casualty losses were asked previously

### Vehicle Information

Vehicle description \_\_\_\_\_  
 Date placed in service \_\_\_\_\_  
 Cost or basis \_\_\_\_\_

### Miles of vehicle

Business miles \_\_\_\_\_  
 Commuting miles \_\_\_\_\_  
 Other miles \_\_\_\_\_

### Expenses

Actual expenses \_\_\_\_\_  
 (gas, oil, repairs, etc)  
 Parking fees and tolls \_\_\_\_\_  
 Travel expenses \_\_\_\_\_

### Sales, Purchases, and Disposition of Assets in 2021

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

### Investment Related Expenses

Tax preparation fees \_\_\_\_\_  
 Safe deposit box \_\_\_\_\_  
 Custodial, trust admin fees \_\_\_\_\_  
 Fees to collect interest and dividends \_\_\_\_\_  
 Tax advice not related to investment income \_\_\_\_\_  
 Legal fees related to producing taxable income \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

### Other Misc. Deductions

Gambling losses . . . . . \_\_\_\_\_  
 Estate tax deduction (in respect of a decedent) \_\_\_\_\_  
 Portfolio from Schedule K-1 \_\_\_\_\_  
 Unrecovered investment in a pension \_\_\_\_\_  
 Amortizable premium on taxable bonds \_\_\_\_\_  
 Disabled persons work expenses \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

## CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

New or Current Client W/RENTAL/BUSINESS

### 1. REBATE RECOVERY CREDIT - ECONOMIC IMPACT PAYMENT RECEIVED

Taxpayer . . . . .  
Spouse . . . . .

### 2. ADVANCE CHILD TAX CREDIT - PAYMENT AMOUNT RECEIVED

July . . . . . August . . . . . September . . . . .  
October . . . . . November . . . . . December . . . . .

### 3. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):

Care Provider Name	Address	Tax-Exempt	Telephone Number	Identification Number	Amount Paid
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

### 4. RESIDENTIAL ENERGY CREDIT

Solar electric property . . . . .	Metal or asphalt roof . . . . .
Solar water heating . . . . .	Exterior windows and skylights . . . . .
Small wind energy . . . . .	Electric heat pump or central air conditioner . . . . .
Geothermal heat pump . . . . .	Natural gas, propane or oil water heater . . . . .
Fuel cell property . . . . .	Biomass fuel stove . . . . .
Insulation material . . . . .	Natural gas, propane or oil furnace . . . . .
Exterior doors . . . . .	Advanced main air circulating fan . . . . .

1. Were the qualified improvements for your main home in the United States? . . . . . ☐ Yes ☐ No  
2. Were any of the improvements related to the construction of this main home? . . . . . ☐ Yes ☐ No

### 5. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? . . . . . ☐ Yes ☐ No  
2. Are you currently repaying the First-Time Homebuyer Credit? . . . . . ☐ Yes ☐ No  
3. Do you (and your spouse) have a social security number that allows you to work and is valid? . . . . . ☐ Yes ☐ No  
4. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? . . . . . ☐ Yes ☐ No

### 6. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid	Local estimated payments	Date Paid	Amount Paid
Applied from 2020 federal refund . . . . .			Applied from 2020 local refund . . . . .		
1st quarter payment . . . . .			1st quarter payment . . . . .		
2nd quarter payment . . . . .			2nd quarter payment . . . . .		
3rd quarter payment . . . . .			3rd quarter payment . . . . .		
4th quarter payment . . . . .			4th quarter payment . . . . .		
State estimated payments	Date Paid	Amount Paid	Locality Name . . . . .		
Applied from 2020 state refund . . . . .					
1st quarter payment . . . . .					
2nd quarter payment . . . . .					
3rd quarter payment . . . . .					
4th quarter payment . . . . .					
State Name . . . . .					