

## TCPA, PLC

Certified Public Accountants  
2450 S Gilbert Rd., Suite 100  
Chandler, AZ 85286

**\*\* Please make note of our address \*\***

The TCPA PLC office is in Chandler on south of the 202 Santan Freeway and Germann Rd. It is located on northwest corner of Gilbert Rd and Ryan Rd, inside the Cambridge Plaza building. The entrance to the suite and parking is through the tunnel, on the north side. Please call us if you have any problems finding our office.



2450 S Gilbert Rd., Suite 100 · Chandler, AZ 85286

**OFFICE** (480) 264-4444 · **FAX** (480) 840-3954 · **EMAIL** [info@tcpa.tax](mailto:info@tcpa.tax)

**TCPA PLC**  
**2450 S Gilbert Rd., Suite 100**  
**Chandler, AZ 85286**  
**480-857-3048**

January 24, 2022

Dear :

As 2021 ends and the new year begins, it is time to start thinking about taxes again. We hope this last year has been a prosperous year for you or at a minimum bearable.

Enclosed is your 2021 Tax Organizer which we will use in preparing your tax return(s). This version summarizes what information was used on your 2020 tax return and provides a questionnaire of relevant information. Please go through these questions to the best of your ability and enter/update your contact information including any address, e-mail, or telephone number changes. As you receive your 2021 tax documents, please collect them and keep them with this organizer.

Business tax clients please gather the information for your individual tax return; we will contact you regarding your business and personal taxes.

The following is a reminder of items frequently forgotten:

- COVID relief 2021 stimulus amount EIP 3 (Notice 1444-C)
- Form(s) W-2 (wages, etc.) and Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest)
- Vehicle registration
- Brokerage statements and cost basis from stocks, or other investment transactions
- Closing statements pertaining to real estate transactions
- Any tax notices received from the IRS or other taxing authorities
- **A copy of your 2020 tax return (new clients only)**

The information you give us is considered confidential and we will not share or disclose it to any party without your permission.

With COVID restrictions we are again encouraging virtual appointments and electronic signing. You can mail, upload, or drop off your information prior to your appointment. We will still have in person availability on a limited basis if you desire. **A 15-minute interview by phone or in person as part of the price of the return. If your tax situation requires additional time or the information needed to process your return is not complete before the interview, you may incur additional charges.**

Thank you for your help in the completion of the Tax Organizer. Please go to our website <https://thecpa.tax/schedule-appointment/jordan/> to schedule your appointment.

Sincerely,

TCPA PLC

## AGREEMENT FOR TAX SERVICE

This is to confirm and specify the terms of our engagement with you, and to clarify the nature and extent of services that we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom tax returns are prepared to confirm the following arrangements. Specifically, the Client, as identified below, has retained TCPA PLC to prepare federal and requested state business and/or individual tax returns for calendar year: 2021 .

A. *Client Fees.* Our fees for the preparation of tax returns will be based upon nonrefundable flat rates, which include limited out-of-pocket expenses such as computer processing charges.

Our engagement is fulfilled, and all fees are earned upon completion of the applicable tax returns. All fees charged in connection with our preparation of tax returns must be paid prior to receipt and/or filing of such tax returns. Additional services relating to the Client and/or your tax returns will be charged at an hourly rate, including any time spent working with taxing authorities, and/or resulting from subpoenas, summons, notices, or audits received from taxing authorities or the courts. Any and all additional work whether required by IRS notices or audits will be charged at an hourly rate if we choose to accept the additional engagement.

B. *Tax Returns.* Unless directed otherwise in writing, the Client authorizes us to prepare a federal and requested state income tax return. Federal and requested state income tax returns will be prepared from information that is furnished by the Client, without verification or audit. We suggest that you examine the return carefully and fully acquaint yourself with all items contained therein in order to ensure that there are no omissions or misstatements. The Client represents that they have disclosed all relevant facts affecting the returns, and that the information supplied is accurate and complete to the best of their knowledge and that the Client's expenses are supported by records as required by law. The Client understands that we will not verify the information you give us; however, we may ask for additional clarification of some information.

Our work in connection with the preparation of your income tax return does not include any procedures designed to discover defalcations or other irregularities, should they exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretation of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

By scheduling your appointment with us, you accept the terms and conditions outlined herein and agree to pay the required fees for completion of our tax services. Fees paid are earned upon receipt and are NON-REFUNDABLE.

## Questions

Please check the appropriate box and include all necessary details and documentation.

Yes No

### PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year.? Move date\_\_\_\_\_
- Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts used for direct deposit from the IRS?
- Could you be claimed as a dependent on another person's tax return?
- Were there any changes in dependents?
- Did you receive an Identity Protection PIN (IP PIN) from the IRS, or have you been a victim of identity theft? If yes, attach the IRS Letter.

Yes No

### HEALTH CARE COVERAGE

- Did you or your dependents purchase healthcare through the Marketplace for 2021?
- Did you receive any of the following IRS Documents? Form 1095-A, 1095-B or 1095-C?
- Did you make any contributions/distributions from a Health Savings Account (HSA)?

Yes No

### COVID-19 INFORMATION

- Did you receive an Economic Impact Payment (EIP3) as reported on Notice 1444-C?
- Did you receive advanced Child Tax Credit (CTC) payments July through December?
- Did you receive emergency leave sick pay, family leave, unemployment benefits?

Yes No

### INCOME/DEBT

- Did you receive any disability or unemployment income?
- Did you buy or sell any virtual currencies, stocks, bonds, or other investment property?
- Did you purchase, sell, or refinance your principal home or second home?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you or your spouse make any gifts to an individual that total more than \$15,000?
- Did you make any nonW2 Federal/State estimated tax payments for 2021?

Yes No

### RETIREMENT

- Did you receive a distribution from or make a non W-2 contribution to a retirement plan (401(k), IRA, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2021?
- Will you be older than 70 1/2 this year or are you required to receive RMD from your retirement account (401(k), IRA, etc.)?

Yes No

### EDUCATION

- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
- Did you receive a distribution from or contribute to an Education Savings Account or a Qualified tuition program?

Yes No

### MISCELLANEOUS

- A pdf of your return will be saved to your account. Do you need the link sent again?
- The Internal Revenue Service can deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?
- Do you (or your spouse) want to allocate \$3 to the Presidential Election Campaign Fund?

General: 1040

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er))

Mark if you were married but living apart all year  Mark if your nonresident alien spouse does not have an ITIN

**Taxpayer**

**Spouse**

Social security number \_\_\_\_\_  
 First name \_\_\_\_\_  
 Last name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) 2  
 Mark if legally blind   
 Mark if dependent of another taxpayer   
 Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)   
 Date of birth \_\_\_\_\_  
 Date of death \_\_\_\_\_  
 Work/daytime telephone number/ext number \_\_\_\_\_  
 Do you authorize us to discuss your return with the IRS (Y, N) N

General: 1040, Contact

**Present Mailing Address**

Address \_\_\_\_\_  
 Apartment number \_\_\_\_\_  
 City/State postal code/Zip code \_\_\_\_\_  
 Foreign country name \_\_\_\_\_  
 Foreign phone number \_\_\_\_\_  
 Home/evening telephone number \_\_\_\_\_  
 Taxpayer email address \_\_\_\_\_  
 Spouse email address \_\_\_\_\_

General: 1040

**Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

**Child and Dependent Care Expenses**

Provider information:  
 Business name \_\_\_\_\_  
 First and Last name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, and zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)   
 Amount paid to care provider in 2021 \_\_\_\_\_

**Taxpayer**                      **Spouse**

Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

Credits: AdvCTC

**Advanced Child Tax Payments**

	Taxpayer	Spouse
Advanced Child Tax Payments received (Letter 6419):		
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [20]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [21]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [22]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [23]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [24]

Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [25]

Extension \_\_\_\_\_ [17] \_\_\_\_\_ [26]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [27]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [27]

**NOTES/QUESTIONS:**

Credits: Rebate

**Economic Impact Payment (EIP)/Stimulus Payment**

Please provide all copies of Notice 1444-C that you receive.

Look up your EIP3 amount by creating or viewing your IRS online account at <https://www.irs.gov/payments/view-your-tax-account>

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

Economic impact payment(s) 3 (EIP3) received

Mark if taxpayer or spouse, if married, was member of US Armed Forces in 2021 \_\_\_\_\_

Income: W2

**Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---

Retirement: 1099R

**Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---

Income: K1, K1T

**Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---
---	_____	_____	---

Income: W2G

**Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---

Educate: 1099Q

**Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
---	_____	_____	---
---	_____	_____	---

Income: B1

**Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3

**Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2021 \_\_\_\_\_ Amount received in 2020 \_\_\_\_\_

Income: B2

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D

**Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income

**Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds			2021 Information	Prior Year Information
			_____	_____
Alimony received	T/S	Agreement Date	2021 Information	Prior Year Information
	_____	_____	_____	_____
		Taxpayer	Spouse	Prior Year Information
Unemployment compensation		_____	_____	_____
Unemployment compensation repaid		_____	_____	_____
Social security benefits		_____	_____	_____
Medicare premiums to be reported on Schedule A		_____	_____	_____
Railroad retirement benefits		_____	_____	_____
T/S/J			2021 Information	Prior Year Information
Other Income:			_____	_____
_____			_____	_____
_____			_____	_____

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

**Traditional IRA Contributions for 2021 -**

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2021

**Roth IRA Contributions for 2021 -**

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2021

	Taxpayer	Spouse
Code	___	___
Total Traditional IRA Contributions	_____	_____
Mark for Roth	___	___
Total Roth IRA Contributions	_____	_____

Educate: Educate2

**Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2021 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2021 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2021.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2021 Information	Prior Year Information
___	_____	_____	_____	_____	_____

Street address

City, State and Zip code

\*Enter the divorce/separation agreement date

Taxpayer

Spouse

Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

**Medical and Dental Expenses**

T/S/J		2021 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

**Tax Expenses**

T/S/J		2021 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2020 state and local income taxes paid in 2021	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

**Interest Expenses**

T/S/J		2021 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	<b>Payee's Name</b>	<b>SSN or EIN</b>	<b>2021 Information</b>
—	_____	_____	_____
	<b>Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
	_____	_____	_____
T/S/J		<b>2021 Information</b>	<b>Prior Year Information</b>
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinancing Information:	<b>Refinance #1</b>	<b>Refinance #2</b>
T/S/J			
—	Recipient/Lender name _____	_____	_____
—	Total points paid at time of refinance _____	_____	_____
—	Date of refinance _____	_____	_____
—	Term of new loan (in months) _____	_____	_____
—	Reported on Form 1098 in 2021 _____	_____	_____

Itemized: A3

**Charitable Contributions**

T/S/J		2021 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St

**Miscellaneous Deductions**

T/S/J		2021 Information	Prior Year Information
	Other expenses		
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	<b>***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA</b>		
T/S/J		<b>2021 Information</b>	<b>Prior Year Information</b>
—	Unreimbursed expenses***	_____	_____
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____



General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

**Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.**

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

**Identity Authentication**

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_  
 Identification number \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Location of issuance \_\_\_\_\_  
 Document number (New York only) \_\_\_\_\_

**NOTES/QUESTIONS:**

If you have an overpayment of 2021 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2022 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2022 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences: \_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2022? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences: \_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2022 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences: \_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2022? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences: \_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) \_\_\_\_\_ [74]

**2021 Federal Estimated Tax Payments**

2020 overpayment applied to 2021 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/21	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/15/21	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/21	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/18/22	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

**\*Method of payment indicated in prior year**  
**EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System**  
**Voucher = Form 1040-ES estimated tax payment voucher**

**NOTES/QUESTIONS:**

2021 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J)

\_\_ [1]

State postal code

\_\_ [2]

Amount paid with 2020 return

+ \_\_\_\_\_ [3]

2020 overpayment applied to '21 estimates

+ \_\_\_\_\_ [4]

Treat calculated amounts as paid

\_\_ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2021 City Estimated Tax Payments