

Hansens Advisory Services Inc

7067 East Genesee St
Fayetteville, NY 13066
info@hansensadvisory.com
Phone: (315)637-5153 | Fax: (315)637-1264

January 25, 2022

NEW CLIENT
c/o HANSENS ADVISORY SERVICES INC
7067 E GENESEE ST
FAYETTE, NY 13066

NEW:

Income tax time is here! The enclosed packet has been prepared to assist you in gathering information for your 2021 tax return. Review the entire packet and answer any questions that apply.

Certain lines in the packet contain information from last year's return. You do not need to change the dollar amounts from last year; these figures are provided for reference only.

New This Year - We are offering you 4 options to deliver your supporting tax documents to us:

1. Drop off at 7067 E Genesee Street, Fayetteville, NY 13066 Monday - Friday 9AM-5PM. Alternatively, use the secure mail slot in the door by the garage for after hours drop off.
2. Upload your documents. From the securefilepro.com portal go to "To Preparer", Add Folder (name the file "2021 tax documents") then "Upload" the file or scanned documents. (This organizer is a "fillable PDF". If you would like to use this option: Download it, Complete it, SAVE it, then upload the Completed Organizer in the "To Preparer" section.)
3. Mail your documents to Hansens Advisory Services, 7067 E Genesee Street, Fayetteville, NY 13066.
4. Make a tax appointment. Either call (315) 637-5153 or go to our website at <https://hansensadvisory.com>, then Calendars for appointments with Sue or Gayle.

Once we have your tax documents, we will prepare your return and contact you to complete the filing.

We appreciate your trust in our business. Contact our office at (315)637-5153 if you have any questions or need additional information.

Sincerely,

Susan S Hansen
Gayle Olivette, CPA
Hansens Advisory Services Inc

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Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (315)637-5153.

Sincerely,

Susan S Hansen
Gayle Olivette, CPA
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7067 E GENESEE ST
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Subject: Preparation of Your 2021 Tax Returns

NEW CLIENT:

Thank you for choosing Hansens Advisory Services Inc to assist you with your 2021 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2021 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2021 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (315)637-5153.

Sincerely,

Susan S Hansen
Gayle Olivette, CPA
Hansens Advisory Services Inc

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

Checklist

Name: NEW CLIENT

SSN: ***_**_****

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2021 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2020 tax year.

Stimulus payment (Economic Impact Payment - IRS Notice 1444-C or Letter 6475)

Stimulus Payment _____

Advanced payment of Child Tax Credit (IRS Letter 6419)

Taxpayer _____

Spouse _____

State and city refunds and other government payments (Form 1099-G)

Unemployment compensation

Other Income (provide supporting documentation for income received for the following items)

Sale of assets or property

Cancellation of debt

Other income _____

Payments (provide supporting documentation for payments made for the following items)

Educator classroom expenses

Employee business expenses

Contributions to a Health Savings Account

Expenses related to work relocation

Alimony

Student loan interest

Tuition and fees for higher education

Expenses related to child or dependent care

Contributions to a Retirement Savings Account

Medical and dental expenses

Real estate taxes

Other state and local taxes

Mortgage interest

Investment interest

Cash contributions

Noncash contributions

Unreimbursed employee expenses

Investment expenses

Gambling losses

Other payments _____

Questionnaire

Name: NEW CLIENT

SSN: ***_**_****

Questionnaire

Personal Information

Yes No

- Did your marital status change during the year?
If "Yes," explain _____
- If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2021?
- Can you or your spouse be claimed as a dependent by someone else?
- If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
- If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain _____
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- Did you have any changes in dependents during the year?
If "Yes," explain _____
- Can another person qualify to claim any of your dependents?
- Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?
If "Yes," provide Letter 6419 from the IRS. Or, enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. If you were married last year and filed a joint tax return with your spouse, are you filing a joint return with the same spouse this year?
Taxpayer _____
Spouse _____
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2,200 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace (Obama Care)?
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash in any U.S. savings bonds during the year?
- Did you start a new business or purchase any rental property during the year?
- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?

Questionnaire

Name: NEW CLIENT

SSN: ***-**-****

Questionnaire

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC, Form 1099-NEC, and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain _____

Itemized Deduction Information

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Retirement Information

Questionnaire

Name: NEW CLIENT

SSN: ***_**_****

Questionnaire

Yes No

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information
Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependents during the year?

Miscellaneous Information
Yes No

- Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
If "Yes," enter the amount received for each taxpayer and provide Notice-1444-C or Letter 6475 from the IRS.
Taxpayer _____
Spouse _____
- Was your earned income in 2021 less than your earned income in 2019?
If "Yes," enter the amount of your 2019 earned income.

- Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currencies?
- Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?
Yes No
 If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you own interest or shares in a Qualified Opportunity Fund?
- Did you apply an overpayment of your 2020 taxes to your 2021 estimated taxes?
- If you have an overpayment of 2021 taxes, do you want the refund applied to your 2022 estimated taxes?
- Did you make any estimated payments toward your 2021 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2022?
- Did you make any purchases subject to Use Tax?
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Foreign Tax Information
Yes No

Questionnaire

Name: NEW CLIENT

SSN: ***_**_****

Questionnaire

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?

Preparer Notes

Other Income and Adjustments

Name: NEW CLIENT

SSN: ***_**_****

Other Income

	2021 Taxpayer	2021 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2021	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
Jury duty pay	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2021 Taxpayer	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Schedule C - Profit or Loss from Business

Name: NEW CLIENT

SSN: ***-**-****

General Business Information

TS Business name Employer ID number

Professional product or service

Business address, city, state, ZIP

Accounting Method: Cash Accrual Other (specify)

This business started or was acquired during 2021. This business was disposed of during 2021.

Select if this business is for:

- Professional gambler Exempt Notary income
Newspaper delivery and you are under 18 years of age A clergy

- Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
If "Yes," you filed Forms 1099 for the individuals?
You received a Paycheck Protection Program (PPP) loan for this business.
If "Yes," was any portion of the loan forgiven?

Income

Table with 2 columns: 2021, 2021. Rows: Gross receipts or sales, Returns & allowances, Other income.

Expenses

Table with 2 columns: 2021, 2021. Rows: Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property), Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, Other expenses (list).

Cost of Goods Sold

Table with 2 columns: 2021, 2021. Rows: Inventory at beginning of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, Inventory at end of year, There was a change in inventory method.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: NEW CLIENT

SSN: ***-**-****

General Property Information

Property description _____
Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property was placed in service during 2021.
- This property is your main home or second home. Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental.
- This property was disposed of during 2021.
- This property was owned as a qualified joint venture. Yes No You filed Forms 1099 for the individuals

Income

	2021	2021
Rent income	_____	_____
Royalties from oil, gas, mineral, copyright or patent	_____	_____

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising	_____	_____	If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel	_____	_____	
Cleaning & maintenance	_____	_____	
Commissions	_____	_____	
Insurance	_____	_____	
Legal & professional fees	_____	_____	
Management fees	_____	_____	
Mortgage interest	_____	_____	
Other interest	_____	_____	
Repairs	_____	_____	
Supplies	_____	_____	
Taxes	_____	_____	
Utilities	_____	_____	
Depletion	_____	_____	
Other expenses	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Schedule F - Profit or Loss from Farming

Name: **NEW CLIENT**

SSN: *****_**_******

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method: Cash Accrual Other: _____

This farm was disposed of during 2021.

Yes No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm.

If "Yes," you filed Forms 1099 for the individuals.

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes", was any portion of the loan forgiven?

Income

	2021	2021
Sale of livestock / other items	_____	Custom hire income _____
Cost of items bought for resale	_____	Beginning inventory for accrual _____
Sale of products you raised	_____	Ending inventory for accrual _____
Total cooperative distributions (Provide 1099-PATR)	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.
Total agricultural payments	_____	Other income _____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported	_____	_____
CCC loans forfeited	_____	_____
Crop insurance proceeds:		
Amount received in 2021	_____	_____
<input type="checkbox"/> You elect to defer to 2022		
Amount deferred from 2020	_____	_____

Expenses

	2021	2021
Car & truck expenses	_____	Rent - other (land, animals, etc.) _____
Chemicals	_____	Repairs & maintenance _____
Conservation expenses	_____	Seeds & plants purchased _____
Custom hire (machine work)	_____	Storage & warehousing _____
Employee benefit programs	_____	Supplies purchased _____
Feed purchased	_____	Taxes _____
Fertilizers & lime	_____	Utilities _____
Freight & trucking	_____	Veterinary, breeding, & medicine _____
Gasoline, fuel, & oil	_____	Family health coverage payments for taxpayer, spouse or dependents _____
Insurance (other than health)	_____	Other expenses _____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other	_____	_____
Non-W-2 labor hired	_____	_____
W-2 wages paid	_____	_____
Pension & profit-sharing plans	_____	_____
Rent - vehicles, machinery, & equipment	_____	_____

Form 4835 - Farm Rental Income and Expenses

Name: NEW CLIENT

SSN: ***-**-****

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2021

Income

Table with 3 columns: Description, 2021, 2021. Rows include Income from production of livestock, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, and Other income.

Expenses

Table with 3 columns: Description, 2021, 2021. Rows include Car & truck expenses, Chemicals, Conservation expenses, Custom hire (machine work), Employee benefit programs, Feed purchased, Fertilizers & lime, Freight & trucking, Gasoline, fuel, & oil, Insurance (other than health), Interest - mortgage (paid to banks, etc.), Interest - other, Labor hired (less jobs credit), Pension & profit-sharing plans, Rent - vehicles, machinery & equip, Rent - other (land, animals, etc.), and Repairs & maintenance.

Expenses Related to Business

Name: NEW CLIENT

SSN: ***_**_****

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No

Was this vehicle available for use during off-duty hours?

Was another vehicle is available for personal use?

Yes No

Do you have evidence to support your deduction?

If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2021

Business _____

Commuting _____

Other _____

Expenses

Garage rent _____

Gas _____

Insurance _____

Licenses _____

Oil _____

Parking fees _____

Rental fees _____

Interest _____

Property tax _____

Repairs _____

Tires _____

Tolls _____

Lease addback _____

Other expenses _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Excess real estate taxes _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name: NEW CLIENT

SSN: ***-**-****

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical & dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses & contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

State and local income taxes
General sales tax (vehicle, boat, home, etc.)
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

Home mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home.
Home mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Home mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to charity
Cash Noncash Amount
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Other Information

Name: NEW CLIENT

SSN: ***-**-****

Mortgage Interest

Provide all copies of Form 1098

Table with 4 columns: Lender's name, Mortgage interest received, Mortgage insurance premiums, Real estate taxes paid. Includes multiple rows for data entry.

Employee Business Expenses

- Checkboxes for: You are a qualified performing artist, You are a fee-based state or local government official, You are a disabled employee with impairment-related work expenses, You are a reservist, You are a member of the clergy, You used your personal vehicle for your job during 2021.

Table for Employee Business Expenses with columns: Expense description, NOT reimbursed by your employer, Reimbursed by your employer not included in box 1 of your W-2. Rows include Parking fees, tolls, local transportation; Meals; Overnight business travel expenses; Other business expenses.

Casualties and Thefts

Table for Casualties and Thefts with two columns for property details. Rows include FEMA code, Property description, Property location, Date property was acquired, Date property was damaged or stolen, Cost of property damaged or stolen, Fair market value before/after incident, Insurance reimbursement.

Other Information

Name: NEW CLIENT

SSN: ***-**-****

Education Expenses

Provide all copies of Form 1098-T

Student name _____		Student name _____	
Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____		Student name _____	
Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____		Student name _____	
Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2021

Number of miles from old home to old workplace	_____
Number of miles from old home to new workplace	_____
Expenses to transport and store household goods and personal effects	_____
Travel and lodging expenses while traveling to your new home	_____

2021 Tax Organizer Personal Information

Personal Information

Name		SSN	Has IP PIN	Date of birth
Taxpayer	NEW CLIENT	***_**_****		
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
7067 E GENESEE ST FAYETTE NY 13066				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email	INFO@HANSENSADVISORY.COM			
Spouse email				

Filing status at the end of 2021

- Single
 Married
 Widowed - If widowed and your spouse died in 2021, enter the date of death _____
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? _____

Yes No

- Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
 Was your earned income in 2021 less than your earned income in 2019?
 If "Yes," enter the amount of your 2019 earned income. _____
 Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
 If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.
 Taxpayer _____ Spouse _____

Identification Information

Taxpayer's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

- Driver's license
 State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2021 appointment is scheduled for _____

Dependent and Other Information

Name: NEW CLIENT

SSN: ***_**_****

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Yes No

Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer _____

Spouse _____

If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2020	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Household Employment

Name: NEW CLIENT

SSN: ***_**_****

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,300 or more in 2021?

Did you withhold federal income tax during 2021 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2020 or 2021 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2021 by April 18, 2022?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2021

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

Yes No

Did you pay any one household employee cash wages of \$2,300 or more in 2021?

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2021

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Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

