

TAX CREW ORGANIZER

Welcome to the Tax Crew organizer.

Please complete the sections that apply to your tax situation, and leave non-applicable sections blank.

There are several options for submitting your tax organizer and documents to us. Use the method that is most convenient for you:

- Upload to our SmartVault client portal*. This is the most secure method to submit your documents electronically. If you don't have a portal login yet, just send an email to info@mytaxcrew.com. We'll create your account and send you an invitation.
- Mail or ship to Tax Crew 10 Santa Clara San Clemente CA 92672.
- Email to info@mytaxcrew.com.*

* If you're sending pictures of your documents, please set your camera to medium or higher resolution. Text becomes pixilated at lower resolutions. For best results, scan to PDF.

THANK YOU FOR CHOOSING TAX CREW

New clients: Who referred you to Tax Crew?

Tax Crew

10 Santa Clara San Clemente CA 92672

Phone/Text 949.234.0095

info@mytaxcrew.com

www.mytaxcrew.com

Fax 949.309.2902

SAVE TIME

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is to maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D6.

Section Categories

To help you collect your information quickly, this organizer is organized into four general areas:

- Everyone: Sections A1–A13 (pages 2 & 3)
- If you itemize deductions: Sections B1–B11 (pages 4 & 5)
- Business or rental income: Sections C1–C7 (pages 6 & 7)
- Everyone: Health Care reporting—Section D1 (page 8)
- If you moved, sold your home, made home energy improvements or have debt relief income: Sections D2–D5 (page 8)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section.

We've added indicators to organizer sections or line items to help with completing the organizer:



Information in sections with this icon is automatically transferred from your prior year tax return. You don't have to complete these sections of the organizer if we prepared your return last year and the information hasn't changed.



This marker notes areas where the IRS matches information on your tax return with data reported directly to them. Pay particular attention to these sections or line items.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



Indicates payments you made that may require the issuance of a 1099 if the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties. Contact us for assistance with issuing 1099s.

A - TAXPAYER INFORMATION

The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable. To save time, you don't have to copy information from your tax forms to the organizer. Just indicate with an 'X' on the applicable organizer line that you're including the form.

A1 - TAXPAYER INFORMATION

Returning clients: enter first and last name of filer and any changes only.

Filer Name <small>(Must Match SS Admin)</small>		Birth Date		/	/
Social Security No.		Occupation		<input type="checkbox"/> Legally Blind	
Contact Phone		Day	Evening		
Email Address					
Spouse Name <small>(Must Match SS Admin)</small>		Birth Date		/	/
Social Security No.		Occupation		<input type="checkbox"/> Legally Blind	
Contact Phone		Day	Evening		
Email Address					

A2 - ADDRESS

Returning clients can skip this section except for changes.

Street		Apt/Unit No			
City		State	Zip		
Home Phone Number					

A3 - STATUS CHANGES

Check any that apply for last year & enter effective date.

Married	/	/	Moved	/	/
Separated	/	/	Home Sold	/	/
Divorced	/	/	Spouse Deceased	/	/
Retired	/	/	Dependent Deceased	/	/

A4 - ESTIMATED TAXES PAID

This office cannot assume that all estimated taxes were paid as originally scheduled or on time. Therefore, please enter the amounts and dates of payment or provide proof of payments. Incorrect amounts will result in IRS or state correspondence after the return is filed.

Payment & Due Date	Date Paid	Federal	State
Applied from Last Year's Refund			
First Quarter (April 15)	/ /		
Second Quarter (June 15)	/ /		
Third Quarter (Sept. 15)	/ /		
Fourth Quarter (Jan. 15)	/ /		

A5 - REFUND DIRECT DEPOSIT

Complete this section to have your refund automatically deposited into your bank account. Doing so will speed up the refund and eliminate the danger of a check being lost or stolen. Direct deposit can be allocated to up to 3 separate accounts. Entries for only one account are provided below. If you wish to make multiple deposits, please provide the additional account information and how you wish to allocate the refund.

Bank Name	
Bank Routing Number (Exactly 9 Digits)	
Account Number (include hyphens - omit spaces & special characters - 17 digits max)	
Account Type	Checking Savings

A6 - INCOME & ADJUSTMENTS

You	Spouse
-----	--------

W-2 Wages - Please provide W-2 Forms (retain copy "C" for your records)

Partnership, Trust or S-Corporation K-1s (provide complete K-1 copies)

Were you the beneficiary of an inheritance? **If so, please verify with executor or trustee if you will be receiving a K-1.** Yes Yes

State Tax Refund (provide 1099-G)

Social Security or RR (provide SSA-1099 or RRB-1099)

Pension Income (provide all 1099-Rs)

Alimony Received (IRS matches with alimony paid)

Alimony Paid (provide name and SSN below)

Paid to: SSN:

Tips (not included in W-2s)

Unemployment Compensation (provide 1099-G)

Gambling Winnings (provide W-2Gs)

A7 - IRA & SE PLANS

You	Spouse
-----	--------

Retirement plan with your employer? Yes No

Did you or your spouse convert a traditional IRA into a Roth IRA during 202#? Yes No

Traditional IRA, Keogh & SEP Plans

Contributions

Withdrawals (1099-R)⁽¹⁾

Rollovers⁽²⁾⁽³⁾

Basis (Total of your prior year non-deductible contributions)

Roth IRA

Contributions

Withdrawals (1099-R)⁽¹⁾

Rollovers⁽²⁾⁽³⁾

(1) Show reason if under age 59-½ (2) Must be reported even if not taxable unless directly "transferred"
 (3) Rollovers from Traditional to a Roth IRA may be taxable.

A8 - SPECIAL QUESTIONS & INFO

Coverdell Education Account **Contribution**

Coverdell Education Account Distribution (provide 1099-Q)

Qualified Tuition Plan (Sec. 529) Distribution (provide 1099-Q)

Student Loan Interest paid (provide 1098-E)

HSA Distributions (provide 1099-SA)

Adoption Expenses Special needs child

CAUTION - Review the following questions carefully. There are severe penalties associated with failing to report an interest in or signature authority over a foreign bank account. Please call our attention to any dealings related to foreign accounts and inheritances.

CHECK ALL THAT APPLY.

You or your spouse have signature authority or are named as a co-owner on a bank account in a foreign country even if the funds are not yours.

You received an inheritance from someone in a foreign country.

You or your spouse have a foreign bank account (over \$10,000 at any time in 202#)

You or your spouse received a distribution from, or were the grantor, or transferor to, a foreign trust

At any time during the year you or your spouse held an interest in a foreign financial asset

You have been denied Earned Income Credit by the IRS

You've been re-certified for the Earned Income, Child Tax, or American Opportunity Credit

You bought, sold, or gifted real estate in 202#. **If you have, please call or em to discuss what documents are needed.**

You made a gift of money or property to any individual in excess of \$15,000 (\$30,000 for joint gifts by a married couple)

You employ household workers

You sold jewelry, gold, coins, or other precious metals during the year

Filer You wish to contribute to the Presidential campaign fund

Spouse

A - TAXPAYER INFORMATION

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The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable.

A9 - DEPENDENTS

Returning clients need only enter first names and any changes. Enter all the information for new dependents.

First Name	Last Name (If Different)	Social Security Number (Mandatory)	S, D, F, M, G, Other or HOH*	Months in Home (Your Home)	Birth Date	If over the age of 18	
						Income	Student
					/ /		<input type="checkbox"/> Yes
					/ /		<input type="checkbox"/> Yes
					/ /		<input type="checkbox"/> Yes

* Enter S-Son, D-Daughter, F-Father, M-Mother, G-Grandchild, or enter other relationship. Enter HOH for non-dependent Head of Household qualifiers.

A10 - INTEREST INCOME

Caution: All interest must be reported even if tax-free!

IRS matches payer and amount. Always use the payer name listed on 1099 even if not the original source.

Name of Payer Please provide all forms 1099INT and 1099OID (Entries are not needed when 1099s are provided)	Banks, Credit Union, Corp Bonds, Seller Financed Mortgages, etc.	Direct U.S. Obligations Saving Bonds, T-Bills, etc. (State Tax-Free)	Home State Municipal Bonds (Generally Tax-Free)	Other State (Federal Tax-Free)

Seller Financed Mortgages

Note: Seller financed mortgages require the name, SSN and address of the payer.

Payer Name:	SSN:	Address:
Forfeited Interest (early withdrawal penalty)	Federal Tax Withholding on Interest & Dividends	

A11 - DIVIDEND INCOME

IRS matches payer and amount. Always use payer name listed on 1099 even if not the original source. Some institutions use substitute 1099s and caution must be used in separating the various types of dividends. Please provide broker statements.

Name of Payer Please provide all forms 1099DIV (Entries are not needed when 1099s are provided)	Foreign Taxes Paid	Ordinary Dividends	Qualified Dividends ⁽¹⁾	Capital Gains	199A Dividends	Source U.S. Obligations ⁽²⁾	Taxable to State Only	Non-Taxable State & Federal

(1) Qualified dividends receive special tax treatment and are included in the "Ordinary Dividends" total. (2) Includes income from savings bonds, T-Bills, etc., which are state tax-free.

A12 - INVESTMENT SALES

IRS matches gross proceeds from sales using the 1099-B. All transactions must be reported even if there is no profit. If broker provides a summary of transactions, provide it and skip this section. For home sales, see Section D2.

Description (Please provide all forms 1099-B and any gain/loss statements provided by broker)	Inherited?	Date Acquired	Date Sold	Selling Price	Cost or Other Basis	Profit (Memo Only)
	<input type="checkbox"/> Yes	/ /	/ /			
	<input type="checkbox"/> Yes	/ /	/ /			
	<input type="checkbox"/> Yes	/ /	/ /			

(1) The basis from which gain is determined may not be the original cost and must account for stock splits, reverse splits, mergers, reinvested dividends, wash sales, etc.

A13 - CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or search for work) or attend school FULL-TIME. Care must be for a child under age 13 or an individual who is physically or mentally incapable of self care. If you are a student, also see section C4. IRS matches employer provided care benefits and income reporting of care provider.

<input type="checkbox"/> Employer provides dependent care services		Provider's SSN or Employer ID # MANDATORY unless it is an exempt organization (EO). If EO, check box.	Payments MUST BE Allocated by Child/Dependent		
Paid To	Address & Phone Number		Child/Depnd.'s Name:	Child/Depnd.'s Name:	Child/Depnd.'s Name:

B - ITEMIZED DEDUCTIONS

Taxpayers may choose between itemized or standard deductions. This page and the adjoining page are for recording your expenses, which are needed when itemizing your deductions. If you are certain that you cannot itemize your deductions for either federal or state, you can skip this page and the next one **except for B10.**

CAUTION: If you are married and filing separately and either you or your spouse itemize your deductions, then the other spouse must also itemize their deductions. The law does not allow one to itemize and the other to take the standard deduction.

If filing married separate and your spouse is itemizing deductions.

B1 - MEDICAL EXPENSES

Although for Federal purposes medical expenses for 2021 are only deductible to the extent they exceed 7.5% of your adjusted gross income (AGI) for the year, some states, such as Arizona, do not have that limitation. If your state has a lower or no limitation be sure to list your medical expenses. Do NOT list expenses reimbursed by insurance or expenses and premiums paid with pre-tax funds or HSA distributions.

INSURANCE PREMIUMS for Medical, Dental, Vision & Hospital ⁽¹⁾	
Medicare Insurance Premiums (Not payroll tax)	
Long-Term Care Insurance	Filer Spouse
Doctors, Dentists ⁽²⁾ (No discretionary cosmetic surgery)	
Acupuncture & Chiropractic Care	
Hospital ⁽³⁾	
Prescription Drugs (No over-the-counter drugs except insulin)	
Nursing Care	<input type="checkbox"/> Check if in-home care
Eye Exam, Glasses, Contact Lenses, Contact Lens Solution	
Hearing Aids & Batteries	
Ambulance & Paramedics	
Auto Travel (To and from medical treatment)	
Parking & tolls (For medical treatment)	
Taxi, Shuttle, Air Fare, Etc. (To reach medical treatment)	miles
Lodging (For medical treatment)	No. of days:
Telephone (Medical-related toll charges only)	
Therapy & Special Schooling ⁽⁴⁾	
Supplies & Equipment	
Handicapped Placard	
Handicapped Home Modifications	
Rentals (crutches, wheelchair, walker, oxygen equipment, etc.)	
Other:	
Other:	

(1) Include only amounts you paid.
 (2) Includes Christian Science practitioner and psychological counseling.
 (3) Includes nursing homes for individuals medically incapable of self care. Also includes hospital or nursing home meals.
 (4) Includes physical therapy and psychotherapy; special schooling for physically or mentally handicapped.

B2 - INVESTMENT INTEREST

Interest paid on loans to acquire investments. This interest is only allowable to the extent of net investment income.

Brokerage Margin Accounts	
Vacant Land	
Other:	
Other:	

B3 - TAXES PAID

Do not list any taxes associated with a business or rental activity. Taxes are not deductible for AMT purposes.

Real Estate – Primary Residence	Do not include interest and penalties	
Real Estate – 2nd Home		
Real Estate – Investment Property (Land, etc.)		
CAUTION – Some tax bills include non-deductible special services. Please provide copies of the tax bills.		
Vehicle License Fees (Tax portion only):	(1)	(2) (3)
Personal Property Tax (Boat, plane, etc.)		
Sales Tax – Received (Leave blank for standard amount)		
Sales Tax – Cars, Boats, Home, Etc. (Do not include above)		
Income Taxes Paid to Another State	State:	
City, County, Local Taxes (not listed in another category)		
Other:		
State Income Tax Paid During 2021 (please provide proof of payment) Do not include taxes withheld; they are automatic from the source documents.		
Balance Due 2020 Return		Other Year's Tax Or Adjustment
Extension Payment 2021 Return		2021 4th Qtr. Estimate Paid Jan.

B4 - HOME MORTGAGE INTEREST

Enter only interest on loans secured by your primary residence and designated second residence. This deduction is limited, for federal, to interest paid on \$1 million (\$750,000 for debts incurred after 12/15/2017) of home acquisition debt on your primary or designated second residence. The debt limit applies separately to each co-owner who is not your spouse. Equity debt interest is not federally deductible for years 2018 thru 2025 unless loan funds were used to make home improvements. Some states allow a deduction for interest paid on up to \$100,000 of equity debt. The IRS computer verifies the interest paid on home mortgages.

CAUTION – If no 1098 received, check "Paid To" box and enter payee's name. If paid to a person from whom you bought the home and no 1098 received, also complete Box A below.	2nd Home	Equity Loan	Amount Provide Form 1098
<input type="checkbox"/> Paid To:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Paid To:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Paid To:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Paid To:	<input type="checkbox"/>	<input type="checkbox"/>	

CAUTION – If Form 1098 was issued using a co-owner's SSN, enter that individual's name, address & SSN

Box A	Name:
	SSN:
	Address:

If your home or 2nd home is a qualified motor home, boat, etc., list the name of the payee here:

CHECK ALL THAT APPLY.

<input type="checkbox"/>	Has the original home loan ever been refinanced?
<input type="checkbox"/>	Did you refinance any of these loans this year? (If so, provide escrow closing statements)
<input type="checkbox"/>	Have you exceeded the \$100,000 (applies for some states) equity debt limit?
<input type="checkbox"/>	Does the total of all your home loan balances exceed \$1 million (\$750,000 for post-12/15/2017 loans)?

C - BUSINESS EXPENSES

These expenses are primarily deductible on business schedules. Prior to 2018 employees could also deduct the expenses as an itemized deduction. However, for 2018 thru 2025 the deductions are not allowed as an itemized deduction for employees on the federal return but may be deductible on some state returns.

C1 - VEHICLE OPERATING EXPENSES

DO NOT complete this section or the Business Vehicle Expense section if your vehicle is used only for commuting to work and for personal travel.

This section MUST be completed for every vehicle that is used for business whether or not you use the actual expense or "standard mileage rate." IF THIS IS THE FIRST YEAR OF BUSINESS USE FOR THE VEHICLE, PROVIDE A COPY OF THE PURCHASE OR LEASE CONTRACT.		Vehicle #1	Vehicle #2
		You	You
		Spouse	Spouse
Enter vehicle make, model and year			
The vehicle is provided (owned) by your employer		<input type="checkbox"/>	<input type="checkbox"/>
Amount of reimbursement provided by the employer			
Reimbursement is included in W-2 (Box 1) wages		<input type="checkbox"/>	<input type="checkbox"/>
This vehicle is available for personal use		<input type="checkbox"/>	<input type="checkbox"/>
You have another vehicle for personal use		<input type="checkbox"/>	<input type="checkbox"/>
You have written evidence to support your deduction		<input type="checkbox"/>	<input type="checkbox"/>
Parking Expenses (do not include at place of employment) & Tolls			
TOTAL MILES DRIVEN THIS YEAR <small>Include all mileage - personal, commuting and business</small>		miles	miles
Business Miles	For employer	miles	miles
	Between First & Second Job	miles	miles
	From Job to School (for job-related education)	miles	miles
	Rental	miles	miles
	Self-Employed Business	miles	miles
	Temporary Job Sites	miles	miles
	Other (i.e. investment, tax prep, union or professional meetings - Provide detail)	miles	miles
	Average Round-Trip Distance to Work - Required	miles	miles
	Total Commuting Miles for the Year - Required	miles	miles
Vehicle Operating Expenses - This information is only required if you are using the actual expense method, or if you used the actual method the first year the vehicle was placed in service.			
Fuel			
Maintenance, Tires, Batteries and Repairs			
Insurance (Do Not Duplicate Elsewhere)			
Vehicle Licenses (Do Not Duplicate Elsewhere)			
Lease Payments			
Loan Interest (Self-employed only)			
Taxes (Do Not Duplicate Elsewhere)			
Wash & Wax			

C2 - AWAY FROM HOME EXPENSES

	You	Spouse
Check if expenses incurred as an employee (Section B9)	<input type="checkbox"/>	<input type="checkbox"/>
Check if expenses incurred for a self-employed business (Section C7)	<input type="checkbox"/>	<input type="checkbox"/>
Airfare		
Auto Rental, Bus, Shuttle, Taxi, Train, Etc.		
Meals (Including tips)		
Lodging (Meals must be separated and included in the line above)		
Laundry		
Bellman, Skycap, Etc.		
Other:		

BUSINESS EXPENSE DOCUMENTATION

Business expenses must be based on a log and/or other receipts and records. You must record, in your log, the name and business relationship of each person for whom a meal is provided. Receipts are required for expenditures of \$75 or more and for all lodging expenses. The records should document: the business purpose, date and time, place and amount. Business meals must be ordinary and necessary to carry on the trade or business, not be lavish or extravagant, and be provided to a current or potential business customer or client, with the taxpayer or an employee present. For federal no deduction allowed for entertainment expenses for 2018 thru 2025. **You may not deduct these expenses unless documented.**

C3 - HOME OFFICE EXPENSES

To qualify, a "home office" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. A federal home office deduction is not allowed by employees for 2018 thru 2025. Enter 100% of home taxes and mortgage interest in Sections B3 & B4.

Office is for:	<input type="checkbox"/> Self-Employed Business	
Filer	Spouse	
If both, provide separate set of data for both		
Date of use began:	/ /	
Area (sq ft) of:		
Entire Home: Ft ²	Office Area: Ft ² Business Storage: Ft ²	
If Day Care Center, Days per Week Used:	Hours Per Day:	
Expenses (Entire Home)		
Rent ⁽¹⁾	Utilities	Insurance
Repairs ⁽²⁾	Maintenance	Management Condo Fees
Expenses (Office Portion Only)		
Repairs	Maintenance	Other

(1) If you own your home leave this entry blank. If this is the first time to claim this office, provide the home purchase settlement closing statement, property tax statement and list of improvements to the office. (2) Roof, outside painting included, not lawn care or pool maintenance.

C4 - EDUCATION EXPENSES

CAUTION: These expenses may qualify for tax credits and deductions and are used to justify certain exclusions and tax or penalty-free distributions. Expenses must be segregated by student. Use a different column for each student in the family. Please provide forms 1098-T and/or 1099-Q if applicable. Form 1098-T is mandatory to claim credit.

Student #1 Name:	Taxpayer	Spouse	Dependent
Student #2 Name:	Taxpayer	Spouse	Dependent
Student #3 Name:	Taxpayer	Spouse	Dependent
For Tuition Credit	Student #1	Student #2	Student #3
Full-Time Student? If yes, check box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary Tuition - First Four Years			
Post-Secondary Tuition - After Four Years			
Enrollment Fees & Course Materials			
For Job Related Continuing Education (No federal deduction for employees for 2018-2025.)			
Tuition & Fees			
Seminar Fees, Etc.			
Books & Supplies			
Travel Expenses	List in Sections C1 and/or C2		
For Education Plans - Certain expenses, although not deductible, must be reported to justify tax-free distributions from Coverdell Accounts, Qualified Tuition (Sec. 529) Plans and Savings Bond Exclusions. If you did not have distributions from one of those, you can skip the entries below.			
Tuition K - 12th Grade (Coverdell, 529 plan)			
Tuition - Post Secondary			
Books & Supplies (not 529 plan for Grades K-12)			
Room & Board (not 529 plan for Grades K-12)			

C - RENTAL & BUSINESS INCOME



This marker indicates payments that may require the issuance of a 1099 if the annual amount you paid to an individual is \$600 or more. Failure to issue 1099s could lead to the loss of the deduction for that expense and/or monetary penalties.

C5 - REAL ESTATE RENTAL INCOME & EXPENSES

For property purchased or converted to rental use this year, provide purchase documents and property tax statement. List business vehicle expenses and travel expenses under "Rental Mileage", Section C1. Enter equipment rental business activities in Section C7 below. Copy this page if you have more than two rental activities or purchased more than four business assets or property improvements.

Property Number	R or C ⁽¹⁾	Address or Description	Rental Income (Provide any 1099-Ks)	Percent Ownership (if not 100%)	IF A VACATION HOME		
					# of Days Personally Used	Number of Rental Days	
#1							
#2							
Expenses		Property #1	Property #2	Expenses		Property #1	Property #2
Advertising				Taxes - Property			
Cleaning & Maintenance				Taxes - Payroll (Do not include amounts withheld from employees)			
Commissions				Utilities (electric, gas, water, garbage collection, etc.)			
Insurance				Wages (W-2) (Generally the amount from line 1 of the form W-3)			
Legal & Professional Fees				Condo or Homeowner Association (HOA) Dues			
Management Fees				Telephone (toll calls only)			
Mortgage Interest Paid to Banks				Improvements & Replacements	These include cost of furnishings, appliances, drapes and major repairs. Enter these expenses in Section C6.		
Other Interest				For short-term rentals, including when tenants are secured using online services such as HomeAway, Airbnb and VRBO, enter the average number of days of rental use.			
Repairs							
Supplies, Hardware, Etc.							

(1) R for Residential, C for Commercial

C6 - BUSINESS PURCHASES AND IMPROVEMENTS

Date Purchased	Description	Used For		Cost	Date Purchased	Description	Used For		Cost
		Rental #	Business #				Rental #	Business #	
/ /					/ /				
/ /					/ /				

C7 - SELF-EMPLOYED BUSINESS

List business vehicle expenses and travel expenses in Sections C1 and C2. Enter home office expenses in Section C3. Copy this page if you have more than two business activities.

Business Number	F or S ⁽¹⁾	Self-Employed Health Insurance Cost	Business Name	Employer ID Number (If Applicable)	Gross Income ⁽²⁾	Returns & Allowances	Beginning Inventory	Additions to Inventory (If other than purchases provide additional detail)	Ending Inventory
#1									
#2									
Expenses		Property #1	Property #2	Expenses		Property #1	Property #2		
Advertising				Legal & Professional					
Commissions and Fees				Licenses (list multi-year licenses & permits under "other")					
Contract Labor				Office Expense					
Dues & Publications				Pension Plan Fees					
Business Meals (100%)				Rent - Equipment					
Employee Benefit Programs				Rent - Other					
Employee Health Benefit Plans				Repairs					
Equipment - with useful life of less than one year				Supplies					
Equipment - Other		Enter these expenses in Section C6.		Taxes - Payroll (Do not include amounts withheld from employees)					
Freight				Taxes - Sales					
Gifts (Limited to \$25 per person)				Taxes - Property					
Insurance (Not Health)				Telephone					
Interest - Mortgage (other than home)				Utilities					
Interest - Other				Wages (W-2) (Generally the amount from line 1 of the form W-3)					
Internet Service				Other Expenses					
Lease Improvements				Home Office (Enter information at C3 and check box indicating which business the home office is associated with)		<input type="checkbox"/>	<input type="checkbox"/>		

(1) F for Filer, S for Spouse (2) Enter the total gross income including cash and credit card payments. Please provide all Forms 1099-K received from all merchant card and third party payers.

D - HEALTH CARE, RELOCATION, HOME SALE, DEBT RELIEF, ENERGY CREDITS

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D1 - HEALTH INSURANCE

IRS requires that you report, on your tax return, certain information related to your health care coverage.

CHECK ALL THAT APPLY.

- You had health care coverage with a government Marketplace (Exchange) during 2021. If so provide the Form 1095-A issued by the Marketplace. In some family situations you may have more than one 1095-A.
- You are claiming someone on your return who was included on another taxpayer's policy with a Marketplace. If so, you will also need a copy of that taxpayer's 1095-A.
- A dependent filed a return for 2021. Provide a copy of the return.
- You had compliant health insurance through an employer plan, private policy or with a government plan and provide Form 1095-B, 1095-C or other proof of insurance document.
- Complete the information below if you or any individual included in your "tax family" did NOT have insurance coverage for any month. **Check for months NOT insured.**

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
_____	<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"/>
- You were issued a hardship exemption by the Marketplace (Exchange). Provide all applicable exemption certificate numbers issued for each member of your family.

D2 - HOME SALE

If you sold your home, abandoned it, or lost it to foreclosure, the disposition may need to be reported. If you received a 1099-S, it is very important that you provide it. If you abandoned the home or lost it to foreclosure, see Section D5.

CHECK ALL THAT APPLY

Address of Home Sold		
Date Purchased	/ /	
Purchase Price		
<input type="checkbox"/> You deferred gain from a home sale made prior to 5/7/1997. If so, please provide the Form 2119 for the year of sale.		
Improvements to Home Sold (not maintenance)		
Date of Sale	/ /	
Sales Price	(Please provide FINAL closing escrow statement. This document will have the information needed for these entries.)	
Sales Expenses		
<input type="checkbox"/> You owned and used the home as your primary residence for two of the prior five years (counting back from the sale date)		
<input type="checkbox"/> Your spouse (if married) owned and used the home as his/her primary residence for two of the prior five years		
If owned and used less than two years, give reason for sale:		
<input type="checkbox"/> If the home was ever used for business (such as a rental, home office or day care center)		
<input type="checkbox"/> Any of the business use in the prior question was before 5/7/97		
<input type="checkbox"/> The home was acquired by tax-deferred (Sec 1031) exchange after 10/22/04		
<input type="checkbox"/> You (and spouse if married) have excluded gain from the sale of a prior residence within two years of the date of sale of this residence		
<input type="checkbox"/> The home was inherited (including from a deceased spouse)		
<input type="checkbox"/> The home was not used as your primary residence for any period after 2008		
<input type="checkbox"/> You previously claimed the new or long time resident homeowner credit		

D3 - HOME ENERGY CREDITS

Enter only items certified by the manufacturer to meet Government energy standards.

- You installed solar electric generation or solar water heating property that meets Government energy standards for your main or a second home within the U.S.
- Installed on primary residence. Provide description of energy property and cost.

D4 - MOVING DEDUCTIONS

For federal for years 2018 - 2025, allowed only for active duty members of the Armed Forces who move pursuant to a military order. To qualify for a moving expenses deduction, the distance to the new job from the old home must be at least 50 miles farther than to the old job from the old home. Some states still allow work related moving expenses.

<input type="checkbox"/> Check if employer reimbursed any amount of moving expense or home sale assistance and provide the reimbursement statement from the employer (Form 3903 or a substitute statement)			
A - Miles from Old Residence to New Job			miles
B - Miles from Old Residence to Old Job			miles
A minus B - if less than 50 miles, stop: no deduction allowed			miles
Commercial Mover		Temporary Storage (up to 30 days)	
Truck Rental		Lodging en route (no meals)	
Trailer Rental		Highway Tolls	
Rental Fuel Costs		Airfare	
# of owned vehicles driven to new home		Auto Travel	miles
Boxes/Tape/Supplies		Other:	

D5 - DEBT RELIEF & FORECLOSURE

If you had debt totally or partially forgiven, you may be required to report debt relief income. This includes real estate mortgages, credit card debt, vehicle loans, etc. Debts discharged in bankruptcy are not included. Please call the office in advance to discuss what additional documentation may be required.

CHECK ALL THAT APPLY

- You had any amount of credit card debt forgiven and provide a copy of the 1099-C you received from the financial institution
- You abandoned your home and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D2 home sale information)
- Your home was foreclosed upon or you sold it under a "short sale" agreement with the lender and provide a copy of the 1099-A and/or the 1099-C you

D6 - QUESTIONS YOU MAY HAVE

State Specific Tax Information

AZ	Credit for contributions to Qualifying Charitable Organizations or to Qualifying Foster Care Charitable Organizations. Include the name/address of organization(s) and amount of contribution(s).				
CT	State property tax credit (maximum \$300 credit)				
	Property	CT Tax Town/District	Address or Year/Make/Model	Date Paid	Amount
	Home				
	Auto 1/Auto 2		/	/	/
DE	Clothing and expenses incurred for service as an active volunteer firefighter				
GA	Amount spent on home care services for persons over 62				
HI	Cost of child restraint system – include copy of purchase receipt				
	Renewable Energy Technologies Credit – include purchase information				
ID	Cost of insulation purchased last year and installed in primary residence				
IL	Homeowners: please provide PIN (Property Index Number) from your property tax statement				
LA	Please include a copy of the insurance statement showing the charges for LA Citizens assessments not previously claimed				
MA	Please provide Form 1099-HC. The information on this form is needed to avoid a tax penalty				
	Qualified commuter expenses paid for public transportation (MBTA transit/rail, tolls paid through FastLane account)				
MI	Homeowners: Please provide the property tax statement showing the Taxable Value of Homestead, or enter the value here:				
MN	Please send us your Certificate of Rent Paid (renters) or Statement of Property Taxes Payable (homeowners) for THIS year				
MT	First Time Homebuyers Savings Account contributions				
NH	If you earned interest and/or dividends more than \$2,400, NH requires that you file a state investment income return				
OH	Job training expenses incurred during 12-month period after job furlough				

Education Credits for K-12th Grade

You may claim a credit on your state return in these states for the following qualified expenses:

AZ- Fees and donations to a public or charter school located in Arizona for extracurricular or character education programs. Expenses over \$250.00 are carried over to the following year.

IL – Tuition, fees, book rental, band and lab equipment rental fees paid directly to private, public or religious schools.

IA – Tuition and textbook costs paid to an Iowa accredited not-for-profit school. Certain extracurricular program expenses qualify, such as activity fees, club dues, and school sports fees.

IN – Fees for non-public private, parochial or home school for grades K-12.

LA – Cost of tuition, fees, books, materials, supplies and school uniforms.

MN – Tuition and fees paid to private or public schools. Also costs of education supplies including up to \$400 towards the purchase of a home computer and educational software.

WI – Fees for tuition and textbooks paid to a private school, excluding amounts paid with a voucher.

Student's Name & Grade	Expenses	School Name & Address

Renter's Credits for residents of CA, IN, MA, MN, NJ, NY, WI

CA	Check here <input type="checkbox"/> if you paid rent on a California residence				
MN & WI	Send us your Certificate of Rent Paid or Rental Certificate				
MA, NJ, NY	Enter total amount of rent you paid				
IN	Landlord's name		phone number		
	Landlord's address				
	Total monthly rent		# months rented		Your share of monthly rent

Crew Deduction Worksheet

For residents of AL, AR, CA, HI, MN, NY, or PA

Enter category totals in shaded areas below (in boxes with \$). The additional itemization is provided for your convenience to illustrate the items that are deductible, but you don't have to list individual items separately. We only report category totals on your tax return.

Non-taxable per diem (if not listed on your W-2 in box 12, code 'L')	\$	Uniform Luggage		If you are on full-month reserve, 100% of your monthly base cell phone bill is deductible.	
		Flight bag			
Transportation		Garment bag		If you are a schedule holder, you can deduct business related calls. Calls to scheduling, code-a-phone, voice response are deductible. All calls on layovers are also considered business related calls. Schedule holders typically claim 50% - 75% of the monthly base fee.	
Tips for van divers		Luggage repair			
Rental cars/taxis/Uber		Luggage tags			
Co-terminal transportation		Miscellaneous luggage items			
Cab/parking fares for short calls		Suitcase			
Transportation to training/meetings		Tote bag/Purse		Answering machine/service	
Total Transportation	\$	Wheels for luggage		Calling cards/Collect/Hotel calls	
Union and Professional Dues		Total Uniform Luggage	\$	Cell phone purchase	
Union Initiation fees/Dues		Bid Service, Computer Fees		Cellphone monthly base fee	
Professional organizations		Bid service/trip trading fees		% of usage for business related calls (typically 50% - 75%)	
Total Dues	\$	Internet fees prorated to business use		Total Business Phone	\$
Work related publications	\$	Layover Internet access fees		Business mileage – The IRS does not allow a deduction for commuting mileage (driven between home and your primary workplace). However, you can deduct mileage to temporary work assignments (e.g. Co-terminals, out of base pick-ups), or if you are driving between your primary job and a second job. Enter your total business related miles driven here, and we'll calculate the deduction.	
Uniform Purchase, Cleaning, Repair		Total Computer Fees	\$		
Belt		Work Equipment, Supplies			
Coat		Accessories used on layovers		Total Business Mileage	
Dress		Alarm clock		Training/Education/Job Hunting	
Dry cleaning		ATM/check cashing fees on layovers		Books	
Epaulets		Batteries		Course fees	
Jacket		Business cards		Dry cleaning/laundry in training	
Hair clips		Cockpit keys/corkscrew/flashlight		Hotel	
Hat		Cockpit supplies (maps etc.)		Maintaining/additional ratings	
Laundry		Computer supplies (toner, paper)		Other job-hunting fees/expenses	
Maternity dress		Copying/fax/mailing costs		Proficiency training/simulator time	
Nametags/Wings		Currency converter/Exchange fees		Resume printing/mailing	
Pants		Earpiece (pilots)		Transportation/Parking	
Scarf/		FAA medical certificate		Total job-hunting/Training	\$
Serving garments		Hair dryer/ Curling iron/Clothes iron		Training dates	/ / to / /
Shirt		ID replacement		Training City	
Shoes		Loss of license insurance		Special/Temporary Assignment	
Shoe shine / repair		Manuals /Organizer		Commuting/Local transportation	
Support hose		Passport/Visa/Global Entry		Dry cleaning/Laundry	
Sweater		Portable security device/smoke detector		Housing/ Utilities/Phone	
Tie		Sunglasses (pilots only)		Shipping/storage	
Uniform alterations/repair		Upgrade training expenses		Total Temporary Assignment	\$
Vest		Voltage converter		Dates	/ / to / /
Total Uniform Expense	\$	Total Work Equipment	\$	City	

Commuter Apartment Moving Expenses – If you transferred to a new base, did not move your residence home, but incurred moving expenses for your commuter apartment, please list below:

Old base		New base		Travel Expense	
Distance driven to transport belongings				Shipping Expense	
Date moved		/ /		Lodging expense during move	

CHECKLIST

Please send us copies of any of the following documents that you received. Review this list carefully, as IRS will match information from tax forms (W-2s, 1099s, 1098s) to the numbers reported on your tax return. If you send your documents electronically, we recommend uploading them to your SmartVault client portal, which is more secure than emailing them. If you scan your documents, please set your scanner to 300 dpi/black and white/PDF. You can also ship or mail your tax information to us.

- | | |
|--|--|
| <input type="checkbox"/> All W-2's. (Your company may issue more than one) | <input type="checkbox"/> K-1s for Partnership, S-Corps, or Trusts |
| <input type="checkbox"/> 1099 R Retirement Account Distributions | <input type="checkbox"/> Copy of Receipt for Sales Tax on Car or Boat |
| <input type="checkbox"/> 1095 A for ACA Marketplace Health Insurance Plans | <input type="checkbox"/> Voided Check for Direct Deposit if New Account |
| <input type="checkbox"/> 1098 Mortgage Interest Paid | <input type="checkbox"/> New Clients: Copy of Last Year's Federal & State Tax Returns |
| <input type="checkbox"/> Property Taxes Paid (if not reported on your 1098) | <input type="checkbox"/> Flight data |
| <input type="checkbox"/> 1099 DIV Dividend Income | <input type="checkbox"/> Local Tax Forms & Instructions If You Want Us to Prepare |
| <input type="checkbox"/> 1099 INT Interest Income | <input type="checkbox"/> Statements or Forms You Have Questions About |
| <input type="checkbox"/> 1099 B for Security Sales (Stocks, Mutual Funds, etc.).
Include Statements, Showing Cost Basis, Purchase Dates. Trade data (sales/purchase dates/prices) for any sales made last year. | <input type="checkbox"/> Payment (credit card information or check) |
| | <input type="checkbox"/> Complete Organizer & Signature Below |

PLEASE SIGN BELOW

We will prepare your federal income tax return and any state and local returns you may require from the information that you provide. You agree to provide us all income and deductible expense information necessary to prepare your return. In preparing your return(s), we will not audit or verify the data you submit although we may ask for clarification. We will use our judgment in resolving questions where the tax law is unclear or where there may be different interpretations of the law.

It is important that you review the return carefully before signing to make sure the information is correct. Unless otherwise stated, the services for preparation of your return do not include auditing, review, or any other verification or assurance. Full payment of your tax preparation fee is required before we will electronically file your return or release a copy of the return.

Deadlines & Extension requests: We process tax returns in the order that we receive organizers. The volume of organizers we receive increases significantly during the three weeks before the filing deadline. To guarantee completion of your return by the due date, please provide your tax organizer and documents to us by March 23. For tax information received after March 23, we will make every effort to complete your return by April 15. If necessary, we will automatically file extension requests for tax organizers we receive prior to April 15 if we are not able to complete the return by the filing deadline.

Please email us (info@mytaxcrew.com) if you have not submitted a tax organizer but need to file an extension request. Even with a filing extension, the IRS and states will charge penalties and interest if you have paid less than 100% of your current tax liability by April 15. IRS and states do not accept extension requests after April 15.

This engagement letter will apply for all future years unless the agreement is terminated or amended in writing by you or us. We appreciate the opportunity to prepare your tax return.

Taxpayer Signature
(type to sign)

Date

Spouse Signature
(type to sign)

Date

Privacy Policy

The privacy of your client information has always been important to us, and we adhere to professional standards of confidentiality. We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization. This information may come from various sources, including information we receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you. We do not disclose any nonpublic personal information about our clients or former clients, except as permitted or required by law, or when necessary to process transactions requested by you. We restrict access to nonpublic personal information about you to members of our firm who need to know that information in order to provide you professional services. We retain records relating to the professional services that we provide you in accordance with accounting and government standards. We employ physical, electronic and procedural safeguards to protect your nonpublic personal information.

Pricing Information & Payment Method

All preparation fees must be paid prior to filing return and releasing copies

Federal Return					\$175
Married filing jointly (add) – we'll calculate whether MFJ or MFS is more beneficial for you					\$30
First State Return					\$40
Additional State Returns (part-year resident, non-resident returns)					\$40
Crew Deductions and Per Diem Report (add if you're a resident of AL, AR, CA, HI, MN, NY, PA and claiming work/crew/per diem deductions)					\$40
Dependent Tax Returns - children under age 19, or under age 24 and a college student, with earned income (e.g. W-2 or 1099-MISC income)					\$50
Local return (for city/local returns)		\$50	Health Coverage Exemptions	8965	\$30
Alternative Motor Vehicle Credit	8910	\$40	Health Insurance Premium Tax Credit	8962	\$40
Business use of home	8829	\$30	Household employee taxes	H	\$40
Cancelled Debt Exclusion from Income	982	\$50	Injured spouse/Innocent spouse	8379	\$40
Charitable non-cash contributions over \$500	8283	\$40	Installment Gain	6252	\$60
Childcare credit	2441	\$40	Interest income (no charge for first 4 1099s)		\$5/1099
Child's investment income (kiddie tax)	8615	\$50	Investment interest expense	4952	\$30
Child Tax Credit & Advance Child Tax Credit Calculation	8812	\$40	Non-deductible IRA	8606	\$30
Depreciation Report		\$10/asset	Parents reporting child's income	8814	\$50
Dividend income (per 1099 or security if listed separately)		\$5	Partnership/S-Corp/Estate (per schedule)	K-1	\$40
Earned Income Credit	EIC	\$40	Passive activity loss limitations	8582	\$40
Education credit	8863	\$40	Rental Property (per property)	E	\$60
Farm Income	F	\$70-120	Residential Energy Credit	5695	\$30
Foreign Bank Report FINCEN 114 for 1 st 3 accounts. \$10/additional account		\$30	Sale of business assets	4797	\$60
			Sec 1256 Contracts and Straddles	6781	\$40
Foreign earned income exclusion	2555	\$70	Self-employed/small business	C	\$80-150
Foreign Financial Assets for 1 st 3 accounts. \$10/add acct	8938	\$30	Stock/bond sales (first 5 sales) \$3/each additional sale	D	\$50
Gambling income (per W-2G)		\$5/W-2G	Retirement account distributions/rollovers		\$30
Amended Tax Returns	1040	\$150	Paper filing copy of tax return (if you opt not to e-file, or for tax years no longer accepted electronically)		\$30
Tax Planning/Consultations \$240 per hour, billed in 15-minute increments					
<input type="checkbox"/>	Go paperless!	Save \$10 off your preparation fees with our no mail/no paper option. We'll upload a copy of your tax return and documents to your SmartVault. We won't return anything by USPS. We recommend sending us copies of documents if you choose this option.			-\$10
<input type="checkbox"/>	Protection Plus Audit Insurance - Program details are available in the SmartVault Public Documents folder				\$25

Total

Most forms and fees are listed above. Additional fees may apply if other forms or additional work are required to complete your tax return.

Corporate/Partnership/Trust/Estate Returns: Pricing varies depending on the complexity of the return.

Audit Representation: Audit representation fees begin at \$150 for basic correspondence audits or phone calls to IRS and state tax agencies. Fees increase depending on the type and complexity of the audit. Office and field audit costs average \$1,900. Protection Plus Audit Insurance covers all audit representation costs if the IRS or a state tax agency audits your return.

Payment Method

Check or Money Order Make payable to Tax Crew. (\$25 charge for returned checks)

Credit/Debit Card. (AMEX, Visa, MasterCard, Discover)

Card Number

Expiration
Date

Billing
Zip Code

Security
Code

Cardholder Name (if different than taxpayer)

Tax Crew 10 Santa Clara San Clemente CA 92672

PH/TXT 949.234.0095

info@mytaxcrew.com