

2021 Client Organizer

Wheeler's Tax Service

110 S Joseph St Appleton, WI 54915-3144
(920)731-7859

www.wheelerstax.com

info@wheelerstax.com

ATOM Portal Link

This page intentionally left blank.

Personal Information

If filing status, dependents or contact information changed from prior year, check this box.

Taxpayer

Spouse

| | | | |
|----------------------------|----------|----------|----------|
| Legal First Name & Initial | | | |
| Preferred Name | | | |
| Last Name | | | |
| Social Security No. | | | |
| Date of Birth | | | |
| Occupation | | | |
| Pronouns Used | | | |
| Home Phone | | | |
| Work Phone | | | |
| Other Phone | | | |
| E-mail Address | | | |
| Street Address | | | Apt No |
| City | State | Zip | |
| Driver's License/ ID No. | State | | State |
| | Iss Date | Exp Date | Iss Date |
| | | | Exp Date |

If you moved during 2021, enter your previous address.

Marital Status at 12/31/21

Were you divorced or separated during the year? **Yes** **No**

Were there any deaths in your family? **Yes** **No**

Have you received any notice from the IRS or state revenue department in the past year?

Bank information for direct deposit (direct debit)

| | | | |
|----------------|-----------------------------------|----------------------------------|--|
| Bank | | | |
| Routing Number | | Account Number | |
| Account is | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | |

Required Document Check List (Any Applicable)

- | | |
|--|---|
| <input type="checkbox"/> All Wage Statements (W-2s) <input type="checkbox"/> All Pensions, Annuity IRA Documents (1099-R) <input type="checkbox"/> All Trust and Estate Documents (K-1s) <input type="checkbox"/> Property Sold Documents (1099-S) <input type="checkbox"/> Real Estate Tax Bill <input type="checkbox"/> Health Ins Marketplace Statements (1095s) <input type="checkbox"/> Unemployment Income Statement (1099-G) <input type="checkbox"/> Last two years of returns if new client <input type="checkbox"/> IRS Letter 6419 for Advance Child Tax Credit | <input type="checkbox"/> Social Security/Railroad Benefits (SSA-1099) <input type="checkbox"/> Interest Income Statements (1099-INT) <input type="checkbox"/> Dividend Income Documents (1099-DIV) <input type="checkbox"/> Day Care Statements <input type="checkbox"/> Home Refinancing Documents <input type="checkbox"/> Education Forms (1098-T, 1099-Q) <input type="checkbox"/> Other Income Statements (1099-Misc, 1099-NEC, W-2G) <input type="checkbox"/> IRS Letter 6475 for Third Economic Impact Payment |
|--|---|

Please note how many of each you are including.

Dependents

| Name | Relationship | DOB | SSN | Months living with you | Mark if Student Disabled | Dep Gross Income |
|------|--------------|-----|-----|---------------------------|-----------------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

****Must include IRS Letter 6419 or Tax Transcript to substantiate Advance Child Tax Credit**

COVID Questions

| Yes | No | | Amount Rec |
|--------------------------|--------------------------|---|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | If self employed, did you receive a payroll protection program (PPP) loan? | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unemployment? If yes, please include 1099-G. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take an early distribution from an IRA in 2020 for COVID relief and spread it over 3 years? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive the third stimulus payment? Include Letter 6475 | Amount Rec _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any COVID related sick pay or FMLA pay? | Amount Rec _____ |

OTHER QUESTIONS

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or your spouse legally blind? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase health insurance through a public exchange? If so, include 1095-A |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unemployment or disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the military? If so, please include your end of year LES. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance any of your homes or take an equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, or will you, contribute to an IRA for 2021 (outside or payroll contributions)? |
| | | Traditional or Roth |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any energy efficient home or vehicle improvements? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use any mortgage loan proceeds for purposes other than to buy, build or improve your home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive income from a sharing / gig economy activity? (e.g. Airbnb, Uber, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you foreclose, file bankruptcy, or have repossession, debt forgiveness or debt consolidation procedures? Bring 1099-C |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any financial interest in a foreign bank account or foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any income from or did you live in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any purchases from a catalog or internet and not pay sales tax? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any education expenses for you or dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect any significant changes in income or deductions in 2022? |

Adjustments to Income

Alimony Paid
 Date of Divorce: ____/____/____
 Name: _____
 SSN: _____
 Amount Paid: \$ _____
 IRA/SEP Contribution Taxpayer \$ _____
 IRA/SEP Contribution Spouse \$ _____
 Student Loan Interest \$ _____
 Health Savings Account \$ _____

Other Income

Alimony Received: \$ _____
 Date of Divorce: ____/____/____
 Gambling/Lottery Winnings \$ _____
 Bring W-2Gs
 Jury Duty \$ _____
 Disability Income \$ _____
 State Income Tax Refund \$ _____
 Other \$ _____

Tuition paid K-12 Private School \$ _____ Include statement from school
 College tuition paid *include 1098-T* \$ _____

Investments Sold

Bring all 1099-Bs and Confirmation Slips

| Investment | Date Acquired | Date sold | Basis (cost) | Sale Price |
|------------|---------------|-----------|--------------|------------|
| | | | | |
| | | | | |
| | | | | |

State Information

If rent paid: Amount Number of Months Heat included
 \$ _____ _____ Yes No

Health/Long Term Care Insurance

| | Taxpayer | Spouse |
|--|----------------------|----------------------|
| Amount Paid for health insurance - employer paid portion | <input type="text"/> | <input type="text"/> |
| Amount paid for health insurance - not employed or retired | <input type="text"/> | <input type="text"/> |
| Amount paid for health insurance - employer did not contribute | <input type="text"/> | <input type="text"/> |
| Amount paid for Long Term Care Insurance | <input type="text"/> | <input type="text"/> |

Note: If health insurance premiums are deducted pre-tax, disregard.

Did you make any contributions to an Edvest or Tomorrows's Scholar account?

Beneficiary: _____ Amount: \$ _____
 Beneficiary: _____ Amount: \$ _____
 Beneficiary: _____ Amount: \$ _____

Estimated Tax Payments (if applicable)

| | Federal | | State |
|---------------------------|--------------|---------------------------|--------------|
| Prior Year - Jan 15, 2021 | _____ | Prior Year - Jan 15, 2021 | _____ |
| 1st Qtr - Apr 15, 2021 | _____ | 1st Qtr - Apr 15, 2021 | _____ |
| 2nd Qtr - Jun 15, 2021 | _____ | 2nd Qtr - Jun 15, 2021 | _____ |
| 3rd Qtr - Sep 15, 2021 | _____ | 3rd Qtr - Sep 15, 2021 | _____ |
| 4th Qtr - Jan 18, 2022 | _____ | 4th Qtr - Jan 18, 2022 | _____ |
| Total | _____ | Total | _____ |

Itemized Deductions

Medical/Dental Expenses

Medical Ins Prem (paid by you) _____
 Long Term Care Insurance _____
 Prescription Drugs _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Medical Equipment, Supplies _____
 Hospital _____
 Doctor, Dentist, Specialist _____
 Medical Miles _____ miles
 Other _____

Charitable Contributions (Receipts Required)

Church Cash Contributions _____
 You must have receipts for cash contributions
 Other Cash Contributions _____
 Donated Goods _____
 Must have receipts from organization
 Organization donated to _____
 Address _____
 Volunteer Miles _____ miles

Real Estate Taxes Paid

Real Estate Taxes - Prim Residence _____
 *Bring Tax Bills _____
 Other Real Estate Taxes _____
 Personal Property Tax _____
 ex. Mobile home, Vehicles (depends on state)
 Sales Tax _____
 Other _____
 Mortgage Interest Expense _____
 Mort Int Paid - Bring 1098 _____
 Equity Line of Credit _____
 Use of Equity Loan _____
 Interest pd to others - No 1098 _____
 Paid to : Name _____
 Address _____
 SSN /EIN _____
 Investment Interest _____

Miscellaneous Expenses (not work related)

Gambling Losses* _____
 *Losses require documented substantiation
 Other _____
 Other _____
 Other _____
 Other _____

Day Care Expenses

Children cared for _____
 Was a flex spending account used to pay for some or all of the childcare expense?
 Yes Amout \$ _____ No
 Provider 1 _____ Provider 2 _____
 Address _____ Address _____
 SSN/EIN _____ Amt Pd _____ SSN/EIN _____ Amt Pd _____

Is there any other information you would like to share?