Combined Business Services
PO Box 865
Molalla, OR 97038

Dear Client:

Once again, we are getting ready for another tax season. I cannot believe the 2021 season is almost here! Enclosed is our organizer and we ask that you read through this packet of information, read our engagement letter, take the time to answer all questions on the questionnaire and sign off on all forms. We will continue to offer various ways in which you can get your taxes to us. We will be taking appointments, you can drop your information off at the office, or you can send us your information through our portal.

There is still a constant concern over the rise in data breaches throughout the country. IRS requires & enforces tax practitioners to have a written and implemented security plan. We will continue to stay committed in all we can do to keep your information secure and protected.

We appreciate your patience as we will continue to ask for "Due Diligence" documents, as they are required by IRS. These are documents that verify your child lives with you. It can be school records, medical records or any document with their name and your address on it. This is required if you are filing as Head of Household or entitled to a Child Tax Credit, Earned Income Credit, Other Dependent Credit or any type of College credit. Please bring them with you, or drop them off at the front desk if we call and request them. You can also use our secure portal. Please be advised that email is not a secured method of sending information.

Thank you for your help in the completion of the tax organizer. We look forward to hearing from you. Please contact us if you need further assistance.

Combined Business Services

Taxpayer/Client Signature______________________________________

Combined Business Services
PO Box 865
Molalla, OR 97038

Dear Client:

This letter is to specify our understanding of the terms of our engagement and the nature and extent of the services which we will provide. **This engagement letter must be signed before we prepare your tax return.**

We will prepare your federal and state income tax returns from the information that you will furnish. We will make no audit or other verification of the data you submit, although we may ask you for clarification of some of the information. In accumulating your tax information, it is important that you understand the Internal Revenue Service and State record keeping requirements. Taxing authorities, by regulation, require you to both maintain and retain information substantiating all items reported on your tax return. These records must be kept by you for a minimum of (4) years.

We will use our judgement in resolving questions where the tax law is unclear or where there may be different interpretations of the law. We will resolve such questions in your favor if there is reasonable justification for such a position.

Tax returns are always subject to review by the taxing authorities. However, just because your return is selected does not mean there is a problem. In your interest, it is advisable to contact us immediately upon receiving correspondence from either taxing agency. We will upon your request, represent you and will separately invoice you accordingly for time and expense incurred.
Our fees are computed on a "per form" basis. **Fees are due and payable upon completion of the work.** We do, however, reserve the right to ask for a deposit to be paid in advance of work done. We accept cash, check, Debit and credit card.

Any bookkeeping or payroll services needed and authorized by you to complete your tax return will be listed as an "Additional Fee". Information provided to our office for such services is neither audited nor verified. If this engagement letter correctly expresses your understanding or the nature, scope and terms or the services which we are providing, please indicate your agreement by signing and dating this letter in the spaces provided below and returning it to us with your tax information.

By signing this engagement, you agree to the terms listed above, and guarantee payment of this tax return.

Taxpayer/Client Signature_______________________________________

Date_________________________________

ORGANIZER

2021	1040	US	Client Information	1

Combined Business Services
P.O. Box 865
Molalla OR 97038
Telephone number: (503) 829-2058
Fax number: (503) 829-6243
E-mail address: maryl@cbsmolalla.net

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2019 or 2020)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

Please add, change or delete information for 2021.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone	
	Work phone	
	Work extension	
	Daytime phone (table)	
	Mobile phone	
	Fax number	
	E-mail address	
Spouse Contact Information	Home phone	
	Work phone	
	Work extension	
	Daytime phone (table)	
	Mobile phone	
	Fax number	
	E-mail address	
Taxpayer Authentication	Driver's license no.	
	Driver's license state	
	Issue date (m/d/y)	
	Expiration date (m/d/y)	
	Theft protection PIN	
Spouse Authentication	Driver's license no.	
	Driver's license state	
	Issue date (m/d/y)	
	Expiration date (m/d/y)	
	Theft protection PIN	

Daytime Phone

1 = Work
2 = Home
3 = Mobile

Please add, change or delete information for 2021.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
IRS theft protection PIN		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
IRS theft protection PIN		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
IRS theft protection PIN		

Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household or qualifying widow(er) only, not a dependent
5 = Earned income credit only, not a dependent

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

1. School records or statement
2. Landlord or property management statement
3. Health care provider statement
4. Medical records
5. Child care provider records
6. Placement agency statement
7. Social service records or statement
8. Place of worship statement
9. Indian tribe office statement
10. Employer statement

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

1. Doctor statement
2. Other health care provider statement
3. Social services agency or program statement

2021	1040	US	Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2021,
please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

Yes	No	
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for 2021?

DEPENDENTS

Yes	No	
☐	☐	Were there any changes in dependents?
☐	☐	If you are claiming any dependents have you included your Due Diligence documents required by IRS.?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2021?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2021, with interest and dividend income in excess of $1,100, or total investment income in excess of $2,200?

HEALTH CARE COVERAGE

Yes	No	
☐	☐	Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach.

INCOME

Yes	No	
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

2021	1040	US	Miscellaneous Questions

☐ ☐ Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐ ☐ Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐ ☐ Did you buy or sell any stocks, bonds or other investment property in 2021?

☐ ☐ Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2022?

☐ ☐ Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐ ☐ Did you purchase a home in 2021 and you were overseas on official extended duty?

☐ ☐ Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐ ☐ Did you have any debts cancelled or forgiven?

☐ ☐ Does anyone owe you money which has become uncollectible?

RETIREMENT PLANS

☐ ☐ Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐ ☐ Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐ ☐ Did you transfer or rollover any amount from one retirement plan to another retirement plan?

☐ ☐ Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2021?

EDUCATION

☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

☐ ☐ Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

☐ ☐ If you are claiming any college deductions or credits for your dependents have you included your Due Diligence documents required by IRS.?

2021	1040	US	Miscellaneous Questions

ITEMIZED DEDUCTIONS

☐ ☐ Did you incur a loss because of damaged or stolen property?

☐ ☐ Did you work out of town for part of the year?

☐ ☐ Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

☐ ☐ Did you apply an overpayment of 2020 taxes to your 2021 estimated tax (instead of being refunded)?

☐ ☐ If you have an overpayment of 2021 taxes, do you want the excess applied to your 2022 estimated tax (instead of being refunded)?

☐ ☐ Do you expect your 2022 taxable income and withholdings to be different from 2021?

MISCELLANEOUS

☐ ☐ Do you want to electronically file your tax return?

☐ ☐ Do you want to allocate $3 to the Presidential Election Campaign Fund?

☐ ☐ Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?

☐ ☐ May the IRS discuss your tax return with your preparer?

☐ ☐ Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

☐ ☐ Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

☐ ☐ Was your home rented out or used for business?

☐ ☐ Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

ORGANIZER

2021	1040	US	Miscellaneous Questions

☐ ☐ Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

☐ ☐ Did you engage the services of any household employees?

☐ ☐ Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

☐ ☐ Did you or your spouse make any gifts to an individual that total more than $15,000, or any gifts to a trust?

☐ ☐ Did your bank account information change within the last twelve months?

☐ ☐ Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency?

CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)

☐ ☐ Did you receive an economic impact payment? If so, how much?

☐ ☐ Did your business have any PPP loan amounts forgiven?

☐ ☐ Did you receive a distribution from your retirement plan because of COVID?

Signature____________________________________

Date__________________________

ORGANIZER

2021	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

Please enter all pertinent 2021 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)	1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld: Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	2020 Wages

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	1=spouse	1=IRA/SEP/SIMPLE	Distribution code #1	Distribution code #2	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld: Federal (Box 4)	State (Box 14)	Value of all IRAs at 12/31/21	2020 Distribution

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld: Federal (Box 4)	State (Box 15)	Local (Box 17)	2020 Winnings

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2021 Amount	TS	2020 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

	10, 13.1, 13.2

(T=taxpayer, S=spouse, Blank=joint)

2021	1040	US	Interest & Dividend Income	11, 12

Please enter all pertinent 2021 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income: Banks, S&Ls, C/Us, etc. (Box 1)	Interest Income: Seller-Financed Mtg. (Box 1)	Interest Income: U.S. Bonds, T-Bills (Box 3)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2020 Interest

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income: Total Ordinary Dividends (Box 1a)	Dividend Income: Qualified Dividends (Box 1b)	Dividend Income: Total Capital Gain Distrib. (Box 2a)	Dividend Income: SubSection 199A (Box 5)	Dividend Income: U.S. Bonds (% or amt.)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 7)	2020 Dividends

Please enter all pertinent 2021 amounts and attach all 1099-MISC, 1099-NEC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2021 Amount		2020 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				
Other income (1099-MISC, box 3, 8, 1099-NEC, box 1)				

TAX WITHHELD (not entered elsewhere)

	2021 Taxpayer	2021 Spouse	2020 Taxpayer	2020 Spouse
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

Please add, change or delete 2021 information as appropriate.
Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

		2021 1099-G Amount	
No.	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2021 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2020 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
	Agriculture payments (Box 7)		
	1=agriculture payments are from conservation reserve program		
	Market gain (Box 9)		
	Number of farm		
	1=box 2 is trade or business income (Box 8)		
	State income tax withheld (Box 11)		

No.	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
	2021 Overpayment repaid		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2020 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
	Agriculture payments (Box 7)		
	1=agriculture payments are from conservation reserve program		
	Market gain (Box 9)		
	Number of farm		
	1=box 2 is trade or business income (Box 8)		
	State income tax withheld (Box 11)		

Please enter all pertinent 2021 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2021 Amount Taxpayer	2021 Amount Spouse	2020 Amount Taxpayer	2020 Amount Spouse
IRA contributions you made or expect to make (1=maximum) ($6,000/$7,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2021 payments from 1/1/22 to 4/15/22				

ROTH IRA CONTRIBUTIONS

	2021 Taxpayer	2021 Spouse	2020 Taxpayer	2020 Spouse
Roth IRA contributions you made or expect to make (1=maximum) ($6,000/$7,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2021 Taxpayer	2021 Spouse	2020 Taxpayer	2020 Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2021 Taxpayer	2021 Spouse	2020 Taxpayer	2020 Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer		Spouse	
Date of divorce or sep. agreement				
Recipient's first name				
Recipient's last name				
Recipient's SSN				
Amount paid		2020 amt:		2020 amt:

Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE:Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2021 Amount	TS	2020 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2021 estimates are automatic.)

	2021 Amount	TS	2020 Amount
State income taxes - 1/21 payment on 2020 state estimate			
State income taxes - paid with 2020 state return extension			
State income taxes - paid with 2020 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/21 payment on 2020 city/local estimate			
City/local income taxes - paid with 2020 city/local extension			
City/local income taxes - paid with 2020 city/local return			

SALES AND USE TAXES PAID

	2021 Amount	TS	2020 Amount
State and local sales taxes (except autos and special items)			
Use taxes paid on 2021 purchases			
Use taxes paid with 2020 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

	2021 Amount	TS	2020 Amount
Real estate taxes - principal residence:			
Real estate taxes - held for investment :			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:	2021 Amount	TS	2020 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	
Payee's SSN or FEIN	
Payee's street address	
Payee's city	
Payee's state	
Payee's ZIP code	
Payee's region	
Payee's postal code	
Payee's country	

	2021 Amount	TS	2020 Amount
Amount paid			
Points not reported on Form 1098:			
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)			
Investment interest (interest on margin accounts):			
Passive interest			

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:	2021 Amount	TS	2020 Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:	2021 Amount	TS	2020 Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE:Use Sheet 26 if total noncash contributions are over $500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

	2021 Amount	TS	2020 Amount
50% limitation (see above):			
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

	2021 Amount	TS	2020 Amount
Union and professional dues			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):			
Investment expense:			
Tax return preparation fee			
Safe deposit box rental			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):			

Please enter all pertinent 2021 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

	2021 Amount	TS	2020 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded $100,000 at any time during 2021 ($50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded $750,000 at any time during 2021 ($375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2021 Amount	TS	2020 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

	2021 Amount	TS	2020 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2021			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2021			
Grandfather debt balance - beginning of year			

Loan #2

	2021 Amount	TS	2020 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2021			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2021			
Grandfather debt balance - beginning of year			

Form

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

2021	1040	US	Itemized Deductions (continued)	25 p5 cont

Please enter all pertinent 2021 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3	2021 Amount	TS	2020 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2021			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2021			
Grandfather debt balance - beginning of year			

Loan #4	2021 Amount	TS	2020 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2021			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2021			
Grandfather debt balance - beginning of year			

Form

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E