

In order to help us prepare your returns, please complete these forms prior to bringing in your 2021 tax information

Lehman, Hershberger & Company P.C.

Client Tax Organizer

(This planner can also be found on our website as a fill-in form. www. LHPC.us)

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					
Street Address:		City:	State:	ZIP	Home Phone:
Email Address(es):			Cell (Taxpayer):	Cell (Spouse):	Fax:

If you would like direct deposit for your refund, please provide banking information:

Bank Name:		Checking or savings?	
Routing Number:		Account Number:	

Blind.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Taxpayer</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Spouse</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Marital Status</u>	<input type="checkbox"/> Single
Disabled.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Married filing jointly
Wish to donate \$3 to the Pres. Campaign fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Married but filing separately
Can anyone else claim you as a dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Widow(er)
School District: _____							-Date of Spouse's Death: _____

2. Dependents (Children & Others you supported)

Name (First, Last)	Relationship	Date of Birth	Soc. Security Number	Months Lived with you during year	Can anyone else ever claim this person?	Disabled	Full Time Student	Dependent's Gross Income	Home Schooled?	Cost?

3. Estimated Taxes You Paid for 2021

Federal					State				
Quarter	Due Date	Date Paid	Amount \$	Check #	Quarter	Due Date	Date Paid	Amount \$	Check #
1	4/15/21				1	4/15/21			
2	6/15/21				2	6/15/21			
3	9/15/21				3	9/15/21			
4	1/15/22				4	1/15/22			

To the best of my knowledge, this information is correct and complete.

Signature:

Date:

4. Foreign Bank Accounts & Foreign Income (please mark "do" or "do not" for the following statements)

5. Virtual Currency (please mark "yes" or "no" for the following statement)

I(we) do do not have any foreign bank accounts. I(we) do do not have any foreign income.

At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? YES NO

Taxpayers signature(s)

6. Health Insurance (Attach any 1095 forms you have received)

Did you or anyone in your tax household have health insurance through the Marketplace during 2021? If yes, please list who was covered by the Marketplace policy and include form 1095A with your tax documents. YES NO

Members of your tax household who had health insurance through the Marketplace during 2021.

7. Economic Impact Payment – Stimulus Payment/Advanced Child Tax Credit Payment

Did you or anyone in your tax household receive an a stimulus payment and/or child tax credit? If yes, please list names and amounts received: YES NO

Name:		Amount:		Name:		Amount:	
Name:		Amount:		Name:		Amount:	

8. Income

If you have any of the following income sources, please mark and include forms.

Form Name	# of each you have
W-2s (wage, salary income)	
1099-C (cancellation of debt)	
1099-DIV (dividend statements)	
1099-INT (interest statements)	
1099-G's (unemployment)	
1099-R (pension/annuity income)	
SSA-1099 (social security)	
RRB-1099 (railroad retirement)	
Brokerage Statements	
K-1 (partnership, S-Corp, Estate, or trust income)	
Others:	

9. I.R.A. (Individual Retirement Acct.)

Contributions made for this tax year:

	Amount	Date	Roth?
Taxpayer:			<input type="checkbox"/>
Spouse:			<input type="checkbox"/>

Withdrawals (Attach **1099-R** or **5498**):

	Amount	Reason	Rolled Over?
Taxpayer:			<input type="checkbox"/>
Spouse:			<input type="checkbox"/>

10. Investments Sold (Attach Documentation (1099-B, etc.))

Stocks, Bonds, Mutual Funds, Gold, Silver, and Partnership Interest

Investment	Date Acquired	Cost	Date Sold	Sale Price

11. Real Estate Sold (Attach 1099-S and Closing Statements)

Property	Was this your principal residence?	Date Acquired	Cost	Improvements	Date Sold	Sale Price

12. Other Income

Lawsuit settlements:	
Describe:	
Scholarships (Grants)	
Alimony Received	
Prizes, Bonuses, Awards	
Gambling, Lottery, Winnings	
- Gambling, Lottery Expenses	()
Unreported Tips	
Director, Executor Fee Received	
Commissions	
Jury Duty	
Payment from Prior Installment Sale	
State Income Tax Refund	
Other: _____	

13. Taxes Paid in 2021 (attach receipts if more than one property)

Real Estate on Principle Residence:	
Real Estate on 2 nd Home:	
Personal Property Tax:	
Auto Excise & Wheel Tax: (not reg. fees)	
Sales Tax on Purchase of <u>New</u> Vehicle:	
Date Purchased:	
Sales Tax on other Big Ticket Items:	

14. Mortgage Interest Paid (attach 1098)

Mortgage Interest Paid	(on Principle)	
Mortgage Interest Paid	(on 2 nd Home or line of credit)	
Interest Paid to an individual for your home (attach amortization schedule)		
Paid to: Name		
Address:		
Soc. Sec.#		

15. Rent Paid for Personal Residence

Rent Paid in 2021:	
Rent Paid To:	
Address:	
Address where rented:	
Number of months rented:	

16. Medical/Dental Expenses (unreimbursed – Out-of-Pocket)

Med. Insurance Premiums (NOT on W-2)	
Long-Term Care Ins. Premiums (taxpayer)	
Long-Term Care Ins. Premiums (spouse)	
Name of Insurance Co.:	
Do not include any bills that were paid with HSA or MSA dollars in this section. Thanks!	
Prescription Drugs	
Eye, Glasses, Contacts	
Hearing Aids, Batteries	
Medical Equipment, Supplies	
Nursing Care, Medical Therapy	
Hospital	
Doctor, Dental, Orthodontist	
Other _____	
Health Savings Account (HSA): Distributions	
Withdrawals from HSA that were <u>not</u> used for medical expenses.	
Contributions by You	Employer Contributions
Medical Savings Account (MSA): Distributions	
Withdrawals from MSA that were <u>not</u> used for medical expenses.	
Contributions by You	Employer Contributions

Medical Miles Driven:
January – December 2021 _____ miles

17. Charitable Contributions

You **MUST** keep the receipts, but we do not need to see them. Contributions greater than \$250 must have "no goods or services were received" on the receipt in order to fully qualify.

Church	
United Way	
Colleges, Universities	
Other Cash Contributions:	
Non-Cash Contributions: (Bring in details)	
Volunteer Miles Driven: Jan.-Dec. 2021	_____ miles

18. Investment Related Expenses

Tax Preparation Fee	
Safe Deposit Box Rental	
Mutual Fund Fees	
Investment Counselor	
Investment Interest	
Other: _____	

22. Child & Dependent Care Expenses

Child or Dependent	Name of Care Provider	Address	Soc. Sec. No. or Fed. ID No.	Amount Paid

Did you receive dependent care benefits from your employer?

23. Education Expenses (including home school, private school, & Amish school in Indiana)

Student Name	Year in School	School	Campus location	Type of Expense	Amount

Student Loan Interest Paid: (attach statements)

Contribution(s) to Indiana College 529 Plan: (attach statements)

24. Other Information

Did any of the following apply to you in 2021?

<input type="checkbox"/> Marriage	<input type="checkbox"/> Home Foreclosure	<input type="checkbox"/> Births	<input type="checkbox"/> Income from Animals
<input type="checkbox"/> Divorce	<input type="checkbox"/> Self-employment	<input type="checkbox"/> Adoption	<input type="checkbox"/> Income from Crops
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Hobby Income	<input type="checkbox"/> Job-Related Move	<input type="checkbox"/> Rental Income
<input type="checkbox"/> Give a gift of more than \$15,000 to anyone		<input type="checkbox"/> Provide home or help support to someone not listed as a dependent on Page 1	

19. Other Deductions

Alimony Paid to:	
Soc. Security No:	
Other:	

20. Casualty, Theft Loss

For property **stolen** or damaged by **storm, water, fire, accident**

Location of property:	
Date of Purchase	
Cost & Improvements:	
Description of property:	
Amt. of Damage:	Ins. Reimburs.:
Repair Cost:	Fed. Grants Received:

21. Energy Credit/Insulation (attach receipts)

Alternative Fuel Vehicle Purchased: _____ Date: _____
 Make: _____ Model: _____ Price: _____
 Install of solar, wind or geothermal items at your home:
 Item: _____ Date: _____ Price: _____