



ACCOUNTING SOLUTIONS
(716) 681-2694

Client Organizer

INCOME TAX RETURN INFORMATION - PRELIMINARY DATA -FOR TAX YEAR - 2021

Name: _____ OCCUPATION _____

Spouse: _____ OCCUPATION _____

ADDRESS (IF MOVED): _____

EMAIL ADDRESS: _____

BANK ROUTING _____ BANK ACCOUNT NUMBER _____

DEPENDENTS

NAME	SS#	DOB	19-23 Y/O Students
			College in 2021 Yes/No

STIMULOUS CHECK # 3 - (\$1400/Per Person unless phase out) Need exact amount you received paid between March 2021 and October 2021 \$ _____ IRS 1444C

UNEMPLOYMENT 1099 G (<https://dol.ny.gov/>) \$ _____

Advanced Child Tax Credit: Include IRS Letter 6419 w/details of July thru Dec 2021 amts.

QUARTERLY ESTIMATED TAX PAYMENTS IF YOU PREPAID

FEDERAL	AMOUNT PAID	NEW YORK STATE	AMOUNT PAID
APRIL 2021	\$	APRIL 2021	\$
JUNE 2021	\$	JUNE 2021	\$
SEPTEMBER 2021	\$	SEPTEMBER 2021	\$
JANUARY 2022	\$	JANUARY 2022	\$

IRA CONTRIBUTIONS

TYPE	TAXPAYER 1	TAXPAYER 2
TRADITIONAL IRA	\$	\$
ROTH IRA	\$	\$

Most Common Income Forms

OTHER INCOME FORMS

WAGES	(W-2)	
INTEREST INCOME	(1099 INT)	
Dividend Income	(1099 DIV)	
IRA/Annuity Withdrawal	(1099R)	
Social Security	(SSA-1099)	
Gambling winnings	(W-2G)	
Unemployment benefits	(1099G)	Print from the website
Health Savings Account	(1099SA)	
Other Income	(1099 MISC)	
Stock Sales	(1099 B)	
Crypto Currency	(1099 B)	
College Tuition	(1098-T)	

POSSIBLE DEDUCTIONS

SALES TAX ON NEW VEHICLE PURCHASE \$ _____

MEDICAL

UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

Prescriptions \$ _____

Health Insurance Premiums \$ _____
 (DO NOT include pretax payments through work)

Long Term Care Insurance
 Taxpayer \$ _____
 Spouse \$ _____

Doctors/Dentists \$ _____

Hospitals \$ _____

Contacts/Eyeglasses \$ _____

Miles driven for medical purposes _____

REAL ESTATE TAXES

	School	County	Village
Primary Residence			
2nd Property (Non-Rental)			

INTEREST

Mortgage Interest/Home Equity Loan Interest

Paid to: _____ \$ _____

Paid To: _____ \$ _____

CHARITABLE CONTRIBUTIONS

Cash and/or Check: _____ \$ _____

Non-cash Donations: _____ \$ _____

ENERGY EFFICIENCY

Windows, Exterior Doors, Insulation, Furnace, Boiler, Metal Roof, Solar Panels \$ _____
 (Please provide receipts for purchases)

ALIMONY: Recipient: _____ SS#: _____ \$ _____

CHILD CARE: Provider: _____ EIN/SS#: _____ \$ _____