

Pamela Price EA Inc.

Pamela Price EA & Associates

Enrolled to practice before the Internal Revenue Service

2021 BASIC TAX WORKSHEET

GENERAL INFORMATION

PRIMARY EMAIL ADDRESS: _____

Only **one e-mail address** may be used. This will be linked with your client portal (*pamelapriceea.securefilepro.com*).

PRIMARY PHONE NUMBER: _____

ID/DRIVER'S LICENSE INFORMATION

Required Info:	TAXPAYER	SPOUSE
TYPE (CIRCLE ONE):	ID / DRIVER'S LICENSE	ID / DRIVER'S LICENSE
NUMBER:		
STATE:		
ISSUE DATE:		
EXPIRATION DATE:		

I have a new address. Please write it here:

My marital status has changed. If you're married filing a joint return, fill out ONE "Basic" worksheet together.

I have a new dependent. Must have SS# & DOB to be claimed, and name must match Social Security card.

I made quarterly Estimated Tax Payments. See *page 3* of this worksheet.

Please upload all income documents, completed worksheets, and other pertinent information to your secure client portal. We kindly request that you **please scan all pages into one PDF document** – and not one page at a time (*please* avoid using zip files or folders containing multiple documents). If you have more than one brokerage statement, you may upload those PDFs separately.

No photos or jpegs, please.

If you don't have a scanner, there are many phone apps that let you easily scan multiple pages into a single PDF document – we even use them ourselves (TurboScan, TinyScanner, AdobeScan, iPhone Notes app, etc).

If need be, we will accept copies by email & mail but **please, do not send your originals – only send copies.**

Keep originals for yourself as we cannot return them to you.

Remember: Only submit your info once you have all your tax documents & completed worksheets ready to go so that we receive your information at one time (not in bits & pieces).

3rd STIMULUS & ADVANCED CHILD TAX CREDIT

3RD EIP PAYMENT: Amount you receive of the third economic impact payment, generally sent out March of 2021 (IRS Notice 1444-C or Letter 6475) _____

Advanced payment of Child Tax Credit (IRS Letter 6419) _____

Taxpayer _____

Spouse _____

ITEMS OF INCOME

(Check the items that apply to you)

WAGE INCOME (Form W-2) We need copies of all your W-2s.

INTEREST INCOME (Form 1099-INT) We need copies of all Form 1099-INT you received.

DIVIDEND INCOME (Form 1099-DIV) We need copies of all Form 1099-DIV you received.

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2021 ITEMS OF INCOME - page 2

___ **STATE REFUND FROM 2019 RETURN (Form 1099-G)**

If you wish, enter the amount here: _____

___ **BUSINESS or FEE INCOME (Form 1099-MISC or 1099-K)**

This is income you received from performing a service, from which **no taxes were withheld**. We need copies of any 1099s you received. There are separate worksheets for expenses you may have related to this income on our website. Please **fill out one worksheet per service/business activity per person**.

Enter the total of this income here: _____

___ **CAPITAL GAINS (Form 1099-B or 1099-S)** If you sold stock or real estate, upload your **brokerage statements** and/or closing statements concerning both **the purchase and the sale** of these properties to your client portal.

___ **AMOUNT OF ALIMONY RECEIVED** _____

___ **DISTRIBUTIONS FROM DEFERRED INCOME (Form 1099-R)** This includes IRAs, pension plans, and any distributions which were rolled over. We need copies of all Form 1099-Rs you received.

If you wish, you may enter the total here: _____

___ **INCOME FROM RENTAL PROPERTIES. Fill out the "Rental" Worksheet on our website.**

___ **OTHER TYPES OF RENTS OR ROYALTIES (Form 1099-MISC)** We need copies of all 1099s you received. Enter the total received here: _____

___ **INCOME FROM K-1s: PARTNERSHIPS, S-CORPS, TRUSTS/ESTATES (Form K-1)**

If you have income from any of these, **please upload all pages (front and back) of your K-1 forms**.

___ **UNEMPLOYMENT INSURANCE (Form 1099G)** Unemployment income from California or any other states from which you received unemployment during the year. It is 100% taxable. We need copies of all Form 1099Gs you received. Enter the total received here: _____

___ **SOCIAL SECURITY BENEFITS (Form 1099-SSA)** We need copies of your Form 1099-SSA. It may be partially taxable. If you wish, you may enter the total here: _____

___ **OTHER INCOME** (Gambling winnings, the Lottery (don't you wish), prizes, tips, or anything else you think **might** be taxable) List below:

<u>Type of Income</u>	<u>Amount</u>	<u>Type of Income</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

ADJUSTMENTS TO INCOME

___ **IRA, KEOGH, & SEP CONTRIBUTIONS** These contributions can still be made for 2021 in most cases. IRA contributions may not be deductible. We can discuss it.

If you have already contributed, enter amounts & type here:

Self _____

Spouse _____

___ **PENALTY ON EARLY WITHDRAWAL OF SAVINGS:** _____

___ **ALIMONY PAID** (we'll need X's social security number): _____

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2021 ITEMIZED DEDUCTIONS - Schedule "A"

MEDICAL & DENTAL EXPENSES: (Do not include reimbursed amounts.)

Medicine	_____	Hearing aids, batteries	_____
Insurance premiums	_____	Lab fees, x-rays	_____
Doctors, dentists, etc.	_____	Miles for medical	_____
Hospital & clinics	_____	Parking for medical	_____
Glasses	_____	Other:	_____

TAXES YOU PAID:

- **State & local income taxes** (We'll pick up these amounts from your W-2s.)
- **Property taxes paid on your home** (Use the checks you wrote in 2021 to determine this, **not** the bill.)

Amount: _____

- **Property taxes paid on second home** (Ditto above) **Amount:** _____

- **Total amount paid to DMV on auto(s):** 1st car _____ 2nd car _____

ESTIMATED TAX PAYMENTS (aka Quarterly Tax Payments)

Note: Most of our correction notices are due to errors in this area. Those who make Estimated Tax Payments should pull checks to verify dates and amounts paid to Federal and State.

Quarter	Date Paid	Federal Amount	State Amount
1 st 5/15/2021	_____	_____	_____
2 nd 6/15/2021	_____	_____	_____
3 rd 9/15/2021	_____	_____	_____
4 th 1/15/2022	_____	_____	_____

INTEREST YOU PAID (Form 1098):

- **Home mortgage:** You will receive slip(s) from your lender(s). We need copies of those as well as all Form 1098s you receive.

Paid to financial institutions: **Amount of first:** _____

Amount of second: _____

Interest on a second home: _____

Paid on home equity loans: May or may not be deductible. **Amount:** _____

Paid to individuals: **Amount:** _____

- **Investment Interest:**

Margin interest _____ Interest on land _____

Int. on 3rd home _____ Other: _____

Interest on credit cards, personal loans, or late tax payments, is still not deductible.

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2021 ITEMIZED DEDUCTIONS - page 2

CHARITABLE CONTRIBUTIONS YOU MADE:

- **Total of your cash** (includes checks/credit card) **contributions:** _____
(Any time you write a check of \$250 or more you must have an acknowledgment of your contribution from the organization.)
- **Contributions *other than* cash:** _____
(Non-cash contributions are usually goods donated to organizations such as Goodwill. You value them by what you would sell them for used/at a thrift store, not what you paid for them)
- **Out-of-pocket expense for charitable work:** _____
- **Number of miles you traveled for charitable work:** _____

CASUALTY & THEFT LOSSES

- CA only, unless a Federally Declared Disaster.

MOVING EXPENSE

- Must put you 50 miles closer to your new job into or within CA only

MISCELLANEOUS DEDUCTIONS:

Before you fill this out, check if there is another worksheet applicable to you for these expenses.

Do not enter amounts here *and* on another worksheet.

Gambling losses _____	Union dues _____	Tax preparation _____	Investment expns _____
Safe deposit box _____	Job seeking exp. _____	Continuing Ed _____	Tools _____
Job supplies _____	License renewal _____	Publications _____	Uniform/cleaning _____

- If you have entries above, AND you used your car for education or business, put a check here: _____

CHILD CARE:

<u>Provider's Name & SSN or I.D. Number</u>	<u>Amount Paid</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOREIGN ACCOUNTS & VIRTUAL CURRENCY:

- At any time in 2021, did you have a financial interest in or signature authority over a financial account?
Check one (required beginning 2021): _____ **YES** _____ **NO**
- At any time in 2021, did you receive, sell, send exchange, or acquire any financial interest in virtual currency?
Check one (required beginning 2021): _____ **YES** _____ **NO**

HEALTH INSURANCE & Form 1095-A:

___ Did you and your family have health coverage for the **ENTIRE** year through your employer? If so, stop here.

___ **Did you buy coverage through the Marketplace?** If so, we need Federal **Form 1095-A** and for CA residents, **Form FTB 3895**.

Beginning with 2021, California now issues a form for those who received coverage through Covered California. You can download both Form 1095-A and Form FTB 3895 from the marketplace website as most often, these forms are NOT mailed. Login to your account on *coveredca.com* to download your forms.

___ If you **did not have health insurance**, did you receive an **Exemption Certificate**? If so, we need a copy.

___ If you **did not have coverage and did not apply** for an exemption, let us know as we may have more questions.