

# EASTSIDE TAX & ACCOUNTING, LCC

## PERSONAL DATA ORGANIZER

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

With : \_\_\_\_\_



This is your tax organizer for the 2021 Tax Year. Please complete the sections that pertain to you. Any questions or comments can be written in spaces provided. You may also choose to call the office and speak with a preparer.

### DID YOU RECEIVE:

**Advance Child Tax Credit -** No  Yes

\_\_\_\_\_ \$Per payment \_\_\_\_\_/6 payments STARTING JULY 21

**Stimulus Check III-** No  Yes

(Around March 2021)

Amount: \$ \_\_\_\_\_

**Direct Deposit Refund -** No  Yes

### PLEASE BRING THE FOLLOWING TO YOUR TAX APPOINTMENT

ALL W-2, 1099'S, K-1'S, BROKER STATEMENTS, ETC.

- ❖ BROKERAGE & MUTUAL FUND YEAR-END STATEMENT
- ❖ YEAR-END BANK STATEMENTS
- ❖ DRIVER LICENSE
- ❖ SOCIAL SECURITY STATEMENT -- FORM SSA-1099
- ❖ PROPERTY TAX STATEMENTS
- ❖ MORTGAGE INTEREST STATEMENTS
- ❖ MORTGAGE REFINANCE SETTLEMENT STATEMENTS
- ❖ 1098-E OR 1098-T
- ❖ PROPERTY SALES SETTLEMENT STATEMENTS
- ❖ OTHER EVIDENCE OF INCOME & DEDUCTIONS
- ❖ DATES OF BIRTH & SOCIAL SECURITY NUMBERS FOR ALL
- ❖ A CURRENT VOIDED CHECK – FOR DIRECT DEPOSIT
- ❖ COST INFORMATION FOR STOCK & BONDS SOLD
- ❖ ACA HEALTH COVERAGE FORMS 1095-A
- ❖ 1099 G UNEMPLOYMENT

NEW CLIENTS PLEASE BRING LAST YEAR'S TAX RETURN

If your filing status is **Head of Household** or you claim certain credits (such as: **Earned Income Tax Credit, Child Tax Credit, Other Dependent Credit, Education Credit**) the IRS requires tax preparers to have documentation of eligibility before we can file your return. You must provide documentation proving residency and expenses.

Examples include: School or medical records, and/ or tuition statement. *Please call the office before your appointment if you are unsure what documentation is necessary.*

If your return includes the Earned Income Tax Credit or Additional Child Tax Credit, the IRS projects direct deposits for most early refund filers to be delayed as usual.

### NOTES & QUESTIONS

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**SELF-EMPLOYMENT OR ADDITIONAL INCOME**

OTHER INCOME	AMOUNT	BRING DOCUMENTATION OF AMOUNTS	AMOUNT
Alimony Received		Child Support Received	
Scholarships & Grants		Unemployment Received –Form 1099G	
Prizes, Bonuses, Awards		Gambling & Lottery Wining – Form W2G	
Unreported Tips		If Gambling Winnings, Losses	
Director Or Executor Fees		Jury Duty	
Workers Compensation		Disability Income	
Veterans Pension		Payments from prior Installment Sales	
State Income Tax Refund		<b>PPP LOANS ( PROVIDE COPY OF FORGIVENESS LETTER) -- DATE RECEIVED _____</b> AMOUNT OF LOAN: _____ AMOUNT FORGIVEN : _____	
City Income Refund			

SELF EMPLOYED BUSINESS INCOME & EXPENSES (1099's) – MUST HAVE DOCUMENTATION FOR THE FOLLOWING							
Gross Income		Gifts		Postage & Ship.		Wages	
Refunds		Equipment		Seminars/ Conf.		Rent Paid	
Bgn Inventory		Interest		Small Tools		Fees	
Purchases		Legal & Acctg.		Supplies		Business Insurance	
End Inventory		Labor		Taxes & License		Internet	
Advertising		Office Expense		Telephone		Other/Misc	
Bank Charges		Meals		Travel			
Dues & Pubs		Maint. & Repair		Utilities		<b># of days off due to Covid</b>	

RENTAL INCOME & EXPENSES (IF NEW RENTAL PROPERTY, PROVIDE SETTLEMENT STATEMENT & TAX BILL)			
Property	Address		
1			
2			
3			
Property # Above	1	2	3
Income			
Advertising			
Cleaning & Fees			
Commission & Fees			
Insurance			
Legal & Professional			
Mortgage Interest			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Labor			
Telephone			
Other			

OFFICE IN HOME (USE MUST BE EXCLUSIVE, REGULAR & THE PRINCIPLE PLACE OF BUSINESS.)			
Purchase Date		Cost	
Total ft²	Business Ft²	Rent	Utilities
Insurance	Maintenance	Repair	other
<b>BUSINESS USE OF AUTO (YOU MUST KEEP CURRENT WRITTEN RECORDS, INCLUDING YEAR-END MILEAGES TO TAKE AUTO DEDUCTIONS. CALL IF YOU HAVE ANY QUESTIONS ABOUT AUTO USE.)</b>			
	Vehicle 1	Vehicle 2	
Year/Make			
Total Miles			
Purch. Date			
Business Miles			
Commute Miles			
Interest Paid			
Oper. Cost			
Lease Cost			
Maintn. Cost			
Home to Work Miles			

**FOR THOSE WHO MAY STILL ITEMIZE**

MEDICAL/DENTAL EXPENSES PAID IN CURRENT YEAR		(THESE ARE ONLY DEDUCTIBLE WHEN THEY EXCEED 7.5% OF YOUR INCOME)	
Medical Insurance premium (paid by you)		Doctor, Dentist, Nursing Care, Etc.	
Long Term Care Insurance		Glasses, Contacts, Hearing Aids, Batteries, Etc.	
Prescription Drugs/ Medical Equip & Supplies		Hospital, Nursing Home, ETC.	
Auto Mileage (for medical reasons)		Other Medical/Dental	

TAXES PAID		(BRING ALL PROPERTY TAX STATEMENT PAID & ASSESSED IN 2021 IF NOT PAID, INDICATE ONES NOT ACTUALLY PAID)	
Real Estate (property) taxes		Taxable Value from tax statement	
Auto Tags		Other _____	

INTEREST EXPENSES		(CREDIT CARD & CAR LOAN INTEREST IS NOT DEDUCTIBLE UNLESS IT IS USED FOR HOME MORTGAGE OR BUSINESS)	
Mortgage Interest Paid		Land Contract Paid	
Investment Margin Interest		Name _____	
Other Investment Interest		Address _____	
Other Deductible Interest		Social Security # _____	

CHARITABLE CONTRIBUTION		(AMOUNT OF \$250 & ABOVE MUST BE DOCUMENTED BY RECEIPTS THAT MEET THE IRS REQUIREMENT)	
Church		Public Agencies/ Public Radio	
United Way		Boy/Girl Scouts, Cancer, Lung, Etc.	
Food Banks		Michigan Wildlife / Children Fund	
Colleges & Universities		Non-Cash – Clothing, Household, Etc. Donated to St. Vincent, Salvation Army, Goodwill, Etc.	
Other: _____		Provide list of items donated & the FMV of each item	

**NON ITEMIZED**

CASH DONATIONS		(UP TO \$300 INDIVIDUAL AND \$600 MARRIED FILING JOINT)	

Comments or questions:

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**We're Accountants for Main Street....**

**... Not Wall Street.**