Taxpayer						SSN			
First Name	M.I.	Last	Name	Ema	ail	I	IP PIN		
Occupation		Date	of birth			Are you nev	v to our firm?	Yes	No
Address		City				State	Zip		
County		Home	e phone			Work or cell			
Driver's License No.				Stat	e Issue	Date	Exp. Date		
Spouse						SSN			
First Name	M.I.	Last	Name	Ema	ail		IP PIN		
Occupation		Date	of birth			Are you nev	v to our firm?	Yes	No
Address (If different from Taxpayer)		City				State	Zip		
County		Home	e phone			Work or cell			
Driver's License No.				Stat	e Issue	Date	Exp. Date		
If you moved during 2021, enter your	previous address	s.				Date of mov	'e		
Marital status at 12/31/21: Single Were you divorced or separated durin Individuals who are in registered dom Have you received any notice from th	ng the year? Ye nestic partnership	os (RDI	o Ps) and civil uni	Wions	ere there any are not consid	Domestic Partn deaths in the fan lered married for Yes No	nily? Yes	No	sure s.
Names of dependent children Child's full name	Social Secur		IP PIN		Date of birth	Months lived home in 202		·	College tudent?
Did any of the children have unearned Is it anticipated that a different taxpay				les ve as	5	of the children ha ent for tax year 2	5	? Ye No	es No
Other dependents or people who liv	ed with you				1				
Name	Social Security	#	IP PIN	L	Date of birth	Months lived in home in 2021	Relationship	In	come
Bank information: Use for Direct d	eposit of refund	Dire	ct debit of balar	nce d	ue Name of I	pank			
Checking Savings Routing tra	*				Account nu				
					11000111 110	moer			

Questions—All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

F											
	Yes	No	Are either you or y	our spouse le	egally blind?						
	Yes	No	Did you pay or rece Paid Receive		in 2021?	Recipien	t's SSN		Date of divorce of	or sepa	ration
	Yes	No	Did you purchase h	nealth insurai	nce through a publ	ic exchan	ge?				
	Yes	No	Will there be any si	gnificant cha	nges in income or	deductior	ns next ye	ar, such as retire	nent?		
	Yes	No	Did you pay anyon	e for domest	ic services in your	home?					
	Yes	No	Did you purchase a	new energy	-efficient car, truck	, or van?					
	Yes	No	Are you involved in	n bankruptcy	, foreclosure, repos	ssession, o	or had an	y debt (including	credit cards) ca	ncelle	d?
	Yes	No	Are you a member	of the militar	ry?		State of	residency			
' [_	Yes	No	Were you a citizen	of or lived in	a foreign country?		Foreign	country			
	Yes	No	Do you own or hav	e financial in	terest in a foreign	bank or fi	nancial a	ccount? Balance	exceeds \$50,000	Yes	No
	Yes	No	Did you receive an If yes, provide the a			timulus p	ayments)	during 2021?			
	Yes	No	Would you like to a Designee's name	llow your ta		ner person 1e number	n to discu	ss your return w	ith the IRS? PIN (any five d	igits)	
L	Yes	No	Were any children	oorn or adop	ted in 2021? (Provid	de stateme	nt for othe	r expenses.)			
	Yes	No	Did you receive an	y advance Ch			ves, enter	the amounts on	last page. (Attac	h Lett	er 6419.)
	Yes	No	Were any children	Year in	Paid by you: Tuit			Student loan inte	erest \$	Book	<i>s</i> \$
			attending college?	college	Paid by student:	Tuition \$		Student loan inte	erest \$	Book	:s \$
	Yes	No	Did you pay any tu	ition for a pr	ivate school for a c	lependen	t or take o	classes yourself?			
			Student						Amount paid \$		
			Name and address of	school							
	Yes	No	Did you pay for ch	ild or depend	lent care so you co	uld work	or go to s	chool? (add stater	nent if needed)		
			Name of provider						EIN or SSN		
L			Address						Amount paid \$		
L	Yes	No	Do you have any cl	nildren who l	nave unearned inco	ome of \$1	,100 or m	ore?			
	Yes	No	Did you make any	contributions	s to a 529 plan in 20)21?					
	Yes	No	Did you, or will yo	u, contribute	any money to an I	RA for 20	21?		Traditional II	RA	Roth IRA
	Yes	No	Did you roll over a	ny amounts f	rom a retirement a	ccount in	2021?				
			Did you ton over a	ć .	k or coll roptal or i	nvoetmon	t propert				
	Yes	No	Did you foll over a	ster any stoc	K OI Sell Terital OI II	investilleri	r propert.	y :			
	Yes Yes	No No	•				r propert	ý :			
			Did you sell or tran	y income from	n an installment sa	ıle?		,	heft in 2021?		
	Yes	No	Did you sell or tran Did you receive an	y income from nvestments b	n an installment sa pecome worthless c	ale? or were yo	ou a victir	n of investment t	heft in 2021?		
	Yes Yes	No No	Did you sell or tran Did you receive an Did you have any i	y income from nvestments b or did you ex	n an installment sa pecome worthless c sercise, any employ	ale? or were yo vee stock	ou a victir	n of investment t uring 2021?		ency?	
	Yes Yes Yes	No No No	Did you sell or tran Did you receive any Did you have any i Were you granted,	y income from nvestments b or did you ex Il, send, exch	n an installment sa ecome worthless c ercise, any employ ange, or otherwise	ile? or were yo vee stock dispose o	ou a victir options d of any fina	n of investment t uring 2021? ancial interest in	any virtual curre	,	ls.
	Yes Yes Yes	No No No	Did you sell or tran Did you receive an Did you have any i Were you granted, Did you receive, se	y income from nvestments b or did you ex Il, send, exch plan to, cont	n an installment sa become worthless c tercise, any employ ange, or otherwise ribute money befo	nle? or were yc vee stock dispose c re April 1	ou a victir options d of any fina 8, 2022 to	n of investment t uring 2021? ancial interest in an HSA for 2021	any virtual curre ? If yes, provide	,	ls.
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	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No	Did you sell or tran Did you receive any Did you have any i Were you granted, Did you receive, se Did you, or do you Did you pay any in Did you pay sales t Did you make any Did you work from Did you receive inc Did you own a busi	y income from nvestments b or did you ex ll, send, exch plan to, cont terest on a lo axes on a ma charitable con a home office ome from a se ness or an int or sell a main	n an installment sa become worthless of tercise, any employ ange, or otherwise ribute money befo an for a boat or RV jor purchase in 202 ntributions in 2021 the or use your car for sharing/gig econor terest in a partnersh home during the y	or were yo vee stock of dispose of re April 1 7 that has 21, such as ? If yes, p or busines my activit hip, corpo ear? If yes	ou a victir options d of any fina 8, 2022 to living qu s a vehicle rovide de ss? y (e.g. Ai oration, L s, provide	n of investment t uring 2021? ancial interest in an HSA for 2021 arters? If yes, pro e, boat, or home? etails. rbnb, Uber, etc.)? LC, farming active closing statemen	any virtual curre ? If yes, provide wide details. /ities, or other ve	e detai	??
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Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicat	e "T" for taxpayer, "S" for spouse, "J" for join	nt			Pro	vide additional statemen	its if mo	ore room is needed
Forms	W-2—Wage and Tax Statement				_			
T/S	Employer name			T/S	Employ	er name		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-INT—Interest Income							
T/S/J	Name of issuer			T/S/J	Name of	f issuer		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-DIV—Dividends and Distributions							
T/S/J	Name of issuer			T/S/J	Name of	f issuer		
	1)				4)			
	2)				5)			
	3)				6)			
Forms	1099-R—Distributions From Pensions, Ann	uities, Ret	irement	or Profit	-Sharing l	Plans, IRAs, Insurance Co	ontract	s, Etc.
T/S	Name of issuer			T/S	Name of	f issuer		
	1)				4)			
	2)				5)			
	3)				6)			
If the d	istribution is before age 59½, give a reason to	o determin	ie if an e	exception	to penalty	applies.		
Tax-Ex	empt Interest (such as municipal bonds—in	clude state	ement)					
Payer	5	\$		Payer				\$
Other 1	ncome							
State ta	x refund		\$			Unreported tips	\$	
Unemp	loyment compensation		\$			Other	\$	
Social S	Security (taxpayer)—provide SSA-1099 or RI	RB-1099	\$				\$	
Social S	Security (spouse)—provide SSA-1099 or RRB	8-1099	\$				\$	
Gambli	ng income—provide W-2G		\$				\$	
Busine	ss income (see Sole Proprietorship Tax Organize	er)				Stock sales	See "S	Sales and Exchanges
Rental	income (see Rental Property Tax Organizer)					Sale of other property	Works	sheet" below.
Sale	s and Exchanges Worksh	eet						
	e information about sales of stock, real estate		propert	y, along w	vith Forms	s 1099-B, 1099-S, or other	suppor	ting statements.

Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

• When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.

• Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.

• If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.

• If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$12,550 Single, \$25,100 MFJ, \$18,800 HOH, or \$12,550 MFS to be a tax benefit.

	r dependents—do	7.5% of income to be not include any expe				vide details of co	r \$500 in noncash cha ntributions. Rules rec all contributions.		
Dentists	\$	Hospitals	\$		Cash			\$	
Doctors	\$	Insurance	\$				thing or household		
Equipment	\$	Prescriptions	\$		items must be in g			\$	
Eyeglasses	\$	Other	\$		Did you transfer f		A directly to a	<i>ф</i>	
Medical miles:	•	@ 16¢			charity? Yes	No		\$	
Taxes Paid. D	o not include taxes	paid for full or partia	al busine	ess or	Charitable mileag				
		siness use of the hom			Casualty and Th				
State withhold	ing		Report	ed on W-2	If you suffered any sudden, unexpected damage or loss of p a theft in a federally-declared disaster area, provide details t				
State estimated	l taxes—paid in 20	21	\$		preparer. Yes	No	ster area, provide dea	ills to your tax	
Real estate tax	—residence		\$		Miscellaneous It	emized Deduc	ions. Miscellaneous i	itemized	
Real estate tax	—other		\$				imitation are no longe	ger deductible	
Personal prop	erty taxes		\$		on the federal retu	Irn. However, the	ese expenses may still ne, auto mileage, or c	be deductible	
Property tax re	efund—received in	2021	\$()			a separate sheet. Were		
Foreign tax pa	id		\$		reimbursed by yo	ur employer?	Yes No		
Other			\$		Dues	\$	Subscriptions	\$	
Other			\$		Investment	\$	Supplies	\$	
Other			\$		expenses				
Balance paid i	n 2021 from prior ye	ear state returns			Job education	\$	Tax prep fees	\$	
do not includ	e interest or penalti	es)	\$		Job seeking	\$	Tools	\$	
		x paid during 2021?	Yes	No	Legal fees	\$	Uniforms	\$	
Did you purch Sales tax paid §		at, or home in 2021? paid \$ Date	Yes	No	Licenses	\$	Union dues	\$	
,					Safety equipment	\$	Other	\$	
or rental-use p		erest paid for full or j pusiness use of the ho and ID numbers.			Other Deduction income limit.	15. The following	deductions are not s	ubject to a 2% o	
Main home		Equity loan	\$		Gambling losses	\$	Federal estate tax on IRD	\$	
Second home	\$	Equity loan	\$		Impairment-	\$	Other	\$	
Points	\$	Investment interest	\$		related expenses	т. Т.			
Did way may a	mortango insurang	e premium when you	u nurch:	ased your h	ome? Amount \$	Dat	,		

Other Deductions or Questions

Notes: • Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.

Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.	\$
Health savings account deduction (HSA). Some contributions for 2021 may be made in 2022.	\$
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2021 may be made in 2022.	\$
<i>Self-employed health insurance deduction</i> . Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2021 may be made in 2022.	\$
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$
<i>Moving expenses.</i> Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer
Charitable contributions. For taxpayers who take the standard deduction. Up to \$300 (\$600 for MFJ).	\$
Other adjustments. Include description.	\$
	1

Estimated Tax Payments — Tax Year 2021

Date paid	Federal \$	Date paid	State
	\$		
			\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
		\$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$

Advance Child Tax Credit Payments Received

Payment date	Amount received	Payment date	Amount received	Payment date	Amount received
July 15, 2021	\$	September 15, 2021	\$	November 15, 2021	\$
August 13, 2021	\$	October 15, 2021	\$	December 15, 2021	\$

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R (pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting statements, including all copies provided from the payer.

Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. *Note:* If you choose not to fill out the organizer, you must at least answer the "Yes" or "No" questions under "Questions—All Taxpayers."

Copy of the closing statement if you bought or sold real estate.

Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business mileage. Detail of estimated tax payments made, if any.

Income and deductions categorized on a separate sheet for business or rental activities.

List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions. Copy of all acknowledgement letters received from charitable organizations for contributions made in 2021.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer	Spouse	Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Sole Proprietorship Tax Organizer

Sole Proprietor General Information

Name of sole proprietor

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i vuine (51 5010	proprietor								
Busines	ss narr	ne (<i>if different</i>)						EIN (<i>if applicable</i>)		
Busines	ss add	ress (if different from ho	me address)							
Princip	al bus	iness activity				Date business started		Date business close	d	
		duct or service						1		
Yes	No		pose of the bi	usiness acti	ivity to	realize a profit?				
Yes	No									
Yes	No	Has the business rep		<u> </u>						
			<i>,</i>	her (specify	~					
Yes		Does the business file		1 20		list the fiscal year.)				
		tor Specific Question		<u> </u>		,, j,				
Yes	No			for service	s?					
Yes	No		<i>.</i>			contractors, attorneys, acc	ountants di	irectors etc?		
Yes	No	- · · · ·	5			social security number (SSN			600 or more	
105	140	Name			me unu	social security number (551)	<i>y joi cuch pei</i>	SSN	000 01 11010.	
		Name						SSN		-
Yes	No		you plan to r	nake anvo	ontrib	utions to a self-employed	retirement n			
105	140	Type of plan	you plait to I	nake, any c	.0111101	ations to a sen employee	retirement p	Amount contributed	\$	
Yes	No		own health	dontal ins	urance?	? If Yes, provide amount of p	romiume naid		\$	
Yes	No			ucitar mo	urance.	1 <i>j</i> 103, provide amount oj p	стипь рий	i uuring inc yeur.	Ψ	
Yes	No		1 2	actions in 2	0212					
		tor Business Income			021.					_
	<u> </u>			NEC 11	C	1 / / 1	C	· · · 1 \		
	<u> </u>	, ,				payer and amount separately	from gross r		\$	
	1099-			\$	FO	orm 1099-K		\$		
		orms 1099-NEC and 10	99-K received	1					\$	
		allowances	• • • • •						\$(
		e (not included in gross i			1 (17		• 6• 1	1 10	ΙΨ	000
						rm W-2) if you are not cla From Business, claim any e				
		f-employment (SE) tax			1 L055 1	Tom Dusiness, Claim arry e	xperises ass		le leceiveu,	an
		etor Cost of Goods So		COVID	-19 Rel	ated				
		irers, wholesalers, and b		Yes	No	Did the business receive	a Pavcheck	Protection Program lo	an?	
		ı, or sell goods)		103	110		a i ayciicck	1 lotection 1 logram lo	un:	
Invento	ory at t	the beginning of the yea	ar \$	Yes	No	Did you receive an Ecor through the SBA?	iomic Injury	Disaster Loan or Emer	gency Adva	anc
Purchas	ses		\$	Yes	No	Did you delay payment	of employer	r payroll taxes?		
Cost of	labor		\$	Yes	No	Were you eligible to rece			o COVID-19)?
Materia	als and	l supplies	\$	Yes	No	Were you eligible to rece COVID-19?				
Invento	ory at t	the end of the year	\$	Yes	No	Did you receive a payro	ll tax credit f	or a business suspension	on or slowdc	JW
		etor Business Expens								
Adverti	-		\$	Interest – 1	mortgag	ge	\$	Rent or lease – other business property	\$	
Bad deb	ots		\$	Interest – o	other		\$	Repairs and maintena	ance \$	
Bank ch			\$	Internet se			\$	Supplies (not included inventory cost)		
Busines	s licen	ISES	\$	Legal and	profess	ional services	\$	Taxes – payroll ¹	\$	
		and fees	\$	Managem			\$	Taxes – property	\$	
Contrac			\$	0		in restaurants (100% deduct.)	\$	Taxes – sales	\$	
		nefit programs	\$			iness meals (50% deduct.)	\$	Taxes – state	\$	
		alth care plans	\$	Office sup		(0070 deddet)	\$	Telephone	\$	
Entertai		A	\$	A		t year of business)	\$	Utilities	\$	
<u></u>		•	. т ф	D ·	1 0	. 1 . 1	ф.			

Insurance (other than health insurance) \$ Rent or lease – car, machinery, equipment \$ ¹ Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC, Form 1099-MISC, and any state tax forms filed. ² Entertainment is no longer deductible for taxes.

Pension and profit sharing plans

\$

Wages¹

Other

\$

\$

\$

Gifts

	iess Expenses – L		\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
Car Expense	es (use a separate f	orm for each vehic	:le)						
Make/Mode			,		Date car	placed in servio	ce.		
Yes No		personal use du	ring off-duty hours?		Dute cui	placed in service			
Yes No			y other cars for persona	al use?	Did vou	trade in your ca	ar this year?	Yes N	0
Yes No			y outer care for persona	ur uber	Cost of t	,	Trade-ir		0
Yes No					\$		\$		
		Mileage			,		Actual Expen	ses	
Beginning of	f year odometer				Gas/oil		\$		
End of year	5				Insurand	e	\$		
Business mil						fees/tolls	\$		
Commuting	0					tion/fees	\$		
Other mileas					Repairs	,	\$		
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Depreciation. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be exclusively used for business except for storage or day care. Note: Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers		For Day Care Only	
A) Business use area (square footage)		1) Hours used for day care	
B) Total area of home (square footage)		2) Total hours in year	8,760 hrs.

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes. If you bought or sold your home during 2021, copy this worksheet and fill out one for each home

If you bought of sold your i	nome during 2021, copy	this worksheet an	iu iii out one foi each noine.		
	Direct	Indirect	Direct		Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$
Rent	\$	\$	Other	\$	\$
Depreciation of the Home	·		•		·
Lower of cost or fair marke	t value of home	\$	Improvements?	? Yes No	
Value of land		\$	Casualty losses in 2021?	Yes No	

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

Storage of inventory or product samples-exception to exclusive use test. If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- You home is the only fixed location of the business.
 - The storage space is used on a regular basis.
 - The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The exclusive use test is not required for:

• A home used as a day care facility.

product samples.

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

· An area used on a regular basis for storage of inventory or

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.
- The relative importance of the activities performed at each place where business is conducted, and • The amount of time spent at each place where business is

conducted.

- Self-Employment (SE) Tax
- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400 or more, or you had church employee income of \$108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$142,800 (2021) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.