

December 13, 2021

HOUGH & COMPANY PA CPAS
248 NOKOMIS AVE S
VENICE, FL 34285

Dear Client:

The 2021 Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2021 income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. Prior year data is included on the organizer sections for your reference.

For your convenience, now you may also upload your information to our secure server or you can simply drop off your information. Our ShareFile link is located on the bottom right corner of our homepage www.houghcpa.com or you can type in the full URL as follows:
<<https://houghcpa.sharefile.com/share/getinfo/r5fafc789b4e4c408>>

Please provide us with the following additional information:

- **A copy of your 2020 tax return, if not prepared by this office**
- **Form(s) W-2 (wages, etc.)**
- **Form(s) 1099 (interest, dividends, etc.)**
- **Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)**
- **Form(s) 1098 (mortgage interest) and property tax statements**
- **Brokerage statements from stock, bond or other investment transactions**
- **Closing statements pertaining to real estate transactions**
- **Form(s) 1099-K (Merchant Card and Third Party Network Payments)**
- **All other supporting documents (schedules, checkbooks, etc.)**
- **Any tax notices received from the IRS or other taxing authorities**
- **Form 1095-A, Form 1095-B, Form 1095-C, Health Insurance Coverage**
- **Copy of Health Insurance Card with effective dates (Form 39.1)**
- **Please provide a voided check with your bank account and routing numbers if you would like direct deposit/debit**
- **Please provide & verify your cellphone number and email address**

- **Please confirm if you are receiving the Advance Child Tax Credit with a list of the amounts received by month you received payments**

- **Please provide us with the amounts of the COVID-19/Economic Impact payments you received for 2020 and 2021 by month you received payments**

- **Please provide us with your IRS Identity Theft PIN#, if applicable**

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely

Mark S. Ring, CPA
President / CEO

HOUGH & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

December 13, 2021

HOUGH & COMPANY PA CPAS

248 NOKOMIS AVE S

VENICE, FL 34285

Dear Client,

Engagement Letter: 2021 Individual Income Tax Return and other related filings

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared, to confirm the following arrangements.

We will prepare your 2021 federal and requested state income tax returns, including applicable 2022 estimated taxes, from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. The attached 2021 Tax Organizer will guide you in gathering the necessary information. The utilization of this tool will also aid in keeping the fees to a minimum.

It is your responsibility to provide and verify for accuracy and completeness, all the information required for the preparation of complete and accurate returns. Please make sure to provide your bank account and routing numbers where required. We will use the submitted information for the sole purpose of preparing your returns. You should retain all the documents that form the basis of income and deductions and any receipts, cancelled checks and other documents that substantiate the information you provided. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for the preparation of the income tax returns.

Questions involving application of tax rules will be resolved in your favor where there is reasonable justification for it. When appropriate, we will undertake the necessary research to make these determinations and counsel with you as to the various alternatives.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Tax deductions and positions on a return are always subject to IRS challenge and may result in IRS assessment which carries a presumption of correctness that must be rebutted by the taxpayer. Notices or inquiries which you receive from such agencies require immediate attention. In the event of such inquiries or examinations, we will be available to represent you, if desired. Should any items be unresolved, you have certain rights to appeal.

We are also available to consult with you on other income or estate tax matters, financial planning, investment decision making, and accounting needs.

Fees for all our services will be at our standard hourly rates for the type of work involved. For tax return preparation and other services of relatively short duration, we will normally bill for the time spent, plus out-of-pocket costs, upon completion of the work. For IRS examinations and lengthier services we may request a retainer or submit interim billings. All invoices are due and payable on presentation. A service charge of 1-1/2% per month is applied to past due accounts. Further detail on our fee policy is available upon request. Your privacy is very important to us please refer to our website; www.houghcpa.com for our privacy statement.

If any dispute arises among the parties, they agree to try first in good faith to settle the dispute by mediation administered by the American Arbitration Association (AAA) under the Rules for Professional Accounting and Related Services Disputes. All unresolved disputes shall then be decided by final and binding arbitration in accordance with the Rules for Professional Accounting and Related Services Disputes of the AAA. Fees charged by any mediators, arbitrators, or the AAA shall be shared equally by all parties. IN AGREEING TO ARBITRATION, WE BOTH ACKNOWLEDGE THAT IN THE EVENT OF A DISPUTE EACH OF US IS GIVING UP THE RIGHT TO HAVE THE DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD WE ARE ACCEPTING THE USE OF ARBITRATION FOR RESOLUTION.

If the foregoing fairly sets forth your understanding, please sign in the space indicated below.

Also, please indicate, by circling the appropriate response in the following sentence: I hereby grant/do not grant (circle one) limited authorization for your firm to contact the IRS on our/my behalf as discussed in the above letter. If you fail to indicate a response, it is our firm's policy to mark the box that does grant authorization.

If you have any questions regarding the above, or desire further information on the variety of additional services which we offer, please contact us. We are pleased to have you as a client and look forward to a long and mutually prosperous relationship.

We will need **Form 8879 (Declaration of Electronic Filing)** signed, and if a joint return is filed, it must be signed by both spouses. When your return is completed you will be sent an electronic Doc-U-Sign form via the email address we have on file (**it is important that we have the correct email address for you and your spouse**). Upon completion of signing the Doc-U-Sign electronically, we will then file for your return(s) with the IRS. If do not have an email address and prefer to come in to our office to sign the 8879 form, we will contact you when your return is ready. PLEASE NOTE: If married, the email will be sent to both you and your spouse (if we use the same email address for you and your spouse you will get two emails (one for you to sign and one for your spouse to sign).

Sincerely yours,

MARK S. RING, CPA
PRESIDENT / CEO

HOUGH & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Taxpayer's Signature Date

Spouse's Signature Date

COVID-19 Update Effective December 1, 2021

During the COVID-19 ongoing pandemic, Hough & Company, PA, is continuing to take a cautious and preventative approach for its' employees and valued clients. Our office is open to scheduled appointment only. Clients requesting a Face-to-Face appointment will be asked to wear a mask throughout the meeting and are respectfully asked to monitor their travels and potential exposure to COVID-19 prior to the meeting is doubt, please reschedule for your safety and the safety of others. Please note that all of our employees may wear a mask and plexiglass windows are present. If you forget your mask, we will provide one for you. Electronic meetings are encouraged through ZOOM, Skype, or other secure platforms, call our office to discuss possible options for this preferred meeting platform.

To Drop-off and/or Secured Email documents please follow the below instructions:

- Secure Email (our preferred method). Our IT staff can assist you to upload secured documents or a secured link can be found on our website home page in the lower righthand corner. <http://www.houghcpa.com>
- Drop-off content to our office at 248 Nokomis Ave S. Venice, FL 34285. A slot in our front door is available 24/7. If your package is large and cannot fit through the door slot, ring the doorbell to have a staff personal come to you. (Monday through Friday, 8:30am - 5pm)
- Signing Returns/POAs and Other Documents: For most clients, completed tax returns with payment instructions will be emailed and/or sent by hard copy; however, occasionally we may need an original signature, in those cases, we will schedule a time for you to come to the office. Tax form 8879 will need to be signed and returned to us prior to electronically processing your return. You will receive specific instructions what needs to be signed and asked to return when you are that your return is completed.

Thank you for allowing us to serve your personal and business tax needs and we wish all of our community, clients and employees as safe and healthy 2021 and 2022.

- Management

2021	1040	US	Tax Organizer
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HOUGH & COMPANY PA CPAS
248 NOKOMIS AVE S
VENICE FL 34285

Telephone number: **941-488-7768**
 Fax number: **941-484-3975**
 E-mail address: **cpa@houghcpa.com**

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please enter all pertinent 2021 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

Dependent No.

Dependent No.

First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

2021 | 1040 | US | Tax Organizer

Please enter all pertinent 2021 information. If you have attached a government form for an item, check the box and do not enter a 2021 amount.

WAGES, SALARIES AND TIPS

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2021 Amount	2020 Amount
Attach Forms W-2	_____

INTEREST INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	_____

DIVIDEND INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	_____

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	_____

Winnings not reported on W-2G.....	_____
Total gambling losses.....	_____

OTHER GOVERNMENT FORMS - INCOME

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history)
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .

Attach Forms 1099	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....	Attach Forms 1099
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation
<input type="checkbox"/>	Form 1099-Q (529 Plan)
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits
<input type="checkbox"/>	Form 1099-G - Unemployment compensation
<input type="checkbox"/>	Form 1099-Q (529 Plan)
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts)

Attach Forms 1099	
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2021	1040	US	Tax Organizer
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MISCELLANEOUS INCOME

Taxpayer: Alimony received
 Spouse: Alimony received

Other: _____

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
 Spouse: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

	2021 Amount	2020 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
 Form 1098-T - Tuition and related expenses

Attach Forms 1098	

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement
 Form 1095-B - Health Coverage
 Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

Attach Forms 1095	

ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums
 Educator expenses
 Other adjustments to income:

Alimony paid - Recipient name & SSN

Spouse:
 Self-employed health insurance premiums
 Educator expenses
 Other adjustments to income:

Alimony paid - Recipient name & SSN

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
 Doctors, dentists and nurses
 Hospitals and nursing homes
 Insurance premiums
 Long-term care premiums - taxpayer
 Long-term care premiums - spouse
 Insurance reimbursement
 Out-of-pocket lodging and transportation expenses
 Number of medical miles
 Other: _____

TAXES PAID

State income taxes - 1/21 payment on 2020 state estimate

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2021	1040	US	Client Information	1
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HOUGH & COMPANY PA CPAS
248 NOKOMIS AVE S
VENICE FL 34285

Telephone number: **941-488-7768**
 Fax number: **941-484-3975**
 E-mail address: **cpa@houghcpa.com**

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2021 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2019 or 2020)	
Taxpayer	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

2021	1040	US	Client Information (continued)	1 p2
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Please add, change or delete information for 2021.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone..... Work phone..... Work extension..... Daytime phone (table)..... Mobile phone..... Fax number..... E-mail address.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
Spouse Contact Information	Home phone..... Work phone..... Work extension..... Daytime phone (table)..... Mobile phone..... Fax number..... E-mail address.....		
Taxpayer Authentication	Driver's license no..... Driver's license state..... Issue date (m/d/y)..... Expiration date (m/d/y)..... Theft protection PIN.....		
Spouse Authentication	Driver's license no..... Driver's license state..... Issue date (m/d/y)..... Expiration date (m/d/y)..... Theft protection PIN.....		

2021	1040	US	Dependents	2
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Please add, change or delete information for 2021.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying widow(er) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

2021	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2021?
<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENTS
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2021?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2021, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?
<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CARE COVERAGE
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	INCOME
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
<input type="checkbox"/>	<input type="checkbox"/>	PURCHASES, SALES AND DEBT
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2021?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money which has become uncollectible?

2021	1040	US	Miscellaneous Questions (continued)
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If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2020 taxes to your 2021 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2021 taxes, do you want the excess applied to your 2022 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2022 taxable income and withholdings to be different from 2021?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2021	1040	US	Miscellaneous Questions (continued)
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If any of the following items pertain to you or your spouse for 2021, please check the appropriate box and provide additional information if necessary.

- | YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? |

COVID-19 RELATED TAX LEGISLATION

- | | | |
|--------------------------|--------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an economic impact payment? If so, how much? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your business receive an advance on the child tax credit? If so, how much? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your business have any PPP loan amounts forgiven? |

