



SANKOFA
FINANCIAL GROUP

Individual
Tax
Organizer

2021

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INDIVIDUAL TAX ORGANIZER

Enclosed is an organizer that I provide to tax clients to assist in gathering the information needed to prepare your current year tax returns.

Your individual income tax returns are due on April 15, 2022. Tax returns are prepared in the order received. **I will not start working on your return until all information required has been received.** In order to guarantee the timely filing of your return, tax organizers and supporting documents must be received no later than April 1, 2022. If your tax organizer and/or documents are received after April 1st, you will be required to pay an expedite fee of 75.00 to ensure timely completion or we will request an extension on your behalf for \$35.00

If an extension of time to file your tax return is required, any tax that may be due must be paid with the extension by April 15, 2022. Amounts not paid by the filing deadline may be subject to late payment penalties and interest.

The work performed in connection with the preparation of your federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact, Sankofa Financial Group, LLC can assist you with responding to the notice or represent your position before the taxing authority. However, there is an additional fee for this service that is not included in your tax preparation fees.

Please review all completed tax returns carefully. As a tax preparer, I have a responsibility to both the various taxing authorities with whom we file tax returns as well as to my clients. Clients will remain liable for the contents of tax returns prepared by Sankofa Financial Group, LLC with data provided by that client.

All tax return preparation fees must be paid before the full tax return will be released to clients and/or filed. Tax returns will be electronically filed only after payment and the signed e-file authorization forms are received.

**BELOW IS A LIST OF ITEMS YOU WILL NEED TO
COMPLETE YOUR ORGANIZER:**

- Name, social security numbers and date of birth for dependents
- Driver's license for filer and spouse
- Social security cards for all taxpayers and dependents
- W-2s
- 1099-R for retirement and pension payments
- K-1s
- 1099-SSA received from Social Security Administration
- 1099-MISC
- 1099-NEC
- Unemployment information
- 1099-DIV for dividends received during the year
- 1099-INT for interest received during the year
- 1099-G for gambling winnings and any gambling losses
- State income tax refunds
- 1099-B for sales of stock – need cost basis and sales proceeds
- 1098-T for tuition and other qualified expense including fees, books and supplies
- 1098-E for interest paid on student loans
- 1099-C or 1099-A for cancellation of debt
- Health Insurance Form 1095-A (from health insurance exchange) or 1095-B/C (from employer)
- Child and dependent care expenses – name, tax ID number and address of provider and amount paid
- Records of income and expenses for your business and mileage log
- Rental property income and expenses, HUD-1 statement if purchased during the tax year
- Out of pocket medical expenses, health insurance premiums paid, and medical mileage
- 1098 for mortgage interest paid
- Real estate taxes paid during the year
- Sale or refinance of property information including HUD-1 statement
- Cash and non-cash contributions made to charities
- Alimony received or paid, name of person paid to and their social security number
- Medical savings account contributions and disbursements
- Education savings account contributions and disbursements
- IRA or other retirement account contributions
- IRS Notice 1444-C for the 2021 stimulus check
- IRS Letter 6419 for those that received the advance child credit
- Copy of your previous year tax return if not prepared by Sankofa Financial Group

2021 Tax Organizer Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2021

- Single
 Married
 Widowed - If widowed and your spouse died in 2021, enter the date of death _____
 Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2021? _____

Yes No

- Are you or your spouse blind?
 Are you or your spouse disabled?
 Are you or your spouse a full-time student?
 Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
 At any time during 2021 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you in foster care on or after turning 14 years of age and agree this status can be disclosed to the IRS?
 If you were 18 years of age, or under 24 and a student, at the end of 2021, were you homeless or at risk of becoming homeless and supporting yourself?
 Was your earned income in 2021 less than your earned income in 2019?
 If "Yes," enter the amount of your 2019 earned income. _____
 Did you receive the third stimulus payment (Economic Impact Payment or EIP) in 2021?
 If "Yes," enter the amount received for each taxpayer and provide Notice 1444-C or Letter 6475 from the IRS.
 Taxpayer _____ Spouse _____

Identification Information

Taxpayer's type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID	Spouse's type of photo ID <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID
Photo ID number _____	Photo ID number _____
State photo ID was issued _____	State photo ID was issued _____
Date photo ID was issued _____	Date photo ID was issued _____
Date photo ID expires _____	Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2021 appointment is scheduled for _____

Dependent and Other Information

Name: _____

SSN: _____

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Yes No

Did you receive advance payments of the Child Tax Credit from the IRS at any time from July through December 2021?

If "Yes," enter the amount each taxpayer received and the number of children taken into account to determine the amount received as shown on IRS Letter 6419, box 2. Or, provide Letter 6419 from the IRS.

Taxpayer _____

Spouse _____

If you were married last year and filed a joint return with your spouse, are you filing a joint return with the same spouse this year?

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2020	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

Employer name

2021 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name

2021 distribution

- Yes No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?
 Yes No Did you use any of the distributions for disaster or coronavirus relief?

Income

Name:

SSN:

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

Payer name	2021 amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

Payer name	2021 amount

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income.

Account number Payer name	2021 ordinary dividends	2021 qualified dividends
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income.

Account number Payer name	2021 interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2021 Taxpayer	2021 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Alimony received Divorce or separation date _____	Amount	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2021	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
Jury duty pay	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2021 Taxpayer	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies).....	_____	_____
Contributions made to a Health Savings Account (HSA).....	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA.....	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you) _____

Long-term care premiums (you) _____

Long-term care premiums (your spouse) _____

Long-term care premiums (dependents) _____

Mileage driven for medical purposes _____

Medical & dental expenses

 Doctor, dental, etc _____

 Prescription medicines _____

 Insulin _____

 Glasses & contacts _____

 Hearing aids _____

 Braces _____

 Medical equipment & supplies _____

 Hospital services _____

 Laboratory services _____

 Nursing services _____

 Other _____

Taxes Paid

State and local income taxes _____

General sales tax (vehicle, boat, home, etc.) _____

Real estate taxes _____

Personal property taxes _____

Other taxes (list) _____

Interest Paid

Home mortgage interest paid (attach Form 1098) _____

Some of your home mortgage loan was not used to buy, build, or improve your home.

Home mortgage interest paid to an individual _____

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Home mortgage insurance premiums _____

Investment interest _____

Charitable Contributions

	Cash	Noncash	Amount
Donations to charity			
Church <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
University <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miles driven for charitable purposes _____			_____

Other Miscellaneous Deductions

Amortizable bond premiums _____

Federal estate tax _____

Gambling losses _____

Impairment-related work expenses _____

Claim repayments _____

Unrecovered pension investments _____

Loss from other activities from Schedule K-1 _____

Ordinary loss debt instrument _____

Excess deduction on termination _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

 Safety equipment, tools, & supplies _____

 Uniforms _____

 Protective clothing (shoes, hardhats, glasses, etc.) _____

 Dues to professional organizations _____

 Books & subscriptions _____

 Other _____

Union dues _____

Tax preparation fees _____

Other nonpersonal expenses related to taxable income

 Safe deposit box fees _____

 Investment expenses not entered elsewhere .. _____

 Other _____

Home equity interest _____

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

Accounting Method: Cash Accrual Other (specify) _____

This business started or was acquired during 2021.

This business was disposed of during 2021.

Select if this business is for:

Professional gambler

Exempt Notary income

Newspaper delivery and you are under 18 years of age

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," you filed Forms 1099 for the individuals?

You received a Paycheck Protection Program (PPP) loan for this business.

If "Yes," was any portion of the loan forgiven?

Income

	2021		2021
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		_____

Expenses

	2021		2021
Advertising	_____	Repairs & maintenance	_____
Car & truck expenses	_____	Supplies	_____
Commissions & fees	_____	Taxes & licenses	_____
Contract labor	_____	Travel	_____
Depletion	_____	Total meals	_____
Employee benefit programs	_____	Utilities	_____
Insurance (other than health)	_____	Wages	_____
Interest - mortgage	_____	Family health coverage payments for taxpayer, spouse or dependents	_____
Interest - other	_____	Other expenses (list)	_____
Legal & professional services	_____		_____
Office expenses	_____		_____
Pension & profit sharing plans	_____		_____
Rent or lease (vehicles, machinery, & equipment)	_____		_____
Rent (other business property)	_____		_____

Cost of Goods Sold

	2021		2021
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method.	

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|---|--|--------------------------|--|--------------------------|--|---|--------------------------|--|--------------------------|--|--|--|--------------------------|-----|--------------------------|----|--|--------------------------|--|--------------------------|--|---|--------------------------|--|--------------------------|--|------------------------------------|
| <table border="0"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> <td style="width: 50%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>Was this vehicle available for use during off-duty hours?</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>Was another vehicle is available for personal use?</td> </tr> </table> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | <input type="checkbox"/> | | <input type="checkbox"/> | | Was this vehicle available for use during off-duty hours? | <input type="checkbox"/> | | <input type="checkbox"/> | | Was another vehicle is available for personal use? | <table border="0"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">No</td> <td style="width: 50%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>Do you have evidence to support your deduction?</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td>If "Yes," is the evidence written?</td> </tr> </table> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | <input type="checkbox"/> | | <input type="checkbox"/> | | Do you have evidence to support your deduction? | <input type="checkbox"/> | | <input type="checkbox"/> | | If "Yes," is the evidence written? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Was this vehicle available for use during off-duty hours? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Was another vehicle is available for personal use? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Do you have evidence to support your deduction? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | If "Yes," is the evidence written? | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mileage

Number of miles the vehicle was driven during 2021

- | | |
|-----------------|-------|
| Business | _____ |
| Commuting | _____ |
| Other | _____ |

Expenses

- | | |
|--------------------|----------------------|
| Garage rent | Repairs |
| Gas | Tires |
| Insurance | Tolls |
| Licenses | Lease addback |
| Oil | Other expenses |
| Parking fees | _____ |
| Rental fees | _____ |
| Interest | _____ |
| Property tax | _____ |

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

- | | | |
|--------------------------------|-------|-------|
| Mortgage interest | _____ | _____ |
| Real estate taxes | _____ | _____ |
| Excess mortgage interest | _____ | _____ |
| Excess real estate taxes | _____ | _____ |
| Insurance | _____ | _____ |
| Rent | _____ | _____ |
| Repairs & maintenance | _____ | _____ |
| Utilities | _____ | _____ |
| Other expenses | _____ | _____ |

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | | |
|--|--|--|
| <input type="checkbox"/> This property was placed in service during 2021. | | |
| <input type="checkbox"/> This property is your main home or second home. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2021. | | |
| <input type="checkbox"/> This property was owned as a qualified joint venture. | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals |

Income

	2021	2021
Rent income		
Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising			If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel			
Cleaning & maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes			
Utilities			
Depletion			
Other expenses			