

# Cardinal Accounting & Tax

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Please complete the organizer and mail or bring it to our office with **all W2's, 1099's, Forms 1095, and Forms 1098, including Form 1098-T**, as well as any notices or correspondence you have received from the IRS or state department of revenue. Complete information will help us improve our service.

**We are required to electronically file all returns. If you want any refund direct deposited, please submit a voided check to us with your tax information. You may be asked to provide a copy of your driver's license for e-filing.**

**ALL NEW CLIENTS—please bring a copy of your prior year tax return.**

**I attest all information enclosed is complete and accurate.**

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TAXPAYER INFORMATION**

Taxpayer \_\_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_  
Spouse \_\_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Address : \_\_\_\_\_ Date Moved \_\_\_\_\_  
(If address is different from prior year.)

County \_\_\_\_\_  
Do you live in the City of St. Louis?  YES  NO

**EMAIL ADDRESSES:**

Taxpayer \_\_\_\_\_ May we contact you by email with questions?  YES  NO  
Spouse \_\_\_\_\_ May we contact you by email with questions?  YES  NO

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Taxpayer \_\_\_\_\_  
Spouse \_\_\_\_\_  
(Please indicate preferred phone number with \*.)

**STATUS CHANGES THIS YEAR (Enter Dates):**

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Spouse Deceased \_\_\_\_\_ Dependent Deceased \_\_\_\_\_  
Sold Home \_\_\_\_\_ Sold Property \_\_\_\_\_

65 or over? Taxpayer?  YES  NO Spouse?  YES  NO Legally Blind? Taxpayer?  YES  NO Spouse?  YES  NO

Do you want \$3 to go to the Presidential Election Campaign Fund? Taxpayer?  YES  NO Spouse?  YES  NO

**Amount of 3rd Round "Stimulus Check" received in 2021: \$ \_\_\_\_\_**

**ESTIMATED TAXES PAID FOR 2021**

	Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund				
First Quarter	April 15th, 2021			
Second Quarter	June 15th, 2021			
Third Quarter	Sept. 15th, 2021			
Fourth Quarter	Jan. 18th, 2022			

**DEPENDENTS**--List names of all dependents that received more than one-half of their support from you.

NAME (Include last name if different):	Soc. Sec. #	Birthdate	**	Income	If over age 18 Student/Disabled?	Education Expenses
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*\*S=Son, D=Daughter, R=Relative, O=Other

Advance Child Tax Credit Received during 2021 - Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Please attach copies of Form 1098-T for education expenses.

Did a dependent child under age 23 have unearned (interest/dividend) income over \$2,200? \_\_\_\_\_

Missouri MOST or other 529 plan contributions for education. Amount \_\_\_\_\_

**CHILD & DEPENDENT CARE EXPENSES (DAY CARE)**

Child Name _____	Child Name _____
<b>Child Care Provider:</b>	<b>Child Care Provider:</b>
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
SSN/EIN _____	SSN/EIN _____
Amount Paid _____	Amount Paid _____

**OTHER INCOME**

	Taxpayer	Spouse
Alimony Received	_____	_____
<b>Unemployment</b>	_____	_____
Jury Duty	_____	_____
Gambling Winnings	_____	_____
Other Income	_____	_____

**Attach all W2's, W2-G's      Attach all Forms 1095-A, B or C**  
**Attach social security/railroad retirement statement**  
**Attach all 1099's/1098's**  
**Attach K-1's from trusts, estates, partnerships, S corporations**

**DEDUCTIONS OR ADJUSTMENTS**

	Taxpayer	Spouse		Taxpayer	Spouse
Deductible IRA	_____	_____	Health Savings Account	_____	_____
Non-Deductible IRA	_____	_____	Self Employed Health Ins	_____	_____
Roth IRA	_____	_____	Student Loan Interest	_____	_____
SEP	_____	_____	Alimony Paid	_____	_____
SIMPLE	_____	_____	To Whom: _____		
			SSN: _____		

**ITEMS THAT NEED TO BE DISCUSSED WITH TAX PRACTITIONER (Check all that apply to 2020):**

- |  |   |
|--|---|
| <input type="checkbox"/> Bankruptcy Date: _____  | <input type="checkbox"/> (Incentive) Stock Options Exercised    |
| <input type="checkbox"/> Foreign accounts  | <input type="checkbox"/> Losses from damaged or stolen property |
| <input type="checkbox"/> Conversion to Roth IRA  | <input type="checkbox"/> Disabled child under the age of 22     |
| <input type="checkbox"/> Cryptocurrency transactions   | <input type="checkbox"/> Adoption Expenses Date: _____          |
| <input type="checkbox"/> Gifts given or received over \$15,000   |   |
| <input type="checkbox"/> Has your name been added to a deed? (Possible Gift Tax)                         |   |
| <input type="checkbox"/> Do you have any stocks that have been deemed worthless?                         |   |
| <input type="checkbox"/> Purchased, sold or refinanced home (Submit Documents)                           |   |
| <input type="checkbox"/> IRA Distribution before age 59 1/2 Reason for distribution _____                |   |
| <input type="checkbox"/> College & Vocational-Tech expenses (Submit 1098T & list of additional expenses) |   |
| <input type="checkbox"/> Other _____   |   |



**RENTAL INCOME & EXPENSES**

Description & Location (Provide Full Address & Type of Property)

Date Acquired

A	_____	_____
B	_____	_____
C	_____	_____

	A	B	C
Number of days property rented during the tax year	_____	_____	_____
Number of days of personal use during the tax year	_____	_____	_____
Property disposed of during the tax year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Income:**

Rents Received \_\_\_\_\_

**Expenses:**

Advertising	_____	_____	_____
Auto Expense _____ miles	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal/professional fees	_____	_____	_____
Management fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

**CAPITAL IMPROVEMENTS TO RENTAL PROPERTY IN 2021**

<u>Date Purchased</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREPARER USE

_____
_____
_____
_____
_____

**SELF-EMPLOYED BUSINESS INCOME & EXPENSES** (Attach Business Card)

Business Owner \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Dates in Business--if NOT full year \_\_\_\_\_

Gross Sales or Receipts \_\_\_\_\_  
Returns or Allowances \_\_\_\_\_  
Other Income--Explain \_\_\_\_\_

Beginning Inventory \_\_\_\_\_  
Purchases \_\_\_\_\_  
Personal Use of Inventory \_\_\_\_\_  
Ending Inventory \_\_\_\_\_  
Is Inventory valued at cost?  YES  NO

Advertising \_\_\_\_\_  
Auto Expenses (See Page 6) \_\_\_\_\_  
Bad Checks \_\_\_\_\_  
Bank Charges \_\_\_\_\_  
Commissions \_\_\_\_\_  
Contract Labor (Any individual paid over \$600--a 1099 should be issued) \_\_\_\_\_  
Dues & Publications \_\_\_\_\_  
Education \_\_\_\_\_  
Freight \_\_\_\_\_  
Gifts to Clients (\$25 maximum each gift) \_\_\_\_\_  
Insurance - Health \_\_\_\_\_  
Insurance - Other--Liability, Workers' Comp. etc. (NOT LIFE INSURANCE) \_\_\_\_\_  
Interest paid to banks \_\_\_\_\_  
Interest paid to others \_\_\_\_\_  
Laundry & Cleaning \_\_\_\_\_  
Legal & Professional \_\_\_\_\_

Meals & Entertainment \_\_\_\_\_  
Office Expenses & Postage \_\_\_\_\_  
Open House Expenses \_\_\_\_\_  
Rent or lease-machinery & equipment \_\_\_\_\_  
Rent other \_\_\_\_\_  
Repairs & Maintenance \_\_\_\_\_  
Small Tools \_\_\_\_\_  
Supplies \_\_\_\_\_  
Taxes, Licenses & Permits \_\_\_\_\_

Telephone-separate line \_\_\_\_\_  
Telephone-cellular (LESS PERSONAL USE) \_\_\_\_\_  
Travel & Lodging \_\_\_\_\_  
Utilities \_\_\_\_\_  
Wages \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

**BUSINESS EQUIPMENT, FURNITURE, FIXTURES, COMPUTERS, CELLULAR PHONES, ETC.**

Date Purchased in 2021	Description of Equipment, etc.	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHECKLIST OF BUSINESS AUTO EXPENSES**

	Auto #1	Auto #2	Auto #3
Beginning Odometer Reading _____	_____	_____	_____
Ending Odometer Reading _____	_____	_____	_____
Total Mileage for the year _____	_____	_____	_____
Business Mileage _____ (home to office not usually allowable)	_____	_____	_____
Average Daily Roundtrip Commuting Distance _____	_____	_____	_____
Year & Make of Auto _____	_____	_____	_____
Date Purchased _____	_____	_____	_____
Cost of Auto (including sales tax) _____	_____	_____	_____
Gas, Oil, Lubrication _____	_____	_____	_____
Repairs _____	_____	_____	_____
Tires _____	_____	_____	_____
Washes & Supplies for Auto _____	_____	_____	_____
Insurance _____	_____	_____	_____
License, Inspection _____	_____	_____	_____
Motor Club _____	_____	_____	_____
Interest on Loan (May Need to Call Lender) _____	_____	_____	_____
Personal Property Tax _____	_____	_____	_____
Parking Fees & Tolls _____	_____	_____	_____
Short Term Rentals _____	_____	_____	_____
Lease Payment _____	_____	_____	_____

Do you (or your spouse) have another vehicle available for personal purposes?  YES  NO

Do you have evidence to support your deduction?  YES  NO

If yes, is the evidence written?  YES  NO

If your employer provided you with a vehicle, is personal use during off-duty hours permitted?  YES  NO

Does your employer reimburse you for use of your personal auto?  YES  NO

If yes, how much? \_\_\_\_\_

**"OFFICE-IN-HOME" EXPENSES**

Total Square Feet of: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Storage: \_\_\_\_\_  
 Expenses: Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_ Insurance: \_\_\_\_\_ Taxes: \_\_\_\_\_  
 Condo/Management Fees: \_\_\_\_\_ Other: \_\_\_\_\_  
 Maintenance & Repairs (Office): \_\_\_\_\_