DRP
FINANCIAL GROUP, LLC
CERTIFIED PUBLIC ACCOUNTANTS

Dear Client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2021 personal income tax return.

Enter 2021 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, virtual currencies, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Six-digit Identity Protection PIN if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

In order to meet the filing deadline for your 2021 income tax return, please return your completed organizer to our office no later than April 1, 2022. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

DRP Financial Group, LLC

10701 Melody Drive, Ste 505, Northglenn, CO 80234 Phone • (720) 746-9134 Fax • (720) 746-9271

Due Diligence Checklist

IRS regulations require paid tax preparers to perform a series of due diligence requirements for the Earned Income Credit, Child Tax Credit, American Opportunity Tax Credit, and Head of Household Filing Status. We believe you are/may be eligible for one or more of the credits or the filing status. As part of our engagement with you and to comply with these requirements, we ask all clients for whom returns are prepared to answer the following due diligence questions. Please respond to the questions below by entering Y (yes) or N (no) and return to our office.

Earned Income Credit - *Y or N*
Were you (taxpayer(s)) a US citizen or resident alien for all of 2020?____

Are dependent(s) claimed on your tax return your: son, daughter, stepchild, foster child, or a descendant of any of them (for example, your grandchild), or brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant of any of them (for example, your niece or nephew)? ____

Did any dependent(s) file a joint return with another person for 2020? ____

Did dependent(s) live with you in the United States for more than half of 2020? ____
*You can't claim the EIC for a child who didn't live with you for more than half of the year, even if you paid most of the child's living expenses.

Do you believe dependent(s) could also meet the qualifications to be a qualifying child of another tax filer? ____
*Sometimes a child meets the tests to be a qualifying child of more than one person. However, only one of these persons can actually treat the child as a qualifying child. Only that person can use the child as a qualifying child.

Child Tax Credit - *Y or N*
Are dependent(s) claimed on your tax return your: son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half-brother, half-sister, or a descendant of any of them (for example, your grandchild, niece, or nephew)? ____

Did dependent(s) provide over half of his or her own support for 2021? ____

Did dependent(s) live with you for more than half of 2021? ____

Did dependent(s) file a joint return with another person for 2021? ____

Are dependent(s) a U.S. citizen, a U.S. national, or a U.S. resident alien? ____

*We are required to obtain from the taxpayer a document proving the existence of the child such as one of the following (that would have the child's name on it):
- School record or statement
- Health care provider statement
- Child care provider record
- Place of worship statement

American Opportunity Tax Credit- *Y or N*
As of the beginning of 2021, has the student completed the first 4 years of postsecondary education (generally, the freshman through senior years of college), as determined by the eligible educational institution? ____

For the student, has either the American Opportunity Tax credit or the Hope Scholarship credit been claimed by you or anyone else for this student for any 4 tax years before 2021? ____
*If the American Opportunity Tax credit (and Hope Scholarship credit) has been claimed for this student for any 3 or fewer tax years before 2021, this requirement is met.

For at least one academic period beginning (or treated as beginning) in 2021, has the student met both of the following? ____
(a) Was enrolled in a program that leads to a degree, certificate, or other recognized educational credential; and
(b) Carried at least one-half the normal full-time workload for his or her course of study.
*The standard for what is half of the normal full-time work load is determined by each eligible educational institution. However, the standard may not be lower than any of those established by the U.S. Department of Education under the Higher Education Act of 1965. For 2021, treat an academic period beginning in the first 3 months of 2021 as if it began in 2020 if qualified education expenses for the student were paid in 2020 for that academic period.

As of the end of 2021, has the student been convicted of a federal or state felony for possessing or distributing a controlled substance? ____

Head of Household Filing Status - *Y or N*
Are you, the taxpayer, unmarried on 12/31/21 and do you provide more than half of the cost of keeping up a home for the year for a qualifying person? ____

General - *Y or N*
Can you provide documentation to substantiate the above answers? ____

Have you ever had any of these credits disallowed or reduced in the past? ____

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

DRP Financial Group, LLC

Completed By: ____________________________________

Date: _______________________

Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Personal Information

	Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer					
Spouse					

Street Address	City	State	ZIP	Home Phone

Email Address

	Taxpayer		Spouse		Marital Status
Blind	☐ Yes	☐ No	☐ Yes	☐ No	☐ Married — Will file jointly ☐ Yes ☐ No
Disabled	☐ Yes	☐ No	☐ Yes	☐ No	☐ Single
Pres. Campaign Fund	☐ Yes	☐ No	☐ Yes	☐ No	☐ Widow(er), Date of Spouse's Death ________

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please provide for your appointment

- Last year's tax return (new clients only)
- Name and address label (from government booklet or card)
- All statements (W-2s, 1098s, 1099s, etc)

Please answer the following questions to determine maximum deductions

1. Are you self-employed or do you receive hobby income? ☐ Yes* ☐ No
2. Did you receive income from raising animals or crops? ☐ Yes* ☐ No
3. Did you receive rent from real estate or other property? ☐ Yes* ☐ No
4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? ☐ Yes* ☐ No
5. Did you withdraw or write checks from a mutual fund? ☐ Yes ☐ No
6. Do you have a foreign bank account, trust, or business? ☐ Yes ☐ No
7. Do you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes ☐ No
8. Did you receive any correspondence from the IRS or State Department of Taxation? ☐ Yes ☐ No
9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? ☐ Yes ☐ No
10. Did you give a gift of more than $15,000 to one or more people? ☐ Yes ☐ No
11. Did you have any debts cancelled, forgiven, or refinanced? ☐ Yes ☐ No
12. Did you go through bankruptcy proceedings? ☐ Yes ☐ No
13. (a) If you paid rent, how much did you pay? ________

    (b) Was heat included? ☐ Yes ☐ No
14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? ☐ Yes ☐ No
15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? ☐ Yes ☐ No

* Contact us for further instructions

16. Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B, and 1095-C. ☐ Yes ☐ No

17. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number.

____

18. Did you have any children under the age of 19 or 19 to 23 year old students with unearned income of more than $1100? ☐ Yes ☐ No

3. Wage, Salary Income

Attach W-2s:

Employer	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

4. Interest Income

Attach 1099-INT, Form 1097-BTC & broker statements

Payer	Amount
Tax Exempt	

5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income

List payers of partnership, limited partnership, S-corporation, trust, or estate income - Attach K-1

____
____
____
____
____

19. Did you purchase a new alternative technology vehicle or electric vehicle? ☐ Yes ☐ No

20. Did you install any energy property to your residence such as solar water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters ? ☐ Yes ☐ No

21. Did you own $50,000 or more in foreign financial assets? ☐ Yes ☐ No

22. Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

__________ Taxpayer __________ Spouse

7. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home, and cost of a new residence. Also see Section 17 (Job-Related Moving).

8. I.R.A. (Individual Retirement Acct.)

Contributions for tax year income

	Amount	Date	✓ for Roth
Taxpayer			
Spouse			

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

9. Pension, Annuity Income

Attach 1099-R Payer*	Reason for Withdrawal	Reinvested?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

* Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:	Taxpayer	Spouse
Social Security Benefits	☐ Yes ☐ No	☐ Yes ☐ No
Railroad Retirement	☐ Yes ☐ No	☐ Yes ☐ No

Attach SSA 1099, RRB 1099

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income

List All Other Income (including non-taxable)

Alimony Received ______
Child Support ______
Scholarship (Grants) ______
Unemployment Compensation (repaid) ______
Prizes, Bonuses, Awards ______
Gambling, Lottery (expenses ______) ______
Unreported Tips ______
Director / Executor's Fee ______
Commissions ______
Jury Duty ______
Worker's Compensation ______
Disability Income ______
Veteran's Pension ______
Payments from Prior Installment Sale ______
State Income Tax Refund ______
Other ______ ______
Other ______ ______

12. Medical/Dental Expenses

Medical Insurance Premiums
(paid by you) ______
Prescription Drugs ______
Insulin ______
Glasses, Contacts ______
Hearing Aids, Batteries ______
Braces ______
Medical Equipment, Supplies ______
Nursing Care ______
Medical Therapy ______
Hospital ______
Doctor/Dental/Orthodontist ______
Mileage (no. of miles) ______

13. Taxes Paid

Real Property Tax (attach bills) ______
Personal Property Tax ______
Other ______ ______

14. Interest Expense

Mortgage interest paid (attach 1098) ______
Interest paid to individual for your
home (include amortization schedule) ______
Paid to:
Name ______
Address ______
Social Security No. ______
Investment Interest ______
Premiums paid or accrued for qualified
mortgage insurance ______

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
Location of Property ______

Description of Property ______

	Other	Federally Declared Disaster Losses
Amount of Damage		
Insurance Reimbursement		
Repair Costs		
Federal Grants Received		

16. Charitable Contributions

	Other
Church	
United Way	
Scouts	
Telethons	
University, Public TV/Radio	
Heart, Lung, Cancer, etc.	
Wildlife Fund	
Salvation Army, Goodwill	
Other	
______	
Non-Cash	
______	

Volunteer (no. of miles) ______ @ .14 $0.00

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Job-Related Moving Expenses

✓ if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order. ____

Date of move ________________

Move Household Goods ____________

Lodging During Move ____________

Travel to New Home (no. of miles) ____________

19. Employment Related Expenses That You Paid (Not self-employed)

✓ if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. ____

Dues - Union, Professional ____________

Books, Subscriptions, Supplies ____________

Licenses ____________

Tools, Equipment, Safety Equipment ____________

Uniforms (include cleaning) ____________

Sales Expense, Gifts ____________

Tuition, Books (work related) ____________

Entertainment ____________

Office in home:

In Square Feet
a) Total home ________________
b) Office ________________
c) Storage ________________

Rent ____________

Insurance ____________

Utilities ____________

Maintenance ____________

20. Investment-Related Expenses State use only

Tax Preparation Fee ____________

Safe Deposit Box Rental ____________

Mutual Fund Fee ____________

Investment Counselor ____________

Other ____________

21. Business Mileage

Do you have written records? ☐ Yes ☐ No

Did you sell or trade in a car used for business? ☐ Yes ☐ No

If yes, attach a copy of purchase agreement

Make/Year Vehicle ________________________

Date purchased ____________

Total miles (personal & business) ____________

Business miles (not to and from work) ____________

From first to second job ____________

Education (one way, work to school) ____________

Job Seeking ____________

Other Business ____________

Round Trip commuting distance ____________

Gas, Oil, Lubrication ____________

Batteries, Tires, etc. ____________

Repairs ____________

Wash ____________

Insurance ____________

Interest ____________

Lease payments ____________

Garage Rent ____________

22. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. ____________

Lodging ____________

Meals (no. of days _____) ____________

Taxi, Car Rental ____________

Other ____________

Reimbursement Received ____________

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

24. Other Deductions

Alimony Paid to ______________________________

Social Security No. ______________ $ ____________

Student Interest Paid $ ____________

Health Savings Account Contributions $ ____________

Archer Medical Savings Acct. Contributions $ ____________

25. Education Expenses

Student's Name	Type of Expense	Amount

26. Questions, Comments, & Other Information

Residence:

Town ______________ County ______________

Village ______________ School District ______________

City ______________ ______________

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account? ☐ Yes ☐ No

(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account ☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ Checking ☐ Traditional Savings ☐ Traditional IRA ☐ Roth IRA
☐ Treasury Direct ☐ Archer MSA Savings ☐ Coverdell Education Savings ☐ HSA Savings ☐ SEP IRA

Name of financial institution ______________________________

Financial Institution Routing Transit Number (if known) ______________

Your account number ______________________________

ACCOUNT 2

Owner of account ☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ Checking ☐ Traditional Savings ☐ Traditional IRA ☐ Roth IRA
☐ Treasury Direct ☐ Archer MSA Savings ☐ Coverdell Education Savings ☐ HSA Savings ☐ SEP IRA

Name of financial institution ______________________________

Financial Institution Routing Transit Number (if known) ______________

Your account number ______________________________

ACCOUNT 3

Owner of account ☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ Checking ☐ Traditional Savings ☐ Traditional IRA ☐ Roth IRA
☐ Treasury Direct ☐ Archer MSA Savings ☐ Coverdell Education Savings ☐ HSA Savings ☐ SEP IRA

Name of financial institution ______________________________

Financial Institution Routing Transit Number (if known) ______________

Your account number ______________________

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly). ______________

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). ______________

Owner's name	Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase Amount

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer	Date	Spouse	Date