



FINANCIAL SPECIALISTS

INVEST TAX ESTATE MEDICARE

NOTE: Please bring supporting documentation that corresponds to the information written in this packet.

2021 TAX RETURN INFORMATION

Filing Status: Single Married Filing Joint HOH Married Filing Separate Qualified Widower

Taxpayer 1

Taxpayer 2

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

SSN _____

SSN _____

Occupation _____

Occupation _____

Dependent Information: LIST ALL PARTIES INCLUDED ON TAX RETURN. Include your dependent children, and individuals that you provided 51% or more support for during the year. Please indicate with the letter 'S' next to their name if any person listed is full-time college student over the age of 19. ***If your child/children are 24 and older and earned more than \$4200 DO NOT include them on this form.***

NAME	SOCIAL SEC #	DOB	RELATIONSHIP

CHILD CARE: Provider: _____ EIN/SS#: _____ \$ _____
Provider Address: _____

HD Financial Specialists
6049 Transit Road, Suite 103
East Amherst, NY 14051
716-608-8000

Education Credits

- College Tuition (Attach 1098-T)
- Student Loan Interest (Attach 1098-E)
- 529 College Savings Plan Contributions (NYS) \$ _____

Quarterly Estimated Taxes Paid

FEDERAL	AMOUNT PAID	NEW YORK STATE	AMOUNT PAID
APRIL 2021	\$	APRIL 2021	\$
JUNE 2021	\$	JUNE 2021	\$
SEPTEMBER 2021	\$	SEPTEMBER 2021	\$
JANUARY 2022	\$	JANUARY 2022	\$

IRA Contributions

TYPE	TAXPAYER 1	TAXPAYER 2
TRADITIONAL	\$	\$
ROTH	\$	\$

Interest Income – 1099 INT

Name of Financial Institution/Payer	Amount	Name of Financial Institution/Payer	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Dividend Income – 1099 DIV

Name of Financial Institution/Payer	Amount	Name of Financial Institution/Payer	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Other Income

List Pensions (1099R), Annuities (1099R), Social Security (SSA-1099), Gambling winnings (W-2G), Unemployment benefits (1099G), Health Savings Account (1099SA), Tax exempt income, Alimony received, Other Income (1099 MISC).

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Itemized Deductions

Medical

UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

Prescriptions	\$ _____
Health Insurance Premiums (DO NOT include pretax payments through work)	\$ _____
Long Term Care Insurance	
Taxpayer	\$ _____
Spouse	\$ _____
Doctors/Dentists	\$ _____
Hospitals	\$ _____
Contacts/Eyeglasses	\$ _____
Miles driven for medical purposes	_____

Real Estate

Property Taxes	School	County	Village
Primary Residence			
2 nd Property (Non-Rental)			

SALES TAX ON LARGE PURCHASES \$ _____

Mortgage Interest on form 1098

Paid to: _____ \$ _____

Paid to: _____ \$ _____

Charitable Contributions

Cash and/or Check: _____ \$ _____

Non-cash Donations: _____ \$ _____

(If over \$500.00 a list of items donated and value of each item is required by IRS)

Charitable Miles Driven _____

Rental / Business Related Income & Expense**Fill in and/or provide a Profit/Loss Statement**

	Property/Business 1	Property/Business 2	Property/Business 3
ADDRESS/NAME OF BUSINESS			
RENTAL/BUSINESS INCOME (circle)	\$	\$	\$
ADVERTISING			
PLOWING			
LANDSCAPING			
INSURANCE			
LEGAL & PROFESSIONAL			
MORTGAGE INTEREST			
REPAIRS			
SUPPLIES			
REAL ESTATE TAXES			
UTILITIES			
OTHER			

Business Mileage

Vehicle Make/Model _____

Beginning Odometer Reading on 01/01/2021 _____

Ending Odometer Reading on 12/31/2021 _____

Commuting Mileage _____

Total Mileage _____

List all major purchases not included in expenses above and indicate on which property renovations or assets were made.

IMPROVEMENT:	AMOUNT:	DATE PURCHASED:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(Please use the back of this sheet if you need more space.)

Other necessary tax credits

Advanced Child Tax Credits received throughout 2021 \$ _____

Stimulus Payments Received (3rd Payment) \$ _____

Check <https://www.irs.gov/coronavirus/get-my-payment>
This link will answer the above questions and are needed to file returns correctly

NYS License Information

License ID: _____ Expiration Date: _____

Issued Date: _____ Document Number: _____

Document Number can be found on back of License marked as "Doc #" or IDUSA(top line on back)

MISCELLANEOUS ITEMIZED DEDUCTIONS (NYS only)**WORK RELATED EXPENSES**

Union Dues \$ _____

Business Use of Home – Office Sq. Ft. _____

Unreimbursed Work Miles
(Does not include commuting) _____Out of Town Travel Expenses \$ _____
Unreimbursed Lodging, Meals,
Transportation, Etc.
(Please provide a breakdown of
expenses)

Workshops, Seminars, Training \$ _____

Client/Customer Meals/Entertainment \$ _____

Cell Phone (If required by employer) \$ _____

Work Supplies/ Equipment \$ _____

Work Uniforms/Safety Equipment \$ _____

Misc. Work Required Expenses \$ _____
(Please list below)

Gambling Loses \$ _____

Tax Preparation Fees for previous year \$ _____