



Certified Public Accountants, PC
www.bkc-cpa.com

2021 Tax Organizer Lite

The following is a helpful blank “**Tax Organizer**”, which is not required, but may assist you in identifying & gathering the information necessary for us to accurately complete your 2021 income tax returns. Feel free to utilize this free Tax Organizer and provide to us with your 2021 Tax Preparation documents. If your tax return is more complex and you need additional guidance, please don’t hesitate to contact us for an extended blank Tax Organizer, or to discuss specifically.

If we previously prepared your 2020 individual income tax return, please contact our office and we can alternatively provide you with a **customized Tax Organizer** which would include *your* 2020 data, which may be more helpful to you, as an indication of items to collect for us to prepare your 2021 individual income tax return.

Please provide your tax data to us for preparation by March 18, 2022 to ensure timely filing. We encourage you to utilize our secure online Client Portal which provides us instant access to your information. Alternatively, you may drop off to our office. If mailing your documents, please do not send originals and utilize tracking via Certified Mail, Priority Mail, Federal Express etc. A meeting to review your tax information is available, but not required. If desired, please contact us to schedule a telephone call, Zoom virtual meeting, or in-person meeting.

As always, feel free to contact us with any questions.
Flemington office: (908) 782-7900 Woodstown office: (856) 769-0707

Thank you. We appreciate your business.

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

| First Name | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | Care expenses paid for dependent |
|------------|-----------|---------------|---------------------|--------------|----------------|----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2021 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

Credits: AdvCTC **Advanced Child Tax Payments**

| | Taxpayer | Spouse |
|---|----------|--------|
| Advanced Child Tax Payments received (Letter 6419): | | |
| July | _____ | _____ |
| August | _____ | _____ |
| September | _____ | _____ |
| October | _____ | _____ |
| November | _____ | _____ |
| December | _____ | _____ |

Credits: Rebate

Economic Impact Payment (EIP)/Stimulus Payment

Please provide all copies of Notice 1444-C that you receive.

Look up your EIP3 amount by creating or viewing your IRS online account at <https://www.irs.gov/payments/view-your-tax-account>

| | | |
|---|----------|--------|
| | Taxpayer | Spouse |
| Economic impact payment(s) 3 (EIP3) received _____ | _____ | _____ |
| Mark if taxpayer or spouse, if married, was member of US Armed Forces in 2021 _____ | | _____ |

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-------|-------------|------------------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-------|-------------|------------------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

| T/S/J | Description | Form | Mark if no longer applicable |
|-------|-------------|-------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-------|-------------|------------------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

| T/S | Description | Prior Year Information | Mark if no longer applicable |
|-------|-------------|------------------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Table with columns: Form, T/S/J, Description, 1 = Attached, 2 = N/A. The table contains multiple rows for listing tax forms.

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

| T/S/J | Payer Name | Interest Income | Prior Year Information |
|-------|------------|-----------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2021 _____ Amount received in 2020 _____

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

| T/S/J | Payer Name | Ordinary Dividends | Qualified Dividends | Prior Year Information |
|-------|------------|--------------------|---------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price (Less expenses of sale) | Cost or Other Basis |
|-------|-------------------------|---------------|-----------|--|---------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Income: Income **Other Income**

Please provide copies of all supporting documentation.

| | | | | |
|--|-------|----------------|------------------|------------------------|
| State and local income tax refunds | | | 2021 Information | Prior Year Information |
| | | | _____ | _____ |
| Alimony received | T/S | Agreement Date | 2021 Information | Prior Year Information |
| | _____ | _____ | _____ | _____ |
| | | Taxpayer | Spouse | Prior Year Information |
| Unemployment compensation | | _____ | _____ | _____ |
| Unemployment compensation repaid | | _____ | _____ | _____ |
| Social security benefits | | _____ | _____ | _____ |
| Medicare premiums to be reported on Schedule A | | _____ | _____ | _____ |
| Railroad retirement benefits | | _____ | _____ | _____ |
| T/S/J | | | 2021 Information | Prior Year Information |
| Other Income: | | | _____ | _____ |
| _____ | | | _____ | _____ |
| _____ | | | _____ | _____ |

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2021 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2021

Roth IRA Contributions for 2021 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2021

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2021 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

| T/S | Qualified student loan interest paid | 2021 Information | Prior Year Information |
|-----|--------------------------------------|------------------|------------------------|
| ___ | _____ | _____ | _____ |
| ___ | _____ | _____ | _____ |

Complete this section if you paid qualified education expenses for higher education costs in 2021.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

| T/S | Ed Exp Code* | Student's SSN | Student's First Name | Student's Last Name | Qualified Expenses | Prior Year Information |
|-----|--------------|---------------|----------------------|---------------------|--------------------|------------------------|
| ___ | ___ | _____ | _____ | _____ | _____ | _____ |
| ___ | ___ | _____ | _____ | _____ | _____ | _____ |
| ___ | ___ | _____ | _____ | _____ | _____ | _____ |
| ___ | ___ | _____ | _____ | _____ | _____ | _____ |

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

| T/S | Date* | Recipient name | Recipient SSN | 2021 Information | Prior Year Information |
|--------------------------|-------------|----------------|---------------|------------------|------------------------|
| ___ | ___/___/___ | _____ | _____ | _____ | _____ |
| Street address | | _____ | | | |
| City, State and Zip code | | _____ | | | |

*Enter the divorce/separation agreement date

Taxpayer

Spouse

Prior Year Information

Educator expenses:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other adjustments:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Itemized: A1 **Medical and Dental Expenses**

| T/S/J | | 2021 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | Medical and dental expenses | _____ | _____ |
| — | Medical insurance premiums you paid*** | _____ | _____ |
| — | Long-term care premiums you paid*** | _____ | _____ |
| — | Prescription medicines and drugs | _____ | _____ |
| — | Miles driven for medical items | _____ | _____ |

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

| T/S/J | | 2021 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | State/local income taxes paid | _____ | _____ |
| — | 2020 state and local income taxes paid in 2021 | _____ | _____ |
| — | Sales tax paid on actual expenses | _____ | _____ |
| — | Real estate taxes paid | _____ | _____ |
| — | Personal property taxes | _____ | _____ |
| — | Other taxes | _____ | _____ |

Itemized: A2 **Interest Expenses**

| T/S/J | | 2021 Information | Prior Year Information |
|-------|---|-------------------------|-------------------------------|
| — | Home mortgage interest From Form 1098 | _____ | _____ |
| T/S/J | Other home mortgage interest paid to individuals: | | |
| | Payee's Name _____ SSN or EIN _____ | 2021 Information | Prior Year Information |
| | Address _____ City _____ State _____ Zip Code _____ | | |
| T/S/J | Investment interest expense, other than on Sch K-1s: | | |
| | Refinancing Information: Refinance #1 _____ Refinance #2 _____ | | |
| T/S/J | Recipient/Lender name _____ | | |
| | Total points paid at time of refinance _____ | | |
| | Date of refinance _____ | | |
| | Term of new loan (in months) _____ | | |
| | Reported on Form 1098 in 2021 _____ | | |

Itemized: A3 **Charitable Contributions**

| T/S/J | | 2021 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | Contributions made by cash or check | _____ | _____ |
| — | Volunteer miles driven | _____ | _____ |
| — | Noncash items, such as: Goodwill, Salvation Army | _____ | _____ |

Itemized: A3, A-St **Miscellaneous Deductions**

| T/S/J | | 2021 Information | Prior Year Information |
|---|---|-------------------------|-------------------------------|
| — | Other expenses | _____ | _____ |
| — | Gambling losses (enter only if you have gambling income) | _____ | _____ |
| ***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA | | | |
| T/S/J | Unreimbursed expenses*** | 2021 Information | Prior Year Information |
| — | Union dues, other than amounts reported on Form W-2*** | _____ | _____ |
| — | Tax preparation fees*** | _____ | _____ |
| — | Other expenses, subject to 2% AGI limitation***: | _____ | _____ |
| — | _____ | _____ | _____ |
| — | Safe deposit box rental*** | _____ | _____ |
| — | Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT*** | _____ | _____ |

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____ [1]

In care of address _____ [2]

Mark if:

Tax forms, instructions and booklet are not needed _____ [3]

You are not eligible for the property tax deduction or credit _____ [4]

You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

Taxpayer Spouse

Mark if:

Contributed to the Social Security Fund (Eligible to receive benefits) _____ [6] _____ [7]

You want to designate \$1 to the gubernatorial election campaign fund _____ [8] _____ [9]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund _____ [10]

Children's Trust Fund to prevent child abuse _____ [11]

New Jersey Vietnam Veterans' Memorial Fund _____ [12]

Breast Cancer Research Fund _____ [13]

USS New Jersey Educational Museum Fund _____ [14]

Other (see codes below) _____ [15] _____ [16]

Other (see codes below) _____ [17] _____ [18]

Other (see codes below) _____ [19] _____ [20]

Other Funds

| | | | |
|----------------------------------|--|--|--|
| 01 = Drug Abuse Education | 08 = Veterans Haven Support | 15 = Girl Scouts Council in NJ | 22 = Non-Profit Veterans Org |
| 02 = Korean Veterans' | 09 = Community Food Pantry | 16 = Homeless Veterans Grant | 23 = NJ Yellow Ribbon |
| 03 = Organ Donor | 10 = Cat and Dog Spay and Neuter | 17 = Leukemia and Lymphoma - NJ | 24 = Autism Programs |
| 04 = AIDS Services | 11 = Lung Cancer Research | 18 = North NJ Vet Memorial Cemetery | 25 = Boy Scouts Councils in NJ |
| 05 = Literacy Vol | 12 = Boys and Girls Club | 19 = NJ Farm to School / School Gardens | 26 = NJ Memorial To War Veterans |
| 06 = Prostate Cancer | 13 = NJ National Guard State Family | 20 = Local Library Support | 27 = Jersey Fresh Program |
| 07 = World Trade Center | 14 = American Red Cross NJ | 21 = ALS Association Support | 28 = NJ World War II Vet's Memorial |

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:

From _____ [21]

To _____ [22]

State of residency (Nonresidents only) _____ [23]

NOTES/QUESTIONS:

New Jersey Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

General Information

Principal residence for 2021 _____ [1]
 Property tax credit not claimed with homestead benefit, claim on NJ-1040 _____ [2]

| | Part 1 | Part 2 |
|--|-----------|-----------|
| Block number | _____ [3] | _____ [4] |
| Lot number | _____ [5] | _____ [6] |
| Qualifier number (Condos) | | _____ [7] |
| Co-op or continuing care retirement facility resident | | _____ [8] |
| Municipal code at the end of if different from current residence | | _____ [9] |

Homeowner Information

Total property taxes paid _____ [10]
 Street _____ [11]
 City _____ [12]
 Number of days as an owned property _____ [13]
 Your share of property owned _____ [14]
 Share used as principal residence _____ [15]
 Your share of property taxes _____ [16]

Renter and Mobile Home Owner Information

Total rent paid or mobile home fees _____ [17]
 Street _____ [18]
 Apartment number _____ [19]
 City _____ [20]
 Days you were a tenant during 2021 _____ [21]
 Total number of tenants _____ [22]
 Your share of rent paid _____ [23]

Other Tenant Information

First name _____ [24]
 Middle initial _____
 Last name _____
 Social security number _____

Property Tax Reimbursements

| | 2020 | 2021 |
|--|------------|------------|
| Taxpayer received social security disability | _____ [25] | _____ [26] |
| Spouse received social security disability | _____ [27] | _____ [28] |
| You lived continuously in New Jersey since December 31, 2008 | | _____ [29] |
| You owned and lived in home since December 31, 2015 or are otherwise eligible | | _____ [30] |
| You are a mobile home owner | | _____ [31] |
| Mobile home park site number _____ | | _____ [32] |
| Taxpayer needs a PTR-A or PTR-B to take tax collector/mobile home part owner or manager to verify taxes paid | | _____ [33] |

NOTES/QUESTIONS:

New York General Information

If you received unemployment benefits or any of the special unemployment compensation authorized under the Coronavirus Relief Act, both are taxable income and must be reported on your return. You may need to go to the New York Department of Labor's website (labor.ny.gov) to get your 1099-G from your account. The 1099-G should show both the amount received and any amount of tax withheld.

| | Taxpayer | Spouse |
|--|-----------|--------|
| Mark if you were a resident of New York City at any time during the current tax year | ___[1] | ___[2] |
| Mark if you were a resident of Yonkers at any time during the current tax year | ___[3] | ___[4] |
| County of residence | _____ [5] | |
| School district | _____ [6] | |

Use Tax

Use tax due but receipts or records not available _____[7]

Contributions

Amount of contributions you wish to make to:

| | | | |
|--|------------|--|------------|
| Return a Gift to Wildlife | _____ [8] | Love Your Library Fund | _____ [23] |
| Missing or Exploited Children Clearinghouse Fund | _____ [9] | Lupus Fund | _____ [24] |
| Breast Cancer Research and Education Fund | _____ [10] | Military Family Fund | _____ [25] |
| Alzheimer's Disease Fund | _____ [11] | CUNY Fund | _____ [26] |
| Olympic Fund (Maximum \$2 per filer) | _____ [12] | Life Pass it on Fund | _____ [27] |
| Prostate and Testicular Cancer Research and Education Fund | _____ [13] | ALS Research Fund | _____ [28] |
| 9/11 Memorial | _____ [14] | School-based Health Centers | _____ [29] |
| Volunteer Firefighting and EMS Recruitment Fund | _____ [15] | Gifts to Food Banks Fund | _____ [30] |
| Teen Health Education Fund | _____ [16] | Meals on Wheels for Seniors | _____ [31] |
| Veterans Remembrance and Cemetery Fund | _____ [17] | Gifts to the Arts Fund | _____ [32] |
| Homeless Veterans Assistance Fund | _____ [18] | Leukemia, Lymphoma, and Myeloma Fund | _____ [33] |
| Mental Illness Anti-Stigma Fund | _____ [19] | State Campaign Finance Fund (Maximum \$40 per filer) | _____ [34] |
| Women's Cancers Education and Prevention Fund | _____ [20] | William B. Hoyt memorial children family trust fund | _____ [35] |
| Autism Awareness and Research Fund | _____ [21] | Gun violence research fund | _____ [36] |
| Veterans' Homes Assistance Fund | _____ [22] | Substance use disorder education and recovery fund | _____ [37] |

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less

Mark if you lived in a nursing home and qualify for credit _____[38]

Enter amounts received for cash public assistance and relief _____[39]

Enter any other income not reported elsewhere _____[40]

Homeowners: _____[41]

Enter the amount of special assessments you and all qualified household members paid during the current tax year

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____[42]

Tenants: _____[43]

Enter the total rent you and all members of your household paid during current tax year

Rent includes charges for (Specify) _____[44]

4 = Heat, gas, electricity, furnishings and board

2 = Heat, gas and electricity

0 = Nothing included

3 = Heat, gas, electricity and furnishings

1 = Heat or heat and gas

_____ [45]

NOTES/QUESTIONS:

New York - Part-year Resident and Nonresident Information

| | Taxpayer | | | Spouse | |
|--|----------------|---------------|-----------|---------------|------------|
| | New York State | New York City | Yonkers | New York City | Yonkers |
| Part-year residency dates: | | | | | |
| From | _____ [1] | _____ [3] | _____ [5] | _____ [7] | _____ [9] |
| To | _____ [2] | _____ [4] | _____ [6] | _____ [8] | _____ [10] |
| County of residence while a nonresident of New York City | | _____ [11] | | _____ [12] | |

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you _____ [13]

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City) _____

Address #2

Mark if this address is still maintained by or for you _____

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City) _____

NOTES/QUESTIONS:

Pennsylvania General Information

County of residence _____ [1]
 School district name _____ [2]

Final return _____ [3] **Taxpayer** _____ [4] **Spouse**

Contributions

Amount of contributions you wish to make to:

| | Taxpayer | Spouse |
|---|------------|------------|
| Breast and Cervical Cancer | _____ [5] | _____ [6] |
| Wild Resource Conservation Fund | _____ [7] | _____ [8] |
| Military Family Relief Assistance | _____ [9] | _____ [10] |
| Governor Robert P. Casey Memorial Organ/Tissue Trust Fund | _____ [11] | _____ [12] |
| Juvenile (Type 1) Diabetes Cure Research Fund | _____ [13] | _____ [14] |
| Children's Trust Fund | _____ [15] | _____ [16] |
| American Red Cross | _____ [17] | _____ [18] |
| Pediatric Cancer Research Fund | _____ [19] | _____ [20] |
| Veterans' Trust Fund | _____ [21] | _____ [22] |

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

| | Taxpayer | Spouse |
|----------------------------|------------|------------|
| Part-year residency dates: | | |
| From | _____ [23] | _____ [25] |
| To | _____ [24] | _____ [26] |

NOTES/QUESTIONS: