Bruns and Bruns Ltd

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

Advanced Child Tax Payments received (Letter 6419):

	Taxpayer	Spouse
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.

Form	T/S/J	Description	1 = Attached 2 = N/A

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.

	2021 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2021 Information	Prior Year Information
Alimony received				

	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	Other Income:	2021 Information	Prior Year Information

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		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2021 Information	Prior Year Information

Address	City	State	Zip Code

T/S/J		2021 Information	Prior Year Information
	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		2021 Information	Prior Year Information
	Unreimbursed expenses***		
	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:

Form ID: IL

Illinois General Information

Use Tax

General merchandise purchases	____________________ [1]
Qualifying food, non-prescription drugs and medical appliances purchases	____________________ [2]
Sales tax already paid to another state	____________________ [3]

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation	____________________ [4]
Alzheimer's Disease Research	____________________ [5]
Assistance to the Homeless	____________________ [6]
Diabetes Research Fund	____________________ [7]
Hunger Relief Fund	____________________ [8]
Ronald McDonald House Charities Fund	____________________ [9]

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	School Type	Total Tuition, Books, Lab fees
____ [10]	____ [11]	____ [12]	____ [13]	____ [14]	____ [15]
____ [16]	____ [17]	____ [18]	____ [19]	____ [20]	____ [21]
____ [22]	____ [23]	____ [24]	____ [25]	____ [26]	____ [27]
____ [28]	____ [29]	____ [30]	____ [31]	____ [32]	____ [33]
____ [34]	____ [35]	____ [36]	____ [37]	____ [38]	____ [39]
____ [40]	____ [41]	____ [42]	____ [43]	____ [44]	____ [45]
____ [46]	____ [47]	____ [48]	____ [49]	____ [50]	____ [51]
____ [52]	____ [53]	____ [54]	____ [55]	____ [56]	____ [57]

Property Taxes

Description	Property Index Number
____________________	____________________ [58]
____________________	____________________
____________________	____________________

Part-year Resident and Nonresident Information

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

Part-year residency dates:	Taxpayer	Spouse
From	____________ [59]	____________ [61]
To	____________ [60]	____________ [62]

Mark if you were a resident of any of the following states during the tax year: IA ____[63] KY ____[64] MI ____[65] WI ____[66]

In what states other than above did you reside and/or file a tax return during the tax year? [66]

State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code

NOTES/QUESTIONS: