

2021 Stimulus, Child Tax Credit, Estimated payments

NAME: _____

Did you receive the THIRD Economic Impact Payment/stimulus (\$1400 per qualifying person)? Y or N
Attach IRS Letter 6475 Amount: _____ Date: _____

Did you receive Child Tax Credit payments in 2021 (max \$1500 per qualifying child)? Y or N
Include Letter 6419 from the IRS if you answered yes above.

July	Amount: _____	October	Amount: _____
August	Amount: _____	November	Amount: _____
September	Amount: _____	December	Amount: _____

Go to www.irs.gov or check your bank deposit records. The IRS will change/adjust your 2021 tax liability (payment due or refund) if you provide us with incorrect information.

Did you make Estimated Payments to the IRS, PA (or another state) or Local? If so, list below			
IRS (due dates listed)	Amount	Date	Check #
Q1 (4/15/2021)	\$		
Q2 (7/15/2021)	\$		
Q3 (9/15/2021)	\$		
Q4 (1/17/2022)	\$		
PA (due dates listed)	Amount	Date	Check #
Q1 (4/15/2021)	\$		
Q2 (7/15/2021)	\$		
Q3 (9/15/2021)	\$		
Q4 (1/17/2022)	\$		
Local (due dates listed)	Amount	Date	Check #
Q1 (4/15/2021)	\$		
Q2 (7/15/2021)	\$		
Q3 (9/15/2021)	\$		
Q4 (1/17/2022)	\$		

Please list any 2021 tax related questions or concerns (please wait until after 4/15 for questions about next tax year):

2021 SUMMARY SHEET

NAME: _____

*****WE DO NOT NEED RECEIPTS*****

PLEASE DO NOT SUBMIT RECEIPTS. KEEP RECEIPTS FOR YOUR RECORDS. PROVIDE US A SUMMARY.

PLEASE SUMMARIZE	YOU	SPOUSE
Medical Summary:	Amount	Amount
Health Insurance Premiums (not including Medicare from SS statements or paid from an Employer plan)	\$	\$
Out of pocket co-pays & prescriptions (exclude if paid from or reimbursed by HSA, MSA, FSA)	\$	\$
Prescriptions	\$	\$
Medical Parking, tolls, hotels	\$	\$
Medical Miles Driven	\$	\$
Long Term Care Premium paid		
Tax Summary:	Amount	Amount
Sales Tax on MAJOR purchases (vehicle, appliance)	\$	\$
Real Estate Taxes primary residence	\$	\$
Real Estate Taxes vacation home, not rental		
State Taxes paid with 2020 return in 2021	\$	\$
Local Taxes paid with 2020 return in 2021	\$	\$
Total Charity: (may be deductible)	Amount	Amount
Check or Cash Contributions	\$	\$
Non Cash Contributions (estimate value)	\$	\$

	You	Spouse
Home Office:	Amount	Amount
Rent	\$	\$
Homeowner or renter insurance	\$	\$
Total Utilities	\$	\$
Internet & Cell phone	\$	\$
General household repairs	\$	\$
Other misc. unreimbursed expenses		
Furniture and Equipment (not reimbursed)	\$	\$
Square Footage of Home		
Square Footage of Office		

529 Contributions made in 2021 – refer to 529 statements		
Full name	Social Security Number	Amount