**This package includes 4 pages. Please fill out each item that is applicable to your 2021 taxes.**

1. **Driver License Worksheet**
2. **Unemployment Worksheet**
3. **Stimulus and Advanced Child Tax Credit Worksheet**
4. **Dependent Care (Daycare) Credit Worksheet**

**Driver License Information**

Primary Taxpayer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document # (NY Only – On Back)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Taxpayer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**2021 Unemployment Income Information**

If you collected unemployment income in 2021, we will need the 1099-G from the state government. Items like withholding and repayments will affect the taxable amount.

**How to obtain your 1099-G:**

* **NY:** [**https://dol.ny.gov/unemployment/1099-g-tax-form**](https://dol.ny.gov/unemployment/1099-g-tax-form)
* **CT:** [**https://www.ctdol.state.ct.us/messages/1099g.htm**](https://www.ctdol.state.ct.us/messages/1099g.htm)
* **NJ:** [**https://www.myunemployment.nj.gov/**](https://www.myunemployment.nj.gov/)

**(If unable to provide a copy of your 1099-G, please provide the information below)**

Primary Taxpayer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Withholding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Withholding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Taxpayer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Withholding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Withholding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2021 Stimulus and Advance Child Tax Credit Worksheet**

In 2021 you may have received the 3rd Stimulus payment and/or monthly Advance Child Tax Credit payments. IRS has issued letters regarding these payments that details the amounts you were paid and the dates. In order to make sure we prepare the tax return accurately; we request this worksheet be completed and any IRS letters received attached. If you did not receive the letter(s), we have provided a place for you to fill out the necessary information regarding these payments. Any amounts you may be eligible for based on the 2021 tax return that you have not received in advance will be claimed on your tax return.

Please fill out the following checklist and sign and date at the bottom:

**3rd Stimulus Payment (check one and provide additional information if necessary):**

**A**.\_\_ I did not receive any of the 3rd stimulus payment

**B**.\_\_ I received **IRS Notice 1444-C** for the 2021 stimulus check and am providing a copy

**C**.\_\_ I do not have a copy of IRS Notice 1444-C, the following is the amount received based on my records:

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: | \_\_\_\_\_\_\_\_ | Amount Received: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Advance Child Tax Credit Payments (check one and provide additional information if necessary):**

**A.\_\_** I did not receive any Advance Child Tax Credit Payments

**B**.\_\_ I received **IRS Letter 6419** for the 2021 Advance Child Credit and am providing a copy

**(Married couples will have 2 letters. WE NEED BOTH!! The amounts are NOT duplicates.)**

**C**.\_\_I do not have a copy of IRS Letter 6419, the following is the amounts received based on my records:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| July | Date: | \_\_\_\_\_\_\_\_\_ | Amt Received: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Aug | Date: | \_\_\_\_\_\_\_\_\_ | Amt Received: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sep | Date: | \_\_\_\_\_\_\_\_\_ | Amt Received: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Oct | Date: | \_\_\_\_\_\_\_\_\_ | Amt Received: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nov | Date: | \_\_\_\_\_\_\_\_\_ | Amt Received: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dec | Date: | \_\_\_\_\_\_\_\_\_ | Amt Received: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Taxpayer Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Spouse Signature:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2021 Dependent Care Credit Worksheet**

The IRS has increased the dependent care credit for 2021. If you had qualifying dependent care activity in 2021, please provide the required information below.

Name of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID of Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount to Paid Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If you had multiple dependent care/daycare providers, you must provide details on each)**

Dependent #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent #1 Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent #2 Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent #3 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent #3 Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent #4 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent #4 Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_