

2022

INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____

PERSONAL DATA

TAXPAYER AND SPOUSE

TAXPAYER (OR SINGLE)		SPOUSE	
Last Name		Last Name	
First Name & Initial		First Name & Initial	
Occupation		Occupation	
Phone (Home) (Work)		Phone (Home) (Work)	
Soc. Sec. # (Last 4 digits)	Date of Birth	Soc. Sec. # (Last 4 digits)	Date of Birth
Mailing Address <input type="checkbox"/> Check if address is new			County
City, State, & Zip		Email Address	

DEPENDENTS

Last Name (First, Initial & Last)	D.O.B.	X if post-secondary student	# of mos. lived in your h.
		Social Security no.	Relationship

Social Security numbers are required for all dependents.

If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here _____

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1. Did your name, address, or marital status change during the year? Yes No
2. Are you being claimed as a dependent on another tax return? Yes No
3. Are you (or your spouse) blind or permanently disabled? Yes No
4. Did you claim children above that don't live with you? Yes No
5. Did you carry forward or incur any adoption expenses during the year? Yes No

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar. Please circle any deduction that is a disproportionate amount for only you or only your spouse (it may be to your advantage to file separately).

MEDICAL

Only the amount of un-reimbursed medical expenses that exceeds 10% of Adjusted Gross Income is allowed.

Description of Medical Expenses	Amount
Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	
Prescriptions & Drugs (doctor prescribed only)	
Insulin (general drugs not allowed)	
Eye Glasses / Contact Lenses	
Hearing Aids, Supplies, & Other Medical Aids	
X-Ray / Lab Fees	
Ambulance, Paramedic	
Nurses (board & room)	
Equipment (prescribed & rented)	
Nursing Home Medical Care	
Medicare Part B Service Payments	
Smoking Cessation Program	
Other:	
Other:	

Medical Insurance Code: Pre-Tax = P After Tax = A Unsure = U

Important: Provide proof of health insurance (Form 1095 or equiv.)

Insurance - paid by you	
Group Health Plans (deduct from salary)	
Medicare Premiums	
Other Insurance (long term healthcare, MSA, other)	

Summary Total (Optional)

Lodging (while away from home)

Transportation (total miles driven for medical reasons or actual cost)

TAXES

Description of Taxes Paid	State	Amount
Real Estate Taxes, Home (include if you itemize or not)		
Real Estate Taxes, Other (not included on Rental Schedule)		
Property Tax Rebates (if any)		
Personal Property Taxes (if any)		
Property Taxes (if any)		
Auto Licenses (not a deduction in all states)		
State of Local Income Taxes (if not listed elsewhere)		
Sales Tax / Other		

If you paid any special assessments or exceptional sales tax, please attach supporting documents.

CASUALTY/THEFT LOSSES

Only the **NET** RESULT that exceeds 10% of Adjusted Gross income is allowed.

Fire, Storm, Theft, and Auto Damage - If more than one, provide similar detail for each.

Date Acquired	Date of Loss	Cost or Basis	Insurance Paid	Mkt. Value Before	Mkt. Value After

Describe How & Where Happened

CONTRIBUTIONS

Receipts/canceled checks are now required for all cash donations

Description of Contributions	Amount
Cash Contributions (must have receipts of back records for all donations)	
Church/Temple (name)	
Cancer / Heart / Easter / Christmas Seals, etc. (attach cert if more than one)	
Red Cross / United Way / YMCA / YWCA (attach list if more than one)	
Public TV / Radio	
Veteran's Org. (name)	
Schools (name and describe)	
Other:	
Summary Total (Optional) - A summary total for non-cash contributions may be used. Federal contributions are not deductible. Report value of gift received for any contributions.	
Non-Cash Contributions - Property, Clothing, Furniture, Food, etc. Attach explanation listing name & address of donee organization, items donated, date of donation, and fair market value. If total value of a single donation exceeds \$500 explain method used to arrive at value (items over \$5,000 require an appraisal). If you donate a vehicle, please attach your charity's form 1098-C.	
Volunteer Work - Mileage & Parking Attach explanation listing date, name & address of donee organization, activity performed, miles driven, and parking fees.	

INTEREST

Amounts, names, and Social Security numbers must match Form 1099 issued by financial institutions

Mortgage Interest	Paid to Financial Institution (Form 1098)
Principal	Paid to Individual (List name, address, Soc. Sec. no. below)
Residence	Name Address Soc. Sec.
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Principal	Paid to Individual (List name, address, Soc. Sec. no. below)
Residence	Name Address Soc. Sec.

Did you acquire a new mortgage or borrow on an existing mortgage during the year? Yes No If yes, what is your combined mortgage debt? \$

Points paid to acquire new mortgage (if not included above)

Home Equity Loan Interest (used to buy, build, or substantially improve a qualified residence)

Student Loan Interest (attach Form 1098-E + state if not for loan date, loan purpose)

Other

Other

Deductible Investment Interest

Note: Personal interest from credit cards, department stores, auto, bank loans, etc. is not deductible.

CHILD AND DEPENDENT CARE

If you have employed or used dependent care services

If required to be gainfully employed (or a full-time student) If services performed in your home (Name)

Name/Address of Provider	Soc. Sec. or ID Number	Paid

Federal ID No. (if required to file 1099 wages reports)

Total Paid During the Year \$

No. Children Under Age 13 #

Use Form 1099 for provider details. Allocate expenses by dependent. Attach details if more space is needed.

RETIREMENT CONTRIBUTIONS

✓ If covered by a retirement plan at work	Date	Traditional IRA	SEP/SIMPLE	Roth IRA	If you want the maximum allowable deduction, write MAX in the money column(s). You will be informed of amount to deposit.	List total value of ALL IRAs on 12/31
Single or Taxpayer						Single or Taxpayer
Spouse						Spouse

HIGHER EDUCATION EXPENSES

Note: Many of your higher education expenses qualify for special tax credits and deductions. Others may qualify as exclusions from income for tax-free and/or penalty-free withdrawals from your tax-deferred savings accounts. Please provide information individually for each student and include all Form 1099-O.

Note: If student is attending less than 1/2 time

Code (T-Taxpayer, S-Spouse, D1-Dependent 1, D2-Dependent 2)	1st Student	2nd Student	3rd Student
	Amount	Amount	Amount
Tuition			
Fees, Books, Supplies			
Other:			
Other:			

Other Expenses (Enter amounts as these expenses may qualify for tax/penalty-free IRA withdrawals, student loan interest reduction, or U.S. Savings Bond interest income EXEMPTION)

	1st Student	2nd Student	3rd Student
Room and Board			
Amount of any Grants, Scholarships			

JOB RELATED EDUCATION

(May only be used above of the state level)

	Taxpayer	Spouse
Miles Driven		
Room and Board		
Books and Supplies		
Seminar Fees		

WAGES/SALARIES/W-2 FORMS

T/S	Name of Employer	Taxable Wages	Withheld Fed. Tax	Other Taxes Withheld			
				Soc. Sec.	Medicare	State	Local

T/S/J Code: T — Taxpayer S — Spouse J — Joint Use these codes if married filing jointly

MISCELLANEOUS INCOME

(Show Losses in Brackets)

T/S/J	Source of Income	Amount
	Alimony (Pre 2019 Agreements) (if you pay Alimony - list in misc. deductions)	
	Jury Duty (Or Other Public Service)	
	Tips/Gratuities (Not Reported on W-2)	
	Contest/Awards/Gambling Winnings (Attach 1099-MISC, W'G or Explain)	
	Commissions/Bonuses (Not Reported on W-2)	
	Pensions/Annuities (Furnish 1099-R Form)	
	IRA/Keogh (Attach Form 1099-R)	
	Profit Sharing Distributions (Attach Form 1099-R)	
	Unemployment Compensation (Attach 1099-G Form)	
	Partnerships/Estates/Trusts (Furnish K-1 Forms)	
	Small Business Corporations/Sub Chapter S (Furnish K-1 Forms)	
	Business/Self-Employed (Furnish Schedule or Details)	
	Farm (Furnish Schedule or Details)	
	Rental (Furnish Schedule or Details)	
	Forgiven Debt (Attach Form 1099-A or C)	
	Other (Explain:)	

* If you did not actively or materially participate in earning the income (or loss) listed

SALE OF PERSONAL RESIDENCE

Date Old Residence Acquired	Cost or Basis
Improvements (Additions, Landscaping, Driveway, New Roof, etc.)	
Fixing-Up Expenses (Painting, Repairs, etc., To Prepare for Sale)	
Date Old Residence Sold	Selling Price
Expenses of Sale (Commissions, Legal Fees, Points, Stamps, etc.)	
1. Was any part of residence rented or used for business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Did you own and use the home as your principal residence for at least 2 of the last five years? You: Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Have you rolled over a gain from the sale of a prior residence into the home sold? If so, please provide Form 2118 from tax return for year prior home sold. Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Was sale required due to job transfer, medical or unforeseen circumstance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date New Residence Acquired (Or Construction Began)	
Date Of Occupancy	Cost of New Residence
If married, do you and your spouse have the same proportionate interest in the new residence as in the old? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Attach Copy of Real Estate Closing Papers for both the sale and purchase.

INTEREST INCOME (Use payer name listed on 1099-INT & attach)

T/S/J	Name of Payer	Interest Amount	Exempt

Penalty for early withdrawal of savings ()

List interest income reported on all 1099-INT and 1099-DIV forms.
 Attach all 1099 forms reporting Tax Withheld.
 Do not list IRA or Retirement Plan reported interest.
 Use Codes below if from indicated sources:
 MB MUNICIPAL BONDS
 MI INSTALLMENT SALES
 US U.S. BONDS
 TE TAX EXEMPT interest
 MF MORTGAGE FINANCED BY SELLER (list name, address & phone number)
 LIST CODE HERE

DIVIDEND INCOME (please attach all 1099 DIV forms)

T/S/J	Name of Payer	Total Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Non Taxable

List Gross Dividends above as reported on 1099 DIV forms received. * Related to mutual funds.
 Attach all 1099 DIV forms. If this 1099 DIV has information not listed above please check here.

CAPITAL GAINS AND LOSSES

Stocks, Bonds and Mutual Funds (Attach Form 1099-B) Sale of Property and Real Estate (Attach Form 1099-S)

T/S/J	Description (if shares, name or stock symbol)	Date Acquired (mm/dd/yyyy)	Date Sold (mm/dd/yyyy)	Sale Price	Cost or Basis*

NOTE: Record ALL fund transactions including mutual funds.
 Use These Codes below if from indicated sources:
 A 1099-B Received; Box 3 basis (cost)
 B 1099-B Received; No Box 3 basis (cost)
 C No 1099-B Received; basis is my cost
 LIST CODE HERE

- List line # if items sold on installment basis. #
 * Note interest above.
 * Principal Received: this year \$ _____ prior year \$ _____
- If anything above was inherited and sold, list line number(s). #
- If 1099-B stated basis (cost) is wrong, mark next to the incorrect value with the codes above and provide the correct cost on an attached sheet.

* For new installment sale, also report selling expenses, mortgage assumed and if used in business, accumulated depreciation and include copy of settlement papers.

NON-TAXABLE INCOME (Important to list even if not tax)

Child Support/Payments/Assistance (Not Alimony)	
Veterans Benefits/Disability Income	
Workmen's Compensation/Loss of Time Payments	
Other (Explain):	

SOCIAL SECURITY

Benefits (from box 5) Federal tax with

IMPORTANT: provide SSA-1099	Taxpayer	
	Spouse	

INCOME TAXES PAID OR REFUNDED

If someone else prepared your taxes last year please provide a copy.	ESTIMATED TAX PAID			Federal	State	Local
	Federal	State	Local			
Balance paid on last year's return (or prior years)						
Refunds received from last year's return (or prior years)						

If not paid by due dates, list actual dates paid.	ESTIMATED TAX PAID		
	1st Qtr.	2nd Qtr.	3rd Qtr.
	4/15	6/15	9/15
			1/15