2022 Individual Taxpayer Organizer

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Taxpayer						Tax ID #*				
First Name	M.I.	Las	st Name	Em	ail			IP PIN		
Occupation	Occupation Date of bi					Are you ne	w to our	1	Yes	No
Address		City				State		Zip		
County		Prin	nary phone			Secondary	phone			
Driver's License No.				Stat	te Issue	Date	Ехр	. Date		
Spouse						Tax ID#*				
First Name	M.I.	Las	st Name	Em	ail	ı		IP PIN		
Occupation		Date	e of birth			Are you ne	w to our	firm?	Yes	No
Address (If different from Taxpayer)		City				State		Zip		
County		Prin	nary phone			Secondary	phone			
Driver's License No.				Stat	te Issue	Date	Ехр	. Date		
If you moved during 2022, enter your	previous addres	s.				Date of mo	ve			
Were you divorced or separated during Individuals who are in registered don Have you received any notice from the	nestic partnership	os (RE		ions	are not consid	deaths in the far dered married for Yes No	-	Yes N		
Names of dependent children Child's full name	Tax ID ‡		IP PIN		Date of birt	Months lived h home in 202	_	ationship taxpayer		College udent?
Did any of the children have unearned Is it anticipated that a different taxpay			•	Yes ve as	-	of the children h ent for tax year 2		sability? Yes N	Yes	s No
Other dependents or people who liv	ed with you									
Name	<i>Tax ID # *</i>		IP PIN	I	Date of birth	Months lived in home in 2022	Relati	onship	Inc	соте
Bank information: Use for Direct d	eposit of refund	Dir	ect debit of bala	nce d	lue <i>Name of</i>	bank				
Checking Savings Routing tra	nsit number				Account nu	mber				
Ask your tax preparer for information	n about depositin	g a ref	fund into an IRA	acco	ount or splitti	ng the deposit ir	ito more	than one	acco	unt.
*A Tax ID # is either a Social Security Numb	per (SSN), adoption	taxpay	ver identification i	numbe	er (ATIN), or a	n individual taxpa	ver ident	ification n	ımbeı	· (ITIN)

Do you rent or own your home?

Total rent paid \$

Rent

Includes heat?

Own

Yes

No

States of residence during 2022 and dates

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, 1099-NEC, 1099-K, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicat	te "T" for taxpayer, "S" for spouse, "J" for j	oint			Pro	vide additional staten	nents if m	nore room is needed		
Forms	W-2—Wage and Tax Statement									
T/S	Employer name		T/S	Employe	er name					
	1)				4)					
	2)				5)					
	3)				6)					
Forms	1099-INT — Interest Income									
T/S/J	Name of issuer			T/S/J	Name of	fissuer				
	1)				4)					
	2)				5)					
	3)				6)					
Forms	1099-DIV—Dividends and Distributions									
T/S/J	Name of issuer			T/S/J	Name of	fissuer				
	1)				4)					
	2)				5)					
	3)				6)					
Forms	1099-R—Distributions From Pensions, An	nnuities, Reti	irement	t or Profit	t-Sharing 1	Plans, IRAs, Insurance	c Contrac	ets, Etc.		
T/S	Name of issuer			T/S	Name of	Name of issuer				
	1)				4)	4)				
	2)				5)	5)				
	3)				6)	6)				
If the c	listribution is before age 59½, give a reason	to determin	e if an	exception	to penalty	applies.				
Tax-Ex	empt Interest (such as municipal bonds—	include state	ement)							
Payer		\$		Payer				\$		
Other	Income							'		
State ta	ax refund		\$			Unreported tips	Unreported tips \$			
Unemployment compensation			\$			Other \$				
Social	Security (taxpayer)—provide SSA-1099 or	RRB-1099	\$				\$			
Social Security (spouse)—provide SSA-1099 or RRB-1099			\$				\$			
Gambl	ing income—provide W-2G		\$				\$			
Busine	ss income (see Sole Proprietorship Tax Organ	iizer)			Stock sales See "Sales and			"Sales and Exchanges		
							7			

Sales and Exchanges Worksheet

Rental income (see Rental Property Tax Organizer)

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Worksheet" below.

Sale of other property

Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$12,950 Single, \$25,900 MFJ, \$19,400 HOH, or \$12,950 MFS to be a tax benefit.

Medical Expenses. Must exceed 7.5% of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance or paid with funds from an FSA, HSA, or HRA.				Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.						
Dentists	\$	Hospitals	\$		Monetary (cash, ch	Monetary (cash, check, credit card)				
Doctors	\$	Insurance	\$		Noncash contribut					
Equipment	\$	Prescriptions	\$		items must be in go			\$		
Eyeglasses	\$	Other	\$		Did you transfer fu		directly to a	d		
Medical miles:	Jan. – June	July-De	c		charity? Yes Charitable mileage	No		\$		
		paid for full or partia ness use of the hom		ess or	Casualty and The	eft Losses				
State withhold	ing		Reporte	ed on W-2			ected damage or loss			
State estimated	taxes—paid in 202	22	\$		preparer. Yes	No	ter area, provide deta	alls to your tax		
Real estate tax-	—residence		\$			emized Deducti	ions. Miscellaneous	itemized		
Real estate tax-	—other		\$		deductions subject	to the 2% AGI li	mitation are no longe	er deductible		
Personal prope	erty taxes		\$		on the federal return. However, these expenses may still be deductible on your state return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer? Yes No					
Property tax re	fund—received in	2022	\$()							
Foreign tax pai	d		\$							
Other			\$		Dues	\$	Subscriptions	\$		
Other			\$		Investment	\$	Supplies	\$		
Other			\$		expenses		T. (φ.		
	n 2022 from prior ye				Job education	\$	Tax prep fees	\$		
 	e interest or penaltie	•	\$		Job seeking	\$	Tools	\$		
	eceipts for sales tax		Yes Yes	No No	Legal fees	\$	Uniforms	\$		
Sales tax paid \$	ase a car, plane, boa <i>Purchase</i> j	t, or nome in 2022: paid \$ Date		NO	Licenses	\$	Union dues	\$		
· · · · · · · · · · · · · · · · · · ·			partial bi	usiness	Safety equipment	\$	Other	\$		
Interest Paid. Do not include interest paid for full or p or rental-use property, including business use of the ho Forms 1098 or lender information and ID numbers.					Other Deductions income limit.	1	deductions are not s	ubject to a 2% of		
Main home	\$	Equity loan	\$		Gambling losses	\$	Federal estate tax on IRD	\$		
Second home	\$	Equity loan	\$		Impairment-	\$	Other	\$		
Points	\$	Investment interest	\$		related expenses	7		T		
Other De	eductions o	r Question	S							

Other Deductions or Questions

Other adjustments. Include description.

Notes

- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$300 each. \$ *Health savings account (HSA).* Contributions for 2022 may be made in 2023. (Only include contributions you made out-of-pocket). \$ Self-employed SEP, SIMPLE, and qualified plans. Contributions for 2022 may be made in 2023. Self-employed health insurance. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage. Penalty on early withdrawal of savings. \$ IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Contributions for 2022 may be made in 2023. \$ Student loan interest. Paid for taxpayers and dependents. Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station. Ask preparer Business expenses of reservists, performing artists, and fee-based government officials. Ask preparer

Estimated Tax Payments — Tax Year 2022										
Installment	Date paid	Federal	Date paid	State						
First		\$		\$						
Second		\$		\$						
Third		\$		\$						
Fourth		\$		\$						
Amount applied from 2021 overpayment?		\$		\$						
Total		\$		\$						

Tax Preparation Checklist

Please provide the following documentation:

All Forms W-2 (wages), 1099-INT (interest), 1099-DIV (dividends), 1099-B (proceeds from broker or barter transactions), 1099-R
(pensions and IRA distributions), Schedules K-1 from partnerships, S corporations, estates and trusts, and other income reporting
statements, including all copies provided from the payer.
Form 1095-A (for health insurance purchased through a public exchange), Form 1095-B (for health insurance purchased outside

of a public exchange), or Form 1095-C (for employer-provided health insurance coverage).

☐ If you are a new client, provide copies of last year's tax returns.

The completed Individual Income Tax Organizer. Note: If you choose not to fill out the organizer, you must at least answer
the "Yes" or "No" questions under "Questions—All Taxpayers."

☐ Copy of the closing statement if you bought, sold, or refinanced real estate.

☐ Mileage figures for any automobile expenses claimed, including total mileage, commuting mileage, and business	mileage.
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☐ Detail of estimated tax payments made, if any.

☐ Income and deductions categorized on a separate sheet for business or rental activities.

☐ List of itemized deductions categorized on a separate sheet for medical, taxes, interest, charitable, and miscellaneous deductions.

☐ Copy of all acknowledgement letters received from charitable organizations for contributions made in 2022.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.
- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

Taxpayer	Spouse	Date

Privacy Policy

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Sole Proprietorship Tax Organizer

Sole Pro	prie	tor General Informati	on						
Name of sole proprietor									
Business	Business name (if different) EIN (if applicable)								
Business address (if different from home address)									
Principal	Principal business activity Date business started Date business closed								
		duct or service							
		Was the primary purp	oose of the busir	ness activity to re	alize a profit?				
Yes	_	Did you materially pa							
Yes	No	Has the business repo	orted any losses	in prior years?					
Account	ing n	nethod: Cash Ad	crual Other	(specify)					
Yes	No	Does the business file	under a calend	ar year? (If no, lis	t the fiscal year.)				
Sole Pro	prie	tor Specific Question	IS						
Yes	No	Did you pay any fam	ily members for	services?					
Yes	No	Did you make any pa	yments of \$600	or more to subco	ntractors, attorneys, accour	ntants, di	rectors, etc.?		
Yes	No	If Yes, did you issue I	Form 1099-NEC	? List name and so	cial security number (SSN) fo	r each per	rson to whom you paid \$	600 or more.	
		Name					SSN		
		Name					SSN		
Yes	No	Did you make, or do	you plan to mak	ke, any contributi	ons to a self-employed retir	rement p	lan?		
		Type of plan					Amount contributed	\$	
	No	, , , ,		ntal insurance? <i>If</i>	f Yes, provide amount of premi	iums paid	during the year.	\$	
	No	Did you have any em							
	No	Did you have any bar							
Yes	No		neck Protection 1	Program (PPP) lo	an that was forgiven in 202	2?			
	•	tor Business Income							
		, ,			yer and amount separately from	m gross re	<u> </u>	\$	
Form 1			\$	Forn	n 1099-K		\$		
		rms 1099-NEC and 109	99-K received					\$	
		illowances						\$()	
		(not included in gross r		/: . 1 (F	TAT 0) 10	. 1	1 70	\$ 	
					W-2) if you are not classiful W-2) if you are not classiful W-2) if you are not classiful W-2) if we will write with the world will be write will be write with the world will be write with t				
		-employment (SE) tax		, 1 roju or 1.055 1 ro	in Dusiness, Claim any Expe	11505 0550	ociated with the incom	le received, and	
				rers wholesalers	and businesses that make, bu	v orsell	annds)		
		he beginning of the yea			ana baomoooo mat mato, ba	,,, 0. 00	900007	\$	
		s costs of items withdra		l use				\$	
Cost of la			I					\$	
		supplies						\$	
		he end of the year						\$	
		tor Business Expens	es					·	
Advertisi	•	•	\$	Management fee	es	\$	Utilities	\$	
Bad debts			\$		s in restaurants (100% deduct.)	\$	Wages 1	\$	
Bank cha	rges		\$		isiness meals (50% deduct.)	\$	Other	\$	
Business		ses	\$	Office supplies	,	\$		\$	
Commiss	sions	and fees	\$	Start-up costs (fi	rst year of business)	\$		\$	
							\$		
Employee benefit programs \$ Rent or lease – car, machinery, equipment \$ \$							\$		
	Employee health care plans \$ Rent or lease – other business property \$ \$								
Entertain	ment	. 2	\$	Repairs and mai		\$		\$	
Gifts	Gifts \$ Supplies (not included in inventory cost) \$ \$								
		er than health insurance)	\$	Taxes – payroll ¹		\$		\$	
							\$		
Interest –			\$	Taxes – sales		\$		\$	
Internet s			\$	Taxes – state		\$		\$	
Legal and	Legal and professional services \$ Telephone \$ \$ \$ \$ \$ \$ \$ \$ \$								

 $^{^{1}}$ Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC, Form 1099-MISC, and any state tax forms filed. 2 Entertainment is no longer deductible for taxes.

Other Busines	ss Expenses – <i>L</i>	ist out type and expen	se amount						
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
Car Expenses	(use a separate fo	orm for each vehicle)	1	•				,	
Make/Model	. ,				Date car	placed in serv	ice		
	Car available for	personal use during	off-duty hours?						
		spouse) have any ot		al use?	Did you	trade in your	ar this year?	Yes N	Jo
	Do you have evi		rier cars for person.		Cost of		Trade-in		
	Is your evidence				\$	irace ir	\$	varac	
100 110 1	15 your evidence	Mileage			Ψ		Actual Expens	IPS	
Beginning of y	rear odometer	1v1menze			Gas/oil		\$		
End of year od					Insuran	20	\$		
Business milea		Ian Iuno	July–Dec.			fees/tolls	\$		
	0	Jan. – June	July-Dec.						
Commuting m						tion/fees	\$		
					Repairs		\$		
Generally, you purposes. How then choose be Travel Expens	etween either the	standard mileage ra standard mileage ra	nte, it must be used nte method or actua	l in the f	irst year t ses.	he car is availa	ble for busine	ss. In later	
purposes. How then choose be Travel Expens • Meals. You ca home on bus	wever, to use the etween either the ses an deduct the cosiness. You can us	standard mileage ra standard mileage ra st of meals while tra se the actual cost of	nte, it must be used the method or actual veling away from your meals or the	• Tra	vel/Lodg	he car is availa	ble for busine	ss. In later	I necessary exness purpose
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Depreciation. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year				
Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers		For Day Care Only		
A) Business use area (square footage)		1) Hours used for day care		
B) Total area of home (square footage)		2) Total hours in year	8,760 hrs.	

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2022, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect		
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$		
Property taxes	\$	\$	Utilities	\$	\$		
Insurance	\$	\$	Other	\$	\$		
Rent	\$	\$	Other	\$	\$		
Depreciation of the Home							
Lower of cost or fair market value	e of home	\$	Improvements?	Yes No			
Value of land		\$	Casualty losses in 2022?	Yes No			

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a day care facility.

Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples, you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- You home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

Self-Employment (SE) Tax

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400
 or more, or you had church employee income of \$108.28 or more. The SE
 tax rules apply no matter how old you are and even if you are already
 receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$147,000 (2022) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.