# **2022 Individual Taxpayer Organizer**

Taxpayer							Tax ID # *				
First Name	M.I.	Las	t Name	Ema	ail				IP PIN		
Occupation		Date	Date of birth				Are you new to our firm? Yes No			No	
Address		City	City				State		Zip		
County		Prim	ary phone				Secondary p	hone			
Driver's License No.	'		State	e Issue	e Date	е	Ехр	o. Date			
Spouse							Tax ID # *				
First Name	M.I.	Las	t Name	Ema	ail				IP PIN		
Occupation		Date	of birth				Are you new	to our	firm?	Yes	No
Address (If different from Taxpayer)		City					State		Zip		
County		Prim	ary phone				Secondary p	hone	'		
Driver's License No.				State	e Issue	e Date	е	Ехр	o. Date		
If you moved during 2022, enter your	previous addres	S.					Date of move	e			
Were you divorced or separated during Individuals who are in registered dorn Have you received any notice from the	nestic partnership	os (RD	Ps) and civil un	ions a	are not consi			-		No poses	6.
Names of dependent children Child's full name	Tax ID ‡		IP PIN		Date of birt	- 1	Months lived i home in 2022	- 1	ationship taxpayer		College tudent?
Did any of the children have unearned Is it anticipated that a different taxpay			•	Yes ve as t	,		e children ha for tax year 20		•	Ye Jo	s No
Other dependents or people who liv	ed with you					1				ı	
Name	<i>Tax ID</i> # *		IP PIN	E	Date of birth	1	nths lived in me in 2022	Relati	ionship	In	соте
Bank information: Use for Direct d	eposit of refund	Dire	ect debit of bala	nce d	ue Name of	bank					
Checking Savings Routing tra	nsit number				Account ni	umbe	r				
Ask your tax preparer for information	n about depositin	g a refi	und into an IRA	acco	ount or splitti	ing tl	ne deposit int	o more	than on	e acc	ount.
A Tay ID # is either a Social Security Number	per (SSN) adoption	taynay	or identification	nımbe	or (ATINI) or a	n ind	ividual taynava	ar ident	ification r	umbe	r (ITINI)

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	e "T" for taxpayer, "S" for spouse, "J" for j	oint			Pro	vide additional statem	ents if m	ore room is ne	eded
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	issuer			
	1)				4)				
	2)				5)				
	3)				6)				
Forms	1099-DIV—Dividends and Distributions								
T/S/J	Name of issuer			T/S/J	Name of	issuer			
	1)				4)				
	2)				5)				
	3)				6)				
Forms	1099-R—Distributions From Pensions, At	ınuities, Reti	irement	or Profit	-Sharing I	Plans, IRAs, Insurance	Contrac	ts, Etc.	
T/S	Name of issuer			T/S	Name of	issuer			
	1)				4)	4)			
	2)				5)				
	3)				6)				
If the d	istribution is before age 59½, give a reasor	to determine	e if an e	exception	to penalty	applies.			
Tax-Ex	empt Interest (such as municipal bonds—	include state	ment)						
Payer	-	\$		Payer				\$	
Other 1	Income								
State ta	x refund		\$			Unreported tips	\$		
Unemp	ployment compensation		\$			Other	\$		
Social S	Security (taxpayer)—provide SSA-1099 or	RRB-1099	\$				\$		
Social S	Security (spouse)—provide SSA-1099 or R	RB-1099	\$				\$		
Gambling income—provide W-2G							\$		

### **Sales and Exchanges Worksheet**

Business income (see Sole Proprietorship Tax Organizer)

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.

Stock sales

Sale of other property

See "Sales and Exchanges Worksheet" below.

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.

<b>Medical Expenses.</b> 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, check, credit card)			\$	
Doctors	\$	Insurance	\$		Noncash contributions (FMV). Clothing or household				
Equipment	\$	Prescriptions	\$			items must be in good used condition or better.			
Eyeglasses	\$	Other	\$			Did you transfer funds from an IRA directly to a			
Medical miles	Medical miles: JanJune July-Dec				charity? Yes Charitable mileage	No		\$	
Taxes Paid. Do not include taxes paid for full or partial business or									
rental-use pro	perty, including b	usiness use of the hom	e.		Casualty and The				
State withhold	ling		Report	ed on W-2			ected damage or loss ster area, provide deta		
State estimate	d taxes—paid in 2	2022	\$		preparer. Yes	No	ster area, provide dea	ins to your tax	
Real estate tax	residence		\$		Miscellaneous Ite	emized Deduc	tions. Miscellaneous	itemized	
Real estate tax—other			\$		deductions subject to the 2% AGI limitation are no longer deductible 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				
Personal property taxes			\$						
Property tax r	efund—received i	n 2022	\$( )		expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer? Yes No				
Foreign tax pa	iid		\$						
Other			\$		Dues	\$	Subscriptions	\$	
Other			\$		Investment	\$	Supplies	\$	
Other			\$		expenses		<u> </u>		
Balance paid i	n 2022 from prior	year state returns			Job education	\$	Tax prep fees	\$	
(do not includ	e interest or penal	ties)	\$		Job seeking	\$	Tools	\$	
		ax paid during 2022?	Yes	No	Legal fees	\$	Uniforms	\$	
Did you purcl Sales tax paid	nase a car, plane, b	oat, or home in 2022? se paid \$ Date	Yes	No	Licenses	\$	Union dues	\$	
		,			Safety equipment	\$	Other	\$	
or rental-use p	property, including	nterest paid for full or p g business use of the ho on and ID numbers.			income limit.		g deductions are not s	<u> </u>	
Main home	\$	Equity loan	\$		Gambling losses	\$	Federal estate tax on IRD	\$	
Second home	\$	Equity loan	\$		Impairment-	\$	Other	\$	
Points	\$	Investment interest	\$		related expenses	<b>"</b>	Other	<b>"</b>	

Business expenses of reservists, performing artists, and fee-based government officials.

Other adjustments. Include description.

- 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

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. 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 Pr	oprie	tor General Informati	ion					
Name o	f sole	proprietor						
Business	s nam	e (if different)					EIN (if applicable)	
Business	s add:	ress (if different from ho	me address)					
Principa	ıl busi	iness activity			Date business started		Date business closed	 d
		duct or service						
Yes	No		pose of the busir	ness activity to re	alize a profit?			
Yes	No	Did you materially pa						
Yes	No	Has the business repo	orted any losses	in prior years?				
Account	ting n	nethod: Cash Ad	ccrual Other	(specify)				
Yes	No	Does the business file	under a calend	ar year? (If no, lis	t the fiscal year.)			
Sole Pr	oprie	tor Specific Question	ıs					
Yes	No	Did you pay any fam	ily members for	services?				
Yes	No	Did you make any pa	nyments 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	son to whom you paid \$6	600 or more.
		Name					SSN	
		Name					SSN	
Yes	No	•	you plan to mak	ke, any contributi	ions to a self-employed retir	rement p		
		Type of plan					Amount contributed	\$
Yes	No	, , , ,		ntal insurance? <i>Ij</i>	f Yes, provide amount of premi	iums paid	during the year.	\$
Yes	No	Did you have any em						
Yes	No	Did you have any bar						
Yes	No			Program (PPP) lo	oan that was forgiven in 202	2?		
		tor Business Income						
		, ,			yer and amount separately froi	m gross re		\$
Form			\$	Forn	n 1099-K		\$	
		rms 1099-NEC and 109	99-K received					\$
		allowances						\$( )
		(not included in gross r						\$
					n W-2) if you are not classifi om Business, claim any expe			
		-employment (SE) tax		, Frojii or Loss Fro	oni business, cianni any expe	11565 4550	ociated with the incom	e received, and
				rare wholocolore	and businesses that make, bu	w or coll	anadel	
		he beginning of the yea		ieis, wiiulesaleis,	anu vusinesses that make, vu	ıy, ui seli <u>ş</u>	yoous/	\$
		s costs of items withdra		1 1160				\$
Cost of l		5 costs of ficinis withan	awii ioi peisona	ii uoc				\$
		supplies						\$
		he end of the year						\$
		tor Business Expense	A6					Ι Ψ
Advertis	•	tor Dusiness Expense	\$	Management fee	oc	\$	Utilities	\$
Bad debt			\$		s in restaurants (100% deduct.)	\$	Wages <sup>1</sup>	\$
Bank cha			\$		usiness meals (50% deduct.)	\$	Other	\$
Business		ses	\$	Office supplies	ionicoo niculo (00 / 0 deddet.)	\$	Other	\$
Commis			\$	1.1	rst year of business)	\$		\$
Contract			\$	Pension and pro		\$		\$
		efit programs	\$		ar, machinery, equipment	\$		\$
		lth care plans	\$		ther business property	\$		\$
Entertain			\$	Repairs and mai		\$		\$
Gifts			\$	_	luded in inventory cost)	\$		\$
	ce (oth	er than health insurance)	\$	Taxes – payroll <sup>1</sup>	<i>y</i> .	\$		\$
Interest -			\$	Taxes – property	7	\$		\$
Interest -			\$	Taxes – sales		\$		\$
Internet	servic	e	\$	Taxes – state		\$		\$
Legal an	d pro	fessional services	\$	Telephone		\$		\$
1 D · 1	Provide action of Fourth W.2. Fourth 040 Fourth 041 Fourth 1000 NEC Fourth 1000 MEC and activate to fourth 61 d							

 $<sup>^{1}</sup>$  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 Dusine	saa Expelises – L	ist out type and exp		_				1.	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	
			\$					\$	5
			\$					\$	<b>S</b>
			\$					\$	}
			\$					\$	<b>,</b>
			\$					\$	<b>5</b>
<b>Car Expense</b>	S (use a separate fo	orm for each vehicle	·)						
Make/Model					Date car	placed in servi	ice		
Yes No		personal use duri	ng off-duty hours?			1			
Yes No			other cars for person	al use?	Did vou	trade in your c	ar this vear?	Yes N	Jo
Yes No	Do you have evid				Cost of trade-in Trade-in value				
Yes No	Is your evidence				\$		\$		
100 110	15 your evidence	Mileage			Ψ		Actual Exper	1505	
Reginning of	year odometer	1viiicuze			Gas/oil		\$	1000	
End of year o	•				Insuran	20	\$		
Business mile		Ian Iuna	July–Dec.			fees/tolls	\$		
		Jan.–June	July-Dec.				<del>- 1</del>		
Commuting r					Registra	tion/fees	\$		
Generally, you purposes. Ho then choose b	u can use either the wever, to use the etween either the	standard mileage	ge rate or actual experate, it must be used rate method or actua	in the fi	irst year t				
purposes. Ho then choose b <b>Travel Expen</b> • Meals. You	u can use either the wever, to use the setween either the sesses can deduct the cost	standard mileage standard mileage st of meals while to	rate, it must be used rate method or actua raveling away from	in the find expense	irst year t ses. vel/Lodg	he car is availa	ble for busin	ess. In later	years, you
Generally, you purposes. Ho then choose b  Travel Expen  • Meals. You home on bu	u can use either the wever, to use the etween either the ises can deduct the cosiness. You can us	standard mileage standard mileage st of meals while to	rate, it must be used rate method or actual raveling away from of your meals or the	• Tra	vel/Lodg	he car is availa	leduct the or	rdinary and	years, you l necessary iness purpo
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number of years. 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.

- $\bullet$  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.

# **Rental Property Tax Organizer**

### **Rental Income and Expenses**

Indicate type of property as 1-Single Family Residence, 2-Multi-Family Residence, 3-Vacation/Short-Term Rental, 4-Commercial, 5-Land, 6-Self-Rental, or 7-Other (describe).

	Prope	erty A	Property B		Property C	
	Location of property:		Location of property:		Location of property:	
	Type Any personal use? Yes No		Type Any personal use? Yes No		Type Any personal use? Yes No	
	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days
Date placed in service						
Rents received	\$		\$		\$	
Expenses						
Advertising	\$		\$		\$	
Auto and travel	\$		\$		\$	
Cleaning and maintenance	\$		\$		\$	
Commissions	\$		\$		\$	
Insurance	\$		\$		\$	
Legal and professional fees	\$		\$		\$	
Management fees	\$		\$		\$	
Mortgage interest paid to banks	\$		\$		\$	
Other interest	\$		\$		\$	
Repairs	\$		\$		\$	
Supplies	\$		\$		\$	
Taxes	\$		\$		\$	
Utilities	\$		\$		\$	
Other (list)	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

### **Property Information**

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2022.

Property Purchased. Treat the cost of improve	ments made to real property as the purchase of a	new asset.	
Asset	Date purchased	Cost	Date placed in service
		\$	
		\$	
		\$	
		\$	
		\$	

Property Sold or Taken Out of Service					
Asset	Date sold or taken out of service	Selling price	Trade in?		
		\$			
		\$			
		\$			
		\$			
		\$			