



INCOME TAX GUIDE AND ORGANIZER

FOR:

Tax Year 2022

PROVIDED BY:

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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.

PERSONAL DATA

Taxpayer (T)			Spouse (S)		
Name (Last, First, Middle Initial)			Name (Last, First, Middle Initial)		
SSN (last 4 digits)	DOB	Occupation	SSN (last 4 digits)	DOB	Occupation
Mailing Address <input type="checkbox"/> Check if address is new			Mailing Address <input type="checkbox"/> Check if address is new		
City, State & Zip		County	City, State & Zip		County
Phone: H W C	Phone: H W C		Phone: H W C	Phone: H W C	
E-Mail Address:			E-Mail Address:		

DEPENDENTS

Name (First, Middle Initial and Last)	D.O.B.	SSN (last 4 digits)	No. of mos. lived in your home during year*	
			<input type="checkbox"/> X if not living with you <div style="text-align: center;">Relationship</div>	↓

- If more lines needed, list two per line. Note last 4 digits of Social Security numbers, unless new this year.
- If married but filing separately, list name of spouse and Social Security number at top of page.
- If filing Head of Household and qualifying person is your child but not your dependent above, enter child's name here: _____

*Place an asterisk by any dependent attending college or post-secondary school.

QUESTIONS: (Please explain "Yes" answers)

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

Note: Children's time away from home while attending school counts as time in your home.

INCOME TAXES PAID OR REFUNDED

			Federal	State	Local
Balance paid on last year's return (or prior years)					
Refunds received from last year's return (or prior years)					
Refunds applied to current year					
ESTIMATED TAX DUE DATES			Date Pd.		
If not paid by due dates indicated, list actual dates paid. If state/local tax paid on different dates, attach details.	1 st Qtr.	4/15			
	2 nd Qtr.	6/15			
	3 rd Qtr.	9/15			
	4 th Qtr.	1/15			

If someone else prepared your tax return last year, please provide a copy.

INCOME

WAGES/SALARIES/W-2 FORMS

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

Enclose all W-2 wage and tax statements. (Code: T=Taxpayer, S=Spouse)

T S J	MISCELLANEOUS INCOME (Show losses in brackets)	
	Source of Income	Amount
	Alimony (pre-2019 agreements, if you pay alimony, list on page 9)	
	Jury Duty (or other public service)	
	Tips/Gratuities (not reported on W-2)	
	Contest/Awards/Gambling Winnings (attach 1099-MISC, W-2G or explain)	
	Commissions/Bonuses (not reported on W-2)	
	Pensions/Annuities (furnish 1099-R forms)	
	IRA/Keogh profit sharing distributions (attach Form 1099-R)	
	Unemployment Compensation (attach Form 1099-G)	
	Partnerships/Estates/Trusts (furnish K-1 forms)	*
	Small Business Corporations/Subchapter 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

NON-TAXABLE INCOME (Please provide, even if not taxable)	
	Pre-2019 Child Support/Payments/Assistance (not alimony)
	Veterans Benefits/Disability Income
	Workers' Compensation/Loss-of-Time
	Other (explain):
	Other (explain):
	Other (explain):

Code	SOCIAL SECURITY INCOME		Benefits (from box 5)	Federal tax withheld
T — Taxpayer	IMPORTANT: Provide all SSA-1099 statements	Taxpayer		
S — Spouse J — Joint Use these codes if married filing jointly		Spouse		

TSJ	INTEREST INCOME (Attach All 1099-INT Forms)				CODE
	Name of Payer (always use payer name listed on the 1099)	✓	Interest Amount	Exempt	
	Penalty for early withdrawal of savings		()		

• List income reported on all 1099-INT & 1099-OID forms.
 • Attach all 1099 forms reporting tax withheld.
 • Do not list interest reported in an IRA or retirement plan.
 ✓ if 1099 form is attached

Use codes below if from indicated sources ↑

MB	Municipal Bonds
IN	Installment Sales
US	U.S. Bonds
TE	Tax-Exempt (explain)
MF	Mortgage Financed by Seller (list name, address & Social Security no.)

TSJ	DIVIDEND INCOME (Attach All 1099-DIV Forms)					✓
	Name of Payer (payer name from 1099)	Total Ordinary Dividends	Qualified Dividends	Capital Gain Distributions*	Nontaxable	

*Related to mutual funds. ✓ if this 1099-DIV has information not listed above, please check here ↑
 • List dividends above as reported on 1099-DIV forms received. Dividends under \$10 do not require a 1099.
 • If in doubt about any amounts listed on a 1099-DIV, attach the 1099 and any explanation mailed with it.

TSJ	CAPITAL GAINS AND LOSSES Stocks, Bonds and Mutual Funds (Attach Form 1099-B); Sale of Property and Real Estate (Attach Form 1099-S)					CODE
	Description (# of shares, name or stock symbols)	Date Acquired (MO/DA/YR)	Date Sold (MO/DA/YR)	Sales Price	Cost or Basis (include sales expense)*	
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					

NOTE: Record ALL fund transactions including mutual funds.

1. List line # if items sold on installment basis.* # _____
 • Note interest above.
 • Principal received in: 2022 \$ 2021 \$

2. If anything above was inherited and sold, list line number(s). # _____

3. 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

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

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

SALE OF PERSONAL RESIDENCE			
Date Old Residence Acquired		Cost or Basis	
Improvements <i>(additions, landscaping, driveway, new roof, etc.)</i>			
Fixing-Up Expenses <i>(painting, repairs, etc., to prepare for sale)</i>			
Date Old Residence Sold		Selling Price	
Expenses of Sale <i>(commissions, legal fees, points, stamps, etc.)</i>			
1. Was any part of residence rented during the year?		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 5 years?		Taxpayer: Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Spouse: Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Was the sale due to a job transfer, medical issue or unforeseen circumstance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you deferred a gain from the sale of a personal residence into the home sold? If so, please provide Form 2119 from tax return for the year that prior home was sold.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Was the residence used as a home office?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you or your spouse sold a principal residence within the last 2 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Has a spouse died in the past 2 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Note: Capital gains tax laws allow exclusion of up to \$500,000 (joint), \$250,000 (single/HH) of home sale gains.			

NEW RESIDENCE			
Date New Residence Acquired <i>(or construction began)</i>			
Date You Occupied New Residence		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"/>
Did either you or your spouse have NO ownership interest in a principal residence during the past three years prior to this purchase?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Note: Attach copy of real estate closing papers for both sale and purchase.			

HIGHER EDUCATION EXPENSES			
<i>Many 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 for each student and include all 1099-Q forms.</i>			
Note: "✓" If student is attending less than 1/2 time	1st Student	2nd Student	3rd Student
Code (T=Taxpayer, S=Spouse, D1=Dependent 1, D2=Dependent 2)			
Attach any 1098-T's received (required)	Amount	Amount	Amount
Tuition			
Fees			
Books and Supplies <i>(purchased from institution)</i>			
Other Education Expenses <i>(attach details)</i>			
Room and Board			
Amount of any grants, scholarships or other tax-free educational funds received			

JOB RELATED EDUCATION*			
<i>Enter amounts only if job/career-related and only for you and your spouse; *potential state deduction</i>			
Room and Board			
Books and Supplies			
Seminar Fees			
Travel <i>(# of Miles)</i>			

DEDUCTIONS

List only amounts that have actually been paid during the year. You may round to the nearest dollar. **DO NOT DUPLICATE ANY ENTRY.**

MEDICAL

Only unreimbursed medical expenses that exceed 7.5% of adjusted gross income are allowed.

T/S	Drugs and Medicines		Amount		
	Prescriptions & Drugs (Doctor Prescribed Only)				
	Insulin				
T/S	Medical Insurance	Please specify if paid:	Amount		
	Insurance — Paid by You	Pre-Tax <input type="checkbox"/> After Tax <input type="checkbox"/> Unsure <input type="checkbox"/>			
	✓ if paid through a health insurance exchange <input type="checkbox"/>				
	Group Health Plans (deducted from salary; provide final year pay stub)				
	Medicare Premiums	From Social Security Benefits			
		From Supplemental Insurance			
	Long-Term Health Care Insurance				
	HSA, Other (Attach 1099-SA for any HSA withdrawals)				
T/S	*Doctors, Dentists, Clinics, Hospitals, Nurses, Etc.	Amount Paid By You	T/S	Other Medical Expenses	Amount Paid By You
				Eye Glasses/Contact Lenses	
				Hearing Aids & Supplies	
				X-Ray/Lab Fees	
				Ambulance, Paramedics	
				Nurses (Board & Room)	
				Medical Aid Rental	
				Artificial Teeth	
				Equipment (Prescribed)	
				Nursing Home Medical Care	
				Medicare Part B Service Payments	
				Smoking Cessation Program	
				Parking/Transportation Fees	
	*Summary Total (Optional)				
	Lodging: While away from home (per day, per person maximums apply)				
	Transportation: Total number of miles driven for medical reasons or actual cost				
	Above amounts reimbursed by insurance (include Form 1099-LTC)				
	Note any health insurance premium credits received during the year				

Comments or explanations:

NOTE: Use T/S columns above and on page 9 under **OTHER DEDUCTIONS** if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.

TAXES		
Description of Tax	State Located	Amount of Tax
Real Estate Taxes <i>(Include whether you plan to itemize or not)</i>		
Real Estate Taxes - Other <i>(Exclude if included on a rental schedule)</i>		
Property Tax Rebates <i>(If any)</i>		()
Personal Property Tax <i>(If any)</i>		
Auto Licenses <i>(Not a deduction in all states)</i> Number of Licenses <input type="text"/>	Total Cost	
State or Local Income Taxes <i>(if not listed elsewhere or on W-2) (describe below)</i>		
Sales Tax*:		
Other: <input type="text"/>		
Comments or Explanations:		
<p>* Please provide sales tax support documents for any large purchases made during the year.</p>		

INTEREST			
<i>Amounts, names, and Social Security numbers must match Form 1098 issued by financial institutions.</i>			
Mortgage Interest, Principal Residence	Paid to Financial Institution <i>(include Form 1098)</i>		
	Paid to an Individual <i>(List name, address, Soc. Sec. no. below)</i>		
	Name <input type="text"/>	Address <input type="text"/>	Soc. Sec. No. <input type="text"/>
Mortgage Interest, Second Home	Paid to Financial Institution <i>(include Form 1098)</i>		
	Paid to an Individual <i>(List name, address, Soc. Sec. no. below)</i>		
	Name <input type="text"/>	Address <input type="text"/>	Soc. Sec. No. <input type="text"/>
Did you acquire a new mortgage or borrow on an existing mortgage during the year? <i>(Provide closing settlement papers - pages 1 & 2)</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what is your combined mortgage debt?		\$ <input type="text"/>	
Points paid to acquire new mortgage <i>(if not included above)</i>			
Home Improvement Loan Interest <i>(include Form 1098)</i> <i>(only if used to buy, build or substantially improve your qualified home)</i>			
Student Loan Interest <i>(Attach Form 1098-E & loan details: for whom, loan date, loan purpose)</i>			
Other: <input type="text"/>			
Other: <input type="text"/>			
Deductible Investment Interest <i>(e.g. margin interest, explain below)</i>			
Comments or Explanations:			
<p>NOTE: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.</p>			

CONTRIBUTIONS							
Church and Religious							
T/S	Name of Church	If No Receipt	X	Amount			
	Church (<i>Name</i>)						
	Church (<i>Other</i>)						
	Other Religious (<i>Name</i>)						
Other Charitable Organizations (<i>You must have a canceled check, a bank record or receipt from donee for all cash contributions</i>)							
T/S	If No Receipt	X	Amount	T/S	If No Receipt	X	Amount
	Cancer				Heart Fund		
	Easter Seals				Christmas Seals		
	Red Cross				United Way		
	Scouts				YMCA/YWCA		
	Muscular Dystrophy				Educational TV/Radio		
	Arthritis Foundation				Misc. Door-to-Door		
	Veteran's Org. (<i>Name</i>)				Schools (<i>Name & Describe</i>)		
Summary Total Optional (<i>See note below</i>)							
Note: A summary total for cash or check contributions may be used above. Political contributions are not deductible. If you received a gift for your donation listed above, reduce your donation by the value of the gift. Receipt required for all single donations of \$250 or more.							
Noncash Contributions (<i>List the fair market value of noncash items donated, such as clothing and other property</i>)							
T/S	Name of Organization	Items Donated	Date	Value			
Note: If noncash donations have a total value of \$500 or more, attach a detailed list of items donated, the name and address of donee organization, the purchase date, cost and the method used to arrive at fair market value (items over \$5,000 require appraisal). If you donated a vehicle, please attach Form 1098-C received from the charity. If the charity sells the vehicle, your deduction value is generally limited to the amount of the sales proceeds. Donated clothing and household items must be in good or better condition.							
Volunteer Work — Mileage (<i>Church, hospitals or non-profit organizations or to drop off contributions</i>)							
T/S	Name of Organization	Activity Performed	Parking	Miles Driven			
Note: Meals, lodging and other expenses may also be allowed. List full details.							
Comments or explanations:							

IMPORTANT CHANGES IN 2022

- ☒ Teacher expense deductions for out-of-pocket classroom supplies for teachers is \$300, up from \$250. If you're married, you can deduct up to \$600.
- ☒ If you receive more than \$600 in digital payments and the IRS deems it to be business related, you will receive a Form 1099-K.
- ☒ More stringent reporting of cryptocurrency transactions to the IRS by brokers and dealers begins in 2023.
- ☒ The deduction for charitable giving for taxpayers who don't itemize is no longer available.
- ☒ The child tax credit rolls back to 2020 limits of a maximum \$2,000 per child, down from a maximum of \$3,600 last year.

OTHER DEDUCTIONS

T/S	Amount	T/S	Amount
Casualty/Theft Losses			
From fire, storm, theft, and auto damage — if more than one, provide similar detail for each			
Kind of Property or Item	Date Acquired	Cost or Basis	
		Insurance Paid	
Describe how and/or what happened	Date of Loss	Fair Market Value – Before	
		Fair Market Value – After	
Alimony Paid (note if pre-2019)	Paid to: (Name)	SSN	
Gambling Losses	(Limited to gambling winnings)		

Note: See next page (10) for auto business expenses.

CHILD AND DEPENDENT CARE

Care expenses must be for child under 13 or physically or mentally incapacitated

☒ if you have employer-provided dependent care benefits. ☐

☒ if required to be gainfully employed (or a full-time student), or if service performed in your home (nanny)

Name of Provider	Soc. Sec. or ID Number	Address	Paid	
Federal ID number if required to file IRS wage reports	#	Total Child Care Paid During Year	\$	
		No. of Children Under Age 13	#	

Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.

RETIREMENT CONTRIBUTIONS

	Date	Traditional IRA	Roth IRA	Keogh/SEP/SIMPLE
Single or Taxpayer	/ /			
Spouse	/ /			
If you want the maximum allowable deduction - write MAX in column(s). You will be informed of amount to deposit.				
List total value of ALL IRAs on 12/31	Single or Taxpayer		Spouse	

BUSINESS EXPENSES

How to use: Report your sole proprietor business expenses. Please limit information to one business. Use additional pages if necessary, one business per page.

Type of Business		Business Owner:	Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>
Total Revenue			Both <input type="checkbox"/>	

BUSINESS EXPENSE <small>(if more lines needed, continue on back page)</small>				
Advertising		Insurance		Repairs/Maint.
Commission/Fees		Interest		Taxes/Licenses
Contract Labor		Legal/Prof. Services		Utilities
Depreciation		Office Supplies		Wages
EE Benefits		Rent or Lease		Other:
Total Business Expenses				\$
Meal Expense				\$
Did you purchase any business equipment during the year? (If yes, attach details)				Yes <input type="checkbox"/> No <input type="checkbox"/>

VEHICLE EXPENSE

	Date Placed in Service	Make	Year	Model	Cost or Basis	<input checked="" type="checkbox"/> if New This Year
Vehicle 1	/ /					Furnish details on newly acquired vehicles and trade-in or disposition of old vehicle.
Vehicle 2	/ /					

Vehicle Mileage Detail				Vehicle 1	Vehicle 2
<input type="checkbox"/> X If another vehicle is available for personal use. Subtract B from A for (1), Total Miles Driven. List Business Miles (2), from driving log. Subtract 2 from 1 to get personal miles (3). Divide line 2 by line 1 for percent of business use. No. round-trip miles from home to work _____ Number of days worked last year _____	A. End of Year	+			
	B. Beginning of Year	-			
	1. Total Miles Driven	=			
	2. Business Miles	-			
	3. Personal Miles	=			
	% Business Use (Line 2 ÷ Line 1)	=			

	Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2
Gas & Oil			Licenses		
Insurance			Repair/Maint/Lube		
Lease Payments			Other:		

TRAVEL EXPENSES – AWAY FROM HOME (Days gone overnight)

Transportation		Auto Rental	
Lodging		Cabs, Bus, etc.	

I have adequate records and sufficient written evidence to support use of vehicles and deductions listed above.

(Signature) _____

HOME OFFICE

Type of Business			
Justified business use for: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>			
Date Acquired Home		Utilities	
Cost of Land		Interest <small>(mortgage, home equity loan)</small>	
Cost of Home		Taxes	
Cost of Improvements		Insurance	
Sq. Footage of Living Area ⁽¹⁾		Maintenance	
Sq. Footage of Office Area ⁽²⁾ <small>(incl. inventory & sample storage)</small>		Daycare Provider # of Hours	
% Office Area $[(2) \div (1)]$		Other:	

QUESTIONS *(Taxpayer or Spouse)*

For "Yes" answers, supply details on the next page or on a separate sheet:

1. Were you notified by the IRS or YOUR STATE of any change to a tax return?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Are any of your claimed dependents not residents or citizens of the U.S.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Did you make any gifts of over \$16,000 to any individual <i>(with no tax advantage to you)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Do you have any foreign income or foreign bank accounts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5. Did you have living expenses in a foreign country as a result of income earned abroad?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6. Do you have any worthless stocks, uncollectible bad debts or were the victim of a ponzi scheme?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7. Did you become disabled during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8. Are you a handicapped employee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9. Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10. Have you used bartering to exchange any goods or services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11. As a member of the armed forces on active duty, did you move pursuant to a military order?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
12. Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
13. Did you start a new business during the year or do you expect to start one this coming year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
14. Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
15. Did you receive any source of income that is not listed in this booklet <i>(lottery, awards, etc.)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
16. Do you have children under age 18 with investment income <i>(age 24 if dependent student)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
17. Did you pay anyone (over 18) \$2,400 or more to work at your home (housecleaning, yard work or other domestic help) during the calendar year? If yes, submit details.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
18. Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund?	You:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Spouse:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
19. Did you donate a partial interest in any goods to charitable organizations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
20. Do you have a medical or health savings account <i>(MSA or HSA)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
21. If you are age 72 or older, have you started your mandatory retirement savings withdrawals?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
22. Did you receive employer-provided:	commuter transportation benefits?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	educational assistance?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
23. Did you pay long-term healthcare insurance premiums or receive benefits?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
24. Are you paying off a student loan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
25. Are you a school teacher who paid for classroom materials without reimbursement? <i>(Please provide a recap of expenses for potential deduction.)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
26. Have you or your dependents taken a distribution from a qualified tuition program <i>(QTP)</i> or 529 program during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
27. Did you roll funds into a Roth IRA during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
28. Did you purchase any energy-efficient equipment during the year <i>(air conditioner, furnace, windows, doors, water heater, etc.)?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
29. Did you purchase a clean or electric vehicle?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
30. Did you have qualified military combat pay?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
31. Did you receive a Form 1099-K?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
32. If over age 72, did you make a direct contribution to a charity from an IRA?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
33. Did you receive any premium health insurance credits during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
34. Did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency during the year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please answer all questions above. Provide details for any "Yes" answers. A "No" answer will be assumed if not otherwise indicated.

ADDITIONAL DETAILS AND COMMENTS

Q # or Page #	Description	Amount

Other Questions or Comments:

DIRECT DEPOSIT

Please complete the section below and attach a voided check or deposit ticket if you would like your refund directly deposited into your bank account. You may split your refund in up to three accounts. If more than one is requested, please provide your desired deposit allocation and information for each account.

☐ Yes, please split my refund deposit into _____ accounts (3 max.) The allocation % is ____/____/____

Account Type: C: Checking S: Savings

☐ Bank Name: _____ Name on Acct: _____
Routing #: _____ Account #: _____

CHECKLIST AND CERTIFICATION

- ☐ Review amounts and details listed in this tax booklet to ensure completeness and accuracy.
- ☐ Enclose all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098 forms as requested.
- ☐ Enclose health insurance coverage confirmation (Form 1095 or equivalent).
- ☐ Submit other supporting documents (e.g. Form 1098 and state / county property tax statement(s)) that may be requested or may be necessary to help justify or clarify a deduction, transaction or sale.
- ☐ Include any IRS-provided one-time use PIN information for tax identification fraud protection.
- ☐ If you paid estimated taxes, enclose estimated forms.
- ☐ If submitting tax data for the first time, include a copy of your previous tax return.
- ☐ If extensions have been filed, please include a copy of extension forms.

I have reviewed the information contained in this booklet and to the best of my knowledge certify it is true, correct, and complete.

(Signature) _____

WHEN COMPLETE, EITHER MAIL, DROP OFF OR CALL FOR AN APPOINTMENT.



Jaros Domen and Associates, LLC

Jennifer Jaros-Domen CPA, MBA
Licensed in NJ and NY
Member of NJ Society of CPAs

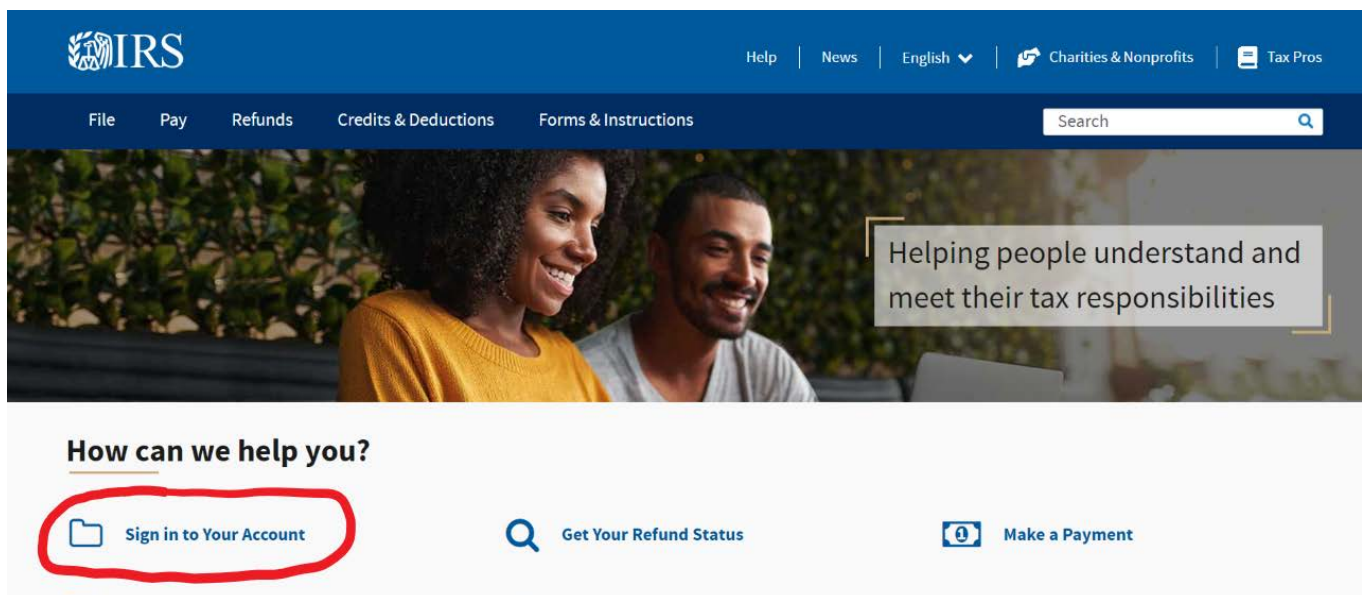
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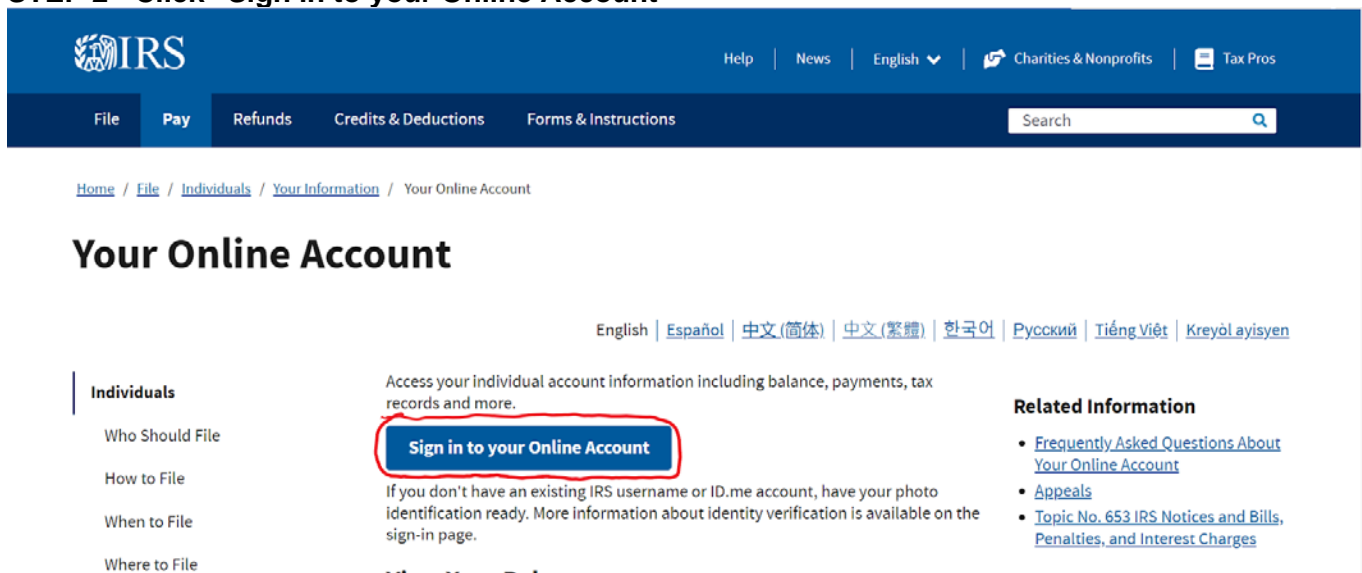
Additional Tax Organizer Requested Information

1. New Clients: Please provide copy of last year's tax return (or last tax return filed if applicable)
2. Please go to the IRS website irs.gov and create an online taxpayer account. Please provide us with your login and password if we need to review wage and income transcript.

STEP 1 - Go to irs.gov and click "Sign in to Your Account"



STEP 2 - Click "Sign in to your Online Account"



STEP 3 - Click "Create an Account"



Sign In or Create a New Account

IRS now offers a sign-in option with ID.me, which offers access to IRS online services with a secure account that protects your privacy.

ID.me is an account created, maintained, and secured by a technology provider.

If you have an existing IRS username, please create an account with ID.me as soon as possible.

Sign in with an existing account

Sign in with **ID.me**

Sign in with an existing IRS username

OR

Create a new account

ID.me Create an account

STEP 4 - Fill in your email address and create a password



Create an ID.me account

Already have an ID.me account?

[Sign in to ID.me](#)

* Indicates a required field

Email *

Enter your email address

Password *

Enter password

Confirm Password *

Reenter password

☐ I accept the ID.me [Terms of Service](#) and [Privacy Policy](#).

Create account

3. If you need us to speak to the IRS on your behalf, please fill out Form 2848 (next page) and sign page 2 (highlighted yellow sections)

Power of Attorney and Declaration of Representative

► Go to www.irs.gov/Form2848 for instructions and the latest information.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input type="checkbox"/>	
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent copies of notices and communications <input type="checkbox"/>	
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)	
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
(Note: IRS sends notices and communications to only two representatives.)	

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. Specific Use Not Recorded on CAF in the instructions ☐

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): ☐ Access my IRS records via an Intermediate Service Provider; ☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return; _____

☐ Other acts authorized: _____

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here ☐ **►**

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

- 7 Taxpayer declaration and signature.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

► IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Signature

Date

Title (if applicable)

Print name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
 - d** Officer—a bona fide officer of the taxpayer organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h** Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k** Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d–f, enter your title, position, or relationship to the taxpayer in the “Licensing jurisdiction” column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date