



**Taxpayer Information**

SSN# \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_

Occupation \_\_\_\_\_ Dependent of someone else? \_\_\_\_\_ Blind or Disabled? \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cell Phone Carrier \_\_\_\_\_ Email \_\_\_\_\_ **IPPIN** \_\_\_\_\_

Driver's License/State ID # \_\_\_\_\_ Date issued \_\_\_\_\_ Date Expired \_\_\_\_\_

**Spouse Information**

SSN# \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_

Occupation \_\_\_\_\_ Dependent of someone else? \_\_\_\_\_ Blind or Disabled? \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cell Phone Carrier \_\_\_\_\_ Email \_\_\_\_\_ **IPPIN** \_\_\_\_\_

Driver's License/State ID # \_\_\_\_\_ Date issued \_\_\_\_\_ Date Expired \_\_\_\_\_

**Address**

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Filing Status**

1. Single (not married with no dependents, or have dependents but do not pay 50% of bills)
2. Married filing jointly (if you are married, you must file married filing separate or joint)
3. Married filing separately (both spouses MUST list this status and neither can be SINGLE or HOH)
4. Head of Household (means you are not married, have dependents, pay more than 50% of household bills)
5. Widower (spouse must have died during the year of which you are filing)

**Direct Deposit Information for Refund**

Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_



**Health Insurance (Circle One)**

Employer provided health insurance

Obamacare/Marketplace

Medicare/Medicaid/Tricare

**Dependent(s)**

Name	DOB	Social Security #	Relationship?	Disabled?	Student?	Months in Your Home?

**Personal Deductions / Stimulus / Child Tax Credits:**

<b>Health Expenses:</b>		<b>Charitable Donations:</b>	
Health Insurance Premiums Total	\$	Church/Charitable Donations * cash/check	\$
Out of pocket medical payments	\$	Noncash charitable Donations, Value	\$
Out of pocket vision & dental payments	\$	Charitable Miles Driven	
Hospital, lab, radiologist	\$	<b>Other Tax Credits</b>	
Medical miles driven		IRA Contribution	\$
Prescription Drugs Copay	\$	Daycare Expense	\$
Home medical equipment	\$	Educator Expense	\$
Long Term Care Premiums	\$	Prior State Refund (if you itemized)	\$
<b>Taxes &amp; Mortgage:</b>		<b>Student &amp; Child Expenses &amp; Credits</b>	\$
Real Estate Tax	\$	Daycare	
Sales Tax- Vehicle, Home, RV, Boat	\$	SC 529 Savings Plan	\$
Vehicle, Boat, RV, Mobile Home Tax	\$	College Tuition * 1098-T, books, materials	\$
Mortgage Interest	\$	Student Loan Interest	\$
Mortgage Insurance (not homeowner's)	\$	Reservist, Performing Artist Expense	\$
SC Fuel Credit Gallons Maintenance	\$	First Time Homebuyer Repayment	\$
	\$		\$
	\$		\$

I, the taxpayer, have reviewed all figures recorded in this document and under penalty of perjury, declare all information is true, correct and complete to the best of my knowledge.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_



**SELF EMPLOYMENT ORGANIZER**

\*\*\* Please report the amounts that pertain to you unless you have brought your own detailed statement \*\*\*

**2022 Business Income & Expense Report**

Total Income reported 1099 NEC/MISC	\$	Insurance (not health)	\$
Other Business Income	\$	Phone	\$
	\$		
<b>Expenses:</b>		Mortgage Interest	\$
Office Expense	\$	Other Interest	\$
Rent/Lease	\$	MISC	\$
Rent/Lease..... Other	\$	<b>Cost of Goods Sold</b>	
Taxes & License	\$	Beginning Inventory at wholesale value	\$
Travel	\$	Purchases at wholesale cost	\$
Business Meals	\$	Materials & Supplies	\$
Utilities	\$	Cost of labor, shipping	\$
Advertising	\$	Other cosfgts	\$
Commissions & Fees	\$	Ending Inventory at wholesale value	\$
Contract Labor	\$		
Wages	\$	<b>Business Vehicle Information</b>	
Legal & Professional Services	\$	Property tax	\$
Last year tax prep SCH C	\$	Gas, oil, repairs	\$
Pension/Profit Sharing	\$	Total miles driven	
Supplies	\$	Business miles driven	
Returns & Allowances	\$	Other miles, commuting etc.	

**Equipment, Office equipment, Computers, Vehicles, Tools, Fixtures Used for Business Purposes, Etc.:**

Description of Asset	Date Placed in Service	Cost of Asset

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Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_