

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- ☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- ☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

- ☐ Employer ☐ Medicare ☐ Medicaid ☐ Marketplace (Exchange) ☐ Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ ☐ Was your previous insurance policy canceled in 2022?
- ☐ ☐ Was coverage offered by your employer or your spouse's employer?
- ☐ ☐ Are you a member of a federally recognized Indian tribe?
- ☐ ☐ Are you eligible for services through an Indian healthcare provider?
- ☐ ☐ Are you a member of a healthcare sharing ministry?
- ☐ ☐ Did you live in the United States the entire year?
- ☐ ☐ Are you enrolled in TRICARE?
- ☐ ☐ Did you apply for CHIP coverage?
- ☐ ☐ Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer name	2022 federal wages

Retirement

Provide all copies of Form 1099-R

TS	Payer name	2022 distribution

☐ Yes ☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes ☐ No

Did you use any of the distributions for disaster relief?

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Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

[illegible]

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: _____

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

Description of property: _____

Date acquired	Date sold	2022	Prior years
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Selling price	_____	
Mortgages assumed	_____	
Cost of property sold	_____	
Depreciation allowed	_____	
Commissions and expense of sale	_____	
Gross profit percentage	_____	
Interest received	_____	
Principal payments received		

Property was sold to a related party ☐

Other Income and Adjustments

Name:

SSN:

Other Income

	2022 Taxpayer	2022 Spouse
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB)		
State income tax refund (attach Forms 1099-G)		
Alimony received		
Divorce or separation date _____ Amount _____		
Unemployment compensation (attach Forms 1099-G)		
Unemployment compensation repaid in 2022		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
Jury duty pay		
ABLE distributions		
Scholarships or grants not reported on Form W-2		
Other income: _____		

Adjustments

	2022 Taxpayer	2022 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Savings Account (HSA)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K		
Contributions made to an Individual Retirement Account (IRA)		
Contributions made to a Roth IRA		
Interest paid on a student loan		
Other adjustments: _____		

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) _____

☐ This business started or was acquired during 2022.

☐ This business was disposed of during 2022.

Select if this business is for:

☐ Professional gambler

☐ Newspaper delivery and you are under 18 years of age

☐ Exempt Notary income

☐ A clergy

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

☐ ☐ If "Yes," did you file Forms 1099 for the individuals?

☐ ☐ You received a Paycheck Protection Program (PPP) loan for this business.

☐ ☐ If "Yes," was any portion of the loan forgiven?

Income

	2022		2022
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		_____

Expenses

	2022		2022
Advertising	_____	Repairs & maintenance	_____
Car & truck expenses	_____	Supplies	_____
Commissions & fees	_____	Taxes & licenses	_____
Contract labor	_____	Travel	_____
Depletion	_____	Total meals	_____
Employee benefit programs	_____	Utilities	_____
Insurance (other than health)	_____	Wages	_____
Interest - mortgage	_____	Family health coverage payments for taxpayer, spouse or dependents	_____
Interest - other	_____	Other expenses (list)	_____
Legal & professional services	_____		_____
Office expenses	_____		_____
Pension & profit sharing plans	_____		_____
Rent or lease (vehicles, machinery, & equipment)	_____		_____
Rent (other business property)	_____		_____

Cost of Goods Sold

	2022		2022
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____	☐ There was a change in inventory method.	

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: SSN:

General Property Information

TSJ
Property description
Address, city, state, ZIP

Select the property type
☐ Single family residence ☐ Vacation / short-term rental ☐ Land ☐ Self-rental
☐ Multi-family residence ☐ Commercial ☐ Royalties ☐ Other

Number of days property was rented Number of days property was used for personal use

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

☐ This property was placed in service during 2022. Yes No
☐ This property was disposed of during 2022. ☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.
☐ This property is your main home or second home. ☐ ☐ If "Yes," did you file Forms 1099 for the individuals?
☐ This property was owned as a qualified joint venture.

Income

2022 2022
Rent income Royalties from oil, gas, mineral, copyright or patent

Expenses

	Rental unit expenses	Rental and homeowner expenses	
Advertising			If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel			
Cleaning & maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes			
Utilities			
Depletion			
Other expenses			

Name:

SSN:

Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

TS _____ Principal product _____ Employer ID number _____

Accounting method, if not cash: ☐ Accrual

☐ This farm was disposed of during 2022.

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.

☐ ☐ If "Yes," did you file Forms 1099 for the individuals?

☐ ☐ You received a Paycheck Protection Program (PPP) loan for this business.

☐ ☐ If "Yes," was any portion of the loan forgiven?

Income

2022

2022

Sale of livestock / other items _____ Custom hire income _____

Cost of items bought for resale _____ Beginning inventory for accrual _____

Sale of products you raised _____ Ending inventory for accrual _____

Total cooperative distributions
(Provide 1099-PATR) _____ ☐ You used unit-livestock-price or farm-price inventory method.

Total agricultural payments _____ Other income _____

Commodity Credit Corporation (CCC) loans:

CCC loans reported _____

CCC loans forfeited _____

Crop insurance proceeds:

Amount received in 2022 _____

☐ You elect to defer to 2023

Amount deferred from 2021 _____

Expenses

2022

2022

Car & truck expenses _____ Rent - other (land, animals, etc.) _____

Chemicals _____ Repairs & maintenance _____

Conservation expenses _____ Seeds & plants purchased _____

Custom hire (machine work) _____ Storage & warehousing _____

Employee benefit programs _____ Supplies purchased _____

Feed purchased _____ Taxes _____

Fertilizers & lime _____ Utilities _____

Freight & trucking _____ Veterinary, breeding, & medicine _____

Gasoline, fuel, & oil _____ Family health coverage payments
for taxpayer, spouse or dependents _____

Insurance (other than health) _____ Other expenses _____

Interest - mortgage (paid to banks, etc.) _____

Interest - other _____

Non-W-2 labor hired _____

W-2 wages paid _____

Pension & profit-sharing plans _____

Rent - vehicles, machinery, & equipment _____

Form 4835 - Farm Rental Income and Expenses

Name: _____ SSN: _____

General Information

TSJ _____ Employer ID Number _____
Description _____
☐ This farm was disposed of during 2022

Income

	2022		2022
Income from production of livestock, produce, grains, & other crops	_____	Crop insurance proceeds:	
Total cooperative distributions	_____	Amount received in 2022	_____
Total agricultural payments	_____	☐ You elect to defer to 2023	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2021	_____
CCC loans reported	_____	Other income	_____
CCC loans forfeited	_____		_____

Expenses

2022		2022	
Car & truck expenses	_____	Seeds & plants purchased	_____
Chemicals	_____	Storage & warehousing	_____
Conservation expenses	_____	Supplies purchased	_____
Custom hire (machine work)	_____	Taxes	_____
Employee benefit programs	_____	Utilities	_____
Feed purchased	_____	Veterinary, breeding, & medicine	_____
Fertilizers & lime	_____	Other expenses	
Freight & trucking	_____		_____
Gasoline, fuel, & oil	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other	_____		_____
Labor hired (less jobs credit)	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery & equipment	_____		_____
Rent - other (land, animals, etc.)	_____		_____
Repairs & maintenance	_____		_____

Expenses Related to Business

Name: _____ SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes	No		Yes	No
☐	☐	Was this vehicle available for use during off-duty hours?	☐	☐
☐	☐	Was another vehicle is available for personal use?	☐	☐
			☐	☐
				If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2022

Business:	Before July 1, 2022	Commuting
	After June 30, 2022	Other

Expenses

Garage rent	Repairs
Gas	Tires
Insurance	Tolls
Licenses	Lease addback
Oil	Other expenses
Parking fees	
Rental fees	
Interest	
Property tax	

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? _____

How many hours per day was the area used? _____

☐ The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest		
Real estate taxes		
Excess mortgage interest		
Excess real estate taxes		
Insurance		
Rent		
Repairs & maintenance		
Utilities		
Other expenses		

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name:

SSN:

TSJ _____ Employer Identification Number _____

- | Yes | No | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Did you pay any one household employee cash wages of \$2,400 or more in 2022? |
| ☐ | ☐ | Did you withhold federal income tax during 2022 for any household employee? |
| ☐ | ☐ | Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees? |
| ☐ | ☐ | Did you pay unemployment contributions to only one state? |
| ☐ | ☐ | Did you pay all state unemployment contributions for 2022 by April 18, 2023? |
| ☐ | ☐ | Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? |

2022

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax. _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

TSJ _____ Employer Identification Number _____

- | Yes | No | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Did you pay any one household employee cash wages of \$2,400 or more in 2022? |
| ☐ | ☐ | Did you withhold federal income tax during 2022 for any household employee? |
| ☐ | ☐ | Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2021 or 2022 to all household employees? |
| ☐ | ☐ | Did you pay unemployment contributions to only one state? |
| ☐ | ☐ | Did you pay all state unemployment contributions for 2022 by April 18, 2023? |
| ☐ | ☐ | Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? |

2022

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax. _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Qualified sick leave wages _____

Qualified family leave wages _____

Qualified health plan expenses _____

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums
(paid by you, not through work)

Amount that is for Medicare premiums

Long-term care premiums (you)

Long-term care premiums (your spouse)

Long-term care premiums (dependents)

Mileage driven for medical purposes
Before July 1, 2022

After June 30, 2022

Out of pocket medical & dental expenses
Doctor, dental, etc

Prescription medicines

Glasses & contacts

Hearing aids

Medical equipment & supplies

Hospital services

Laboratory services

Nursing services

Other

Taxes Paid

State and local income taxes

General sales tax (vehicle, boat, home, etc.)

Real estate taxes

Personal property taxes

Auto registration taxes not
deductible for state

Other taxes (list)

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Interest Paid

Home mortgage interest paid (attach Form 1098)

☐ Some of your home mortgage loan was not
used to buy, build, or improve your home.

Home mortgage interest paid to an individual

Paid to:

Name

Address

City, State, ZIP

SSN or EIN

Points not reported on Form 1098

Investment interest

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	☐	☐	
Boy or Girl Scouts	☐	☐	
Goodwill	☐	☐	
Red Cross	☐	☐	
Salvation Army	☐	☐	
United Way	☐	☐	
Veterans	☐	☐	
Hospital	☐	☐	
University	☐	☐	
Other	☐	☐	

Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums

Federal estate tax

Gambling losses

Impairment-related work expenses

Claim repayments

Unrecovered pension investments

Loss from other activities from Schedule K-1

Ordinary loss debt instrument

Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies

Uniforms

Protective clothing (shoes, hardhats, glasses, etc.)

Dues to professional organizations

Books & subscriptions

Other

Union dues

Tax preparation fees

Other nonpersonal expenses related to taxable income

Safe deposit box fees

Investment expenses not entered elsewhere

Other

Home equity interest.

Other Information

Name:

SSN:

Mortgage Interest Provide all copies of Form 1098

TSJ	Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid

Employee Business Expenses

TS _____

Select if you are:

- ☐ A qualified performing artist
- ☐ A fee-based state or local government official
- ☐ A disabled employee with impairment-related work expenses
- ☐ An Armed Forces reservist
- ☐ You are a member of the clergy

Select if you:

- ☐ Used your personal vehicle for your job during 2022

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

TSJ _____ FEMA code _____	TSJ _____ FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Fair market value before incident _____	Fair market value before incident _____
Fair market value after incident _____	Fair market value after incident _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name:

SSN:

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

☐ Taxpayer only

☐ Family

2022

HSA contributions made for 2022

Total distributions from all HSAs during 2022

Distributions included above that were rolled over into another account

Qualified medical expenses paid using HSA distributions

Education Expenses

Provide all copies of Form 1098-T

Student name _____

Student name _____

Type of expense

Amount

Type of expense

Amount

Student name _____

Student name _____

Type of expense

Amount

Type of expense

Amount

Job-related Moving Expenses

TSJ _____

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2022

Number of miles from old home to old workplace

Number of miles from old home to new workplace

Expenses to transport and store household goods and personal effects

Travel and lodging expenses while traveling to your new home

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Checklist

Name:

SSN:

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2022 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2021 tax year.

State and city refunds and other government payments (Form 1099-G)

- ☐ Unemployment compensation

Credit card, debit card, and third party network transactions (Form 1099-K)

- ☐ Reportable payment transactions

Other Income (provide supporting documentation for income received for the following items)

- ☐ Sale of assets or property
☐ Cancellation of debt
☐ Other income _____

Payments (provide supporting documentation for payments made for the following items)

- ☐ Educator classroom expenses
☐ Employee business expenses
☐ Contributions to a Health Savings Account
☐ Expenses related to work relocation with the military
☐ Alimony
☐ Student loan interest
☐ Refunded student loan interest payments
☐ Student loan forgiveness
☐ Tuition and fees for higher education
☐ Expenses related to child or dependent care
☐ Contributions to a Retirement Savings Account
☐ Medical and dental expenses
☐ Real estate taxes
☐ Other state and local taxes
☐ Mortgage interest
☐ Investment interest
☐ Cash contributions
☐ Noncash contributions
☐ Unreimbursed employee expenses
☐ Investment expenses
☐ Gambling losses
☐ Other payments _____

Questionnaire

Name:

SSN:

Questionnaire

Personal Information

Yes No

- ☐ ☐ Did your marital status change during the year?
If "Yes," explain _____
- ☐ ☐ If your filing status is married, but you are filing separately from your spouse, did you and your spouse live apart for the last six months of 2022?
- ☐ ☐ Can you or your spouse be claimed as a dependent by someone else?
- ☐ ☐ Did your address change during the year?
- ☐ ☐ Were you, your spouse, or any dependents a victim of identity theft?
If "Yes," explain _____
- ☐ ☐ Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

- ☐ ☐ Did you have any changes in dependents during the year?
If "Yes," explain _____
- ☐ ☐ Can another person qualify to claim any of your dependents?
- ☐ ☐ Did you have any childcare expenses during the year?
- ☐ ☐ Did you have any adoption expenses during the year?
- ☐ ☐ Did you have any children under age 19 or a full-time student under age 24 with more than \$2,300 of unearned income?

Provide documentation for proof of dependent credits (school records, medical records, daycare records, etc.)

Health Care Information

Yes No

- ☐ ☐ Did any member of your household have healthcare coverage through the Marketplace (Obamacare)?
If "Yes," provide copies of Form 1095-A.
- ☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

- ☐ ☐ Did you receive any tips not reported to your employer?
- ☐ ☐ Did you receive any disability income during the year?
- ☐ ☐ Did you cash in any U.S. savings bonds during the year?
- ☐ ☐ Did you start a new business or purchase any rental property during the year?
- ☐ ☐ Did you sell an existing business, rental property, or other property during the year?
- ☐ ☐ Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- ☐ ☐ Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- ☐ ☐ Did you buy or sell any stocks, bonds, or other investments during the year?
- ☐ ☐ Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
- ☐ ☐ Did you have a principal residence or a piece of real property foreclosed on during the year?
- ☐ ☐ Did you abandon a principal residence or a piece of real property during the year?
- ☐ ☐ Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- ☐ ☐ Did you receive any principal or interest during this year from property sold in prior years?
- ☐ ☐ Did you rent out your home or use it for business?
- ☐ ☐ Did you sell, exchange, or purchase any real estate during the year?

Questionnaire

Name:

SSN:

Questionnaire

- ☐ ☐ ☐ Did you acquire a new or additional interest in a partnership or S corporation?
- ☐ ☐ ☐ Did you have any debts canceled or forgiven this year?
- ☐ ☐ ☐ Does anyone owe you money that has become uncollectible?
- ☐ ☐ ☐ Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC, Form 1099-NEC, or Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- ☐ ☐ ☐ Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive income or incur expenses as an independent contractor (e.g., Shipt, Instacart, DoorDash)?
If "Yes," provide documentation.
- ☐ ☐ ☐ Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain _____

Itemized Deduction Information

Yes No

- ☐ ☐ ☐ Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- ☐ ☐ ☐ Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- ☐ ☐ ☐ Did you receive any state or local income tax refunds from prior years?
- ☐ ☐ ☐ Did you make any major purchases (vehicle, boat, etc.) during the year?
- ☐ ☐ ☐ Did you pay any real estate property taxes or personal taxes during the year?
- ☐ ☐ ☐ Did you pay mortgage interest during the year?
- ☐ ☐ ☐ Did you make cash donations to charity during the year?
- ☐ ☐ ☐ Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- ☐ ☐ ☐ Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- ☐ ☐ ☐ Did you have gambling winnings or losses during the year?
- ☐ ☐ ☐ Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- ☐ ☐ ☐ Did you use your vehicle on the job other than for commuting to work?
- ☐ ☐ ☐ Did you work out of town at any time during the year?

Retirement Information

Yes No

- ☐ ☐ ☐ Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ ☐ Did you make any withdrawals or receive distributions from a pension or profit sharing plan, IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ ☐ Did you execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- ☐ ☐ ☐ Did you receive any Social Security benefits during the year?

Education Information

Yes No

Questionnaire

Name:

SSN:

Questionnaire

- ☐ ☐ ☐ Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- ☐ ☐ ☐ Did anyone in your household attend a post-secondary school during the year?
- ☐ ☐ ☐ Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- ☐ ☐ ☐ Did you pay student loan interest for yourself, your spouse, or your dependents during the year?
If "Yes," provide the amount of interest that was refunded.
- ☐ ☐ ☐ Did you receive forgiveness on a qualifying federal student loan?

Foreign Tax Information

Yes No

- ☐ ☐ ☐ Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- ☐ ☐ ☐ Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- ☐ ☐ ☐ Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- ☐ ☐ ☐ Did you have any income from, or pay taxes to, a foreign country?
- ☐ ☐ ☐ Did you receive a Schedule K-3 from a partnership or S corporation?
- ☐ ☐ ☐ Did you own property in a foreign country?

Refund, Withholding, and Estimated Tax Information

Yes No

- ☐ ☐ ☐ If you have an overpayment of 2022 taxes, do you want the refund applied to your 2023 estimated taxes?
- ☐ ☐ ☐ Did you make any estimated payments toward your 2022 taxes?
- ☐ ☐ ☐ Did you apply an overpayment of your 2021 taxes to your 2022 estimated taxes?
- ☐ ☐ ☐ Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- ☐ ☐ ☐ Do you anticipate your income or withholdings to be different for 2023?

Miscellaneous Information

Yes No

- ☐ ☐ ☐ Did you receive, sell, exchange, gift, or otherwise dispose of any digital asset or financial interest in any digital asset?
- ☐ ☐ ☐ Did you incur a gain or loss due to damaged or stolen property, while living in a federally declared disaster area?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- ☐ ☐ ☐ Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- ☐ ☐ ☐ Did you make gifts to any one person in excess of \$16,000 during the year?
- Yes No**
- ☐ ☐ ☐ If "Yes," are you splitting the gift with your spouse?
- ☐ ☐ ☐ Did you incur moving expenses with the military during the year?
- ☐ ☐ ☐ Did you make any energy-efficient improvements to your main home during the year?
- ☐ ☐ ☐ Are you a business owner who paid health insurance premiums for your employees during the year?
- ☐ ☐ ☐ Do you own interest or shares in or did you dispose of a Qualified Opportunity Fund during the year?
- ☐ ☐ ☐ Did you make any purchases subject to Use Tax during the year?
If "Yes," provide details.
- ☐ ☐ ☐ Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- ☐ ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ ☐ Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

2022 Tax Organizer Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2022

- ☐ Single
 ☐ Married
 ☐ Widowed - If widowed and your spouse died in 2022, enter the date of death _____
☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022? _____

Yes No

- ☐ ☐ Are you or your spouse blind?
☐ ☐ Are you or your spouse disabled?
☐ ☐ Are you or your spouse a full-time student?
☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?
☐ ☐ At any time during 2022 did you:
 (a) receive (as a reward, award, or payment for property or service) a digital asset
 (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

Identification Information

Taxpayer's type of photo ID

- ☐ Driver's license
 ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

- ☐ Driver's license
 ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2022 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2021						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

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