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Personal Organizer

This checklist will serve as a guide in assembling your tax data and help you take advantage of all allowable deductions for tax preparation.

Members
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TAX YEAR ENDED 2022

TAXPAYER BACKGROUND INFORMATION (FOR NEW CLIENTS AND CHANGES FOR CURRENT CLIENTS)

(T) Taxpayer's Full Name _____
 (S) Spouse's Full Name _____
 Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Same address as last year: Yes _____ No _____
 T Social Security # _____ S Social Security # _____
 T Date of Birth _____ S Date of Birth _____
 T Occupation _____ S Occupation _____
 Home Phone # _____ Work Phone # _____
 Work Phone # _____ Fax #(s) _____
 E-mail address _____ E-mail address _____

DEPENDENTS

| Name | Birth Date | Social Security # | Relationship |
|-------|------------|-------------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**INDIVIDUAL ESTIMATED TAX PAID (please provide us documentation of payments)
 DO NOT INCLUDE WITHHOLDING FROM SALARIES**

| | IRS: | State: | Date paid | IRS: | State: |
|-----------------------|-------|--------|-----------|-------|--------|
| 1st Qtr pymt: | _____ | _____ | _____ | _____ | _____ |
| 2nd Qtr pymt | _____ | _____ | _____ | _____ | _____ |
| 3rd Qtr pymt | _____ | _____ | _____ | _____ | _____ |
| 4th Qtr pymt | _____ | _____ | _____ | _____ | _____ |
| Amt paid w/ extension | _____ | _____ | _____ | _____ | _____ |

WAGES FROM W-2'S

(Please enclose all copies of W-2 Forms received.)

PENSION, ANNUITY, INTEREST & DIVIDEND INCOME, & IRS DISTRIBUTIONS

(Please enclose all 1099 Forms received.)

UNEMPLOYMENT & SOCIAL SECURITY INCOME

(Please enclose government forms received.)

CAPITAL GAIN(S)/LOSS(ES)

(Please enclose 1099B Forms received and purchase details.)

OTHER INCOME

| T/S/J | Sources | |
|-------|---|--------------------|
| _____ | Prizes and awards | \$ _____ |
| _____ | Royalties | \$ _____ |
| _____ | Honorariums | \$ _____ |
| _____ | Alimony received (No Child Support) | \$ _____ |
| _____ | Other: Please Itemize | \$ _____ |
| | Do you have any expenses to offset other income | Yes _____ No _____ |

Name:

Tax Year: 2022

ADJUSTMENTS

| <u>T/S/J</u> | Source | |
|--------------|--|----------|
| _____ | Regular IRA Contributions (not included on W-2) | \$ _____ |
| _____ | Educator Expense | \$ _____ |
| _____ | Medical Savings Accounts or Health Savings Contributions | \$ _____ |
| _____ | Moving Expense (Military) (provide detail) | \$ _____ |
| _____ | *Alimony Paid to: _____ | \$ _____ |
| | Recipient's Social Security #: _____ | |

*NOTE: Does not apply to alimony initiated after 1/1/19

Note: A contribution to an IRA by April 15th may apply for the previous year.

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

| | |
|---|----------|
| Medical Insurance Premium (including Medicare supplement, if retired) not paid by employer or not withheld from your paycheck | \$ _____ |
| Prescriptions and eyeglasses not reimbursed by your medical insurance | \$ _____ |
| Doctors and hospitals not reimbursed by your medical insurance | \$ _____ |
| Auto mileage for medical purposes | _____ |
| Other (please explain) | \$ _____ |

TAXES

| | |
|--|----------|
| Sales Tax (If you bought any type of vehicle, please include invoices/documentation) | \$ _____ |
| Real Estate (enclose Form 1098 from mortgage company) or tax payment receipt | \$ _____ |
| Other taxes (please explain) personal property, etc. | \$ _____ |

INTEREST

| | |
|--|----------|
| Personal home interest - principal home (enclose Form 1098) | \$ _____ |
| Equity Line Interest or Second Mortgage | \$ _____ |
| Personal home interest - 2nd home (enclose Form 1098) (includes certain boats) | \$ _____ |
| Personal investment interest expense | \$ _____ |

Note: If you sold or purchased your home during the year, please provide copies of the settlement statements.

CONTRIBUTIONS-If over \$500 please provide detailed list of each contribution

| | |
|--|----------|
| By cash or check: Church(es) <u>Taxpayer must have receipts or cancelled checks</u> | \$ _____ |
| By cash or check: Charities <u>please provide statements for all contributions listed here</u> | \$ _____ |
| Non-cash - volunteer travel expenses | \$ _____ |
| Non-cash - supplies for church or charity | \$ _____ |
| Non-cash mileage for volunteer work | \$ _____ |
| Non-cash - fair market value of clothing, furniture, real estate, etc. | \$ _____ |

EDUCATION CREDITS

| | |
|---|-------------------------|
| Name of Student: _____ | (Provide Form 1098T) |
| Year of College: (Circle one) FR SO JR SR Training Program Post-Graduate | |
| Tuition and fees \$ _____ | Date paid: _____ |
| Student loan interest paid \$ _____ | |
| Payee _____ | |
| <u>Educational Expense</u> <u>Please separate expense by each student</u> | |
| Tuition and fees \$ _____ | Transportation \$ _____ |
| Books and supplies \$ _____ | Lodging \$ _____ |
| Auto travel (miles) \$ _____ | Meals \$ _____ |
| Courses taken: _____ | |

CHILD CARE CREDIT

| Name of Dependent | Age | Relationship | Amount |
|-------------------|-------|--------------|----------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Information on Child Care Provider is required:

Provider's name: _____

Address: _____

Federal ID or Social Security #: _____

HOME OFFICE INFORMATION

**Please use a separate page for each business activity
one separate page for self-employed business expenses).**

Home Office Expenses (if applicable)

Do you rent your home? (Circle one) Yes No

If you own your own home, date of purchase _____

Purchase price \$ _____

Total square footage of home _____

Square footage of office and product area _____

Is office space used exclusively for business? Yes _____ No _____ (if no stop

Is home office for convenience of employer? Yes _____ No _____ (if no stop

Do you received any rents from your employer for your office in home? Yes _____ No _____

Type of Expense - Indirect (Please provide total amounts paid for the entire house)

Rent paid \$ _____ Interest \$ _____

Insurance \$ _____ Taxes \$ _____

Utilities (gas, electric, etc.) \$ _____

Repairs and Upkeep \$ _____ **Building**

Building Improvements \$ _____

Type of Expense - Direct

R & M on Office Area \$ _____

Supplies for Office Area \$ _____

Furnishing for Office Area \$ _____

Auto Expenses -- See Business Organizer (for Schedule C clients)

Name: _____

Tax Year: 2022

RENTAL PROPERTY INFORMATION

(Use separate sheet for each property.)

Type and location of rental property:

How many rental days: _____
 What services do you provide (such as breakfast, daily room cleaning, laundry etc) _____
 How many rooms have you dedicated in your home solely for use of paying customers and never lived in those rooms personally. _____
 Was property used for personal purposes more than 14 days or 10% of total days rented in tax year? Yes No
 Number of days used personally (Not including days spent working on the property) _____
 Rent received, including sales tax, if applicable \$ _____

Date of purchase _____
 Purchase price \$ _____

If property was purchased or sold in 2022, please provide settlement statement

Cost of improvements made this tax year:

| Type | Date | Amount |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

(If additional space needed, please use separate sheet.)

RENTAL INCOME \$ _____

Expenses:

| | | | |
|---------------------------------------|----------|----------------------------|----------|
| Association Fees | \$ _____ | Office supplies/postage | \$ _____ |
| Advertising | \$ _____ | Pest control | \$ _____ |
| Auto mileage (# OF MILES) | \$ _____ | Repairs | \$ _____ |
| Cleaning and maintenance | \$ _____ | Sales tax | \$ _____ |
| Commissions | \$ _____ | Supplies | \$ _____ |
| Decorating/painting | \$ _____ | Special Assessments | \$ _____ |
| Insurance | \$ _____ | Taxes (real estate) | \$ _____ |
| Lawn care | \$ _____ | Trash Disposal | \$ _____ |
| Legal/professional fees | \$ _____ | Travel away from home | \$ _____ |
| Licenses | \$ _____ | Utilities | \$ _____ |
| Management fees | \$ _____ | Other: Provide Description | _____ |
| Mortgage interest paid to banks, etc. | \$ _____ | | |

Do you actively participate in this activity?

Yes _____ No _____ More than 100 hrs
 Yes _____ No _____ More than 500 hrs
 Yes _____ No _____ More than 750 hrs