## 2022 Tax Organizer

## PLEASE DOWNLOAD TO YOUR COMPUTER BEFORE FILLING OUT.

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2022 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2022 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

Note: The General Questions and worksheets include a variety of questions designed to assist in completing your tax return. Not all questions will be applicable to your situation and can be left blank. If you answer yes to any of the questions, be sure to provide the applicable details.

Please	provide the following information:					
	A copy of your 2021 tax return (if not in our possession).					
	Original Form(s) W-2.					
	Schedule(s) K-1 showing income or loss from partnerships, S	corporations or es	tates or trusts.			
□ Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, For						
	Copies of Form 1099-K used to report transactions through a t and Zelle.	third-party paymen	t network, such as P	ayPal, V	'enmo	
	Form(s) 1099 or statements reporting dividend and interest inc	come.				
	Brokerage statements showing transactions for stocks, bonds,	, etc.				
	Form(s) 1098 reporting interest paid, copies of real estate tax holdings.	bills and other info	ormation relating to re	eal prop	erty	
	Copies of closing statements regarding the sale or purchase o	f real property.				
	All other information notices you received, or any items you ha	ave questions abou	ıt.			
Please	provide all relevant documentation or applicable details for any of	questions below for	which you have ans	wered "	Yes"	
	Health Insurance and E	Education				
				YES	NO	
1.	Did you or your spouse have self-employment health insurance	?				
2.	Did you contribute to or receive distributions from a Health Sav	ings Account (HSA	A)?			
3.	Did you have a college savings account (e.g.: 529, Educations	Savings Account,	etc.)?			
	If yes, please enter total 2021 qualified amount:					
	Direct Deposit of Refund and	Foreign Incom	ıe			
	·	3		YES	NO	
1.	Did you have any foreign income or a foreign account? Please section of this organizer.	refer to the guideli	nes on the income			
2.	The Internal Revenue Service encourages all taxpayers to opt direct withdrawal of taxes owed. If you would like WCPA to har out the information in the next section.	for a direct deposit ndle your payment	of refunds, or a options, please fill			
	a) If you receive a refund, would you like to choose direct de	posit?				
	b) If you owe income taxes, would you like to choose to have bank account?	the amount withdo	rawn from your			
N	OTE: WCPA will not initiate payments or refunds until you have	thoroughly review	ved and approved yo	our retur	n.	
CAU	ITION: Review information for accuracy. PLEASE P	ROVIDE A VOI	DED CHECK IF I	POSSII	BLE	
1.	Name of financial institution:					
2.	Routing Number:					
3.	Account Number:					
4.	Type of Account: Check	ing:	☐ Savings:			



## GALLAGHER TAX & INVESTMENT LLC 3350B ANNAPOLIS LN N. PLYMOUTH, MN 55447 Telephone: (612) 306-2830

Taxpayer Information		Spouse Information					
Last name			Last name				
First name			First name				
Middle Initial Suffix			Middle Initial.			Suffix	
Social security number			Social securit	ty number.			
Occupation			Occupation				
Work phone Ext			Work phone			Ext	
Cell phone			Cell phone				
E-mail address			E-mail addres	SS			
Date of birth			Date of birth.	 -			
Address					A	partment/Suite #	
City			State		ZIP	code	
Home phone			Fax number				
Dependent Information							
First Name Last Name	MI Suffix	Nuı	Security mber ionship	Date of Birth	f	Months Lived with Taxpayer	Child Care Expenses
	{	Nuı	mber	Date of Birth	f		Child Care Expenses
	{	Nuı	mber	Date o Birth	f		Child Care Expenses
	{	Nuı	mber	Date o Birth	f		Child Care Expenses
	Suffix	Nu Relati	mber	Date of Birth	f		Child Care Expenses
Last Name	Suffix	Nui Relati	mber	Date of Birth			Child Care Expenses  Amount Paid
Last Name  Child and Dependent Care Provider E	Suffix	Nui Relati	mber	Date of Birth		with Taxpayer	
Last Name  Child and Dependent Care Provider E	Suffix	Nui Relati	mber	Date of Birth		with Taxpayer	
Last Name  Child and Dependent Care Provider E	Suffix	Nui Relati	mber	Date of Birth		with Taxpayer	
Last Name  Child and Dependent Care Provider E	Suffix	Nui Relati	mber	Date of Birth		with Taxpayer	
Child and Dependent Care Provider E Name	xpenses	Relati	mber	Date of Birth		with Taxpayer	
Child and Dependent Care Provider E Name  Education Tuition and Fees	xpenses	Relati	mber	Date of Birth		with Taxpayer	

2	<b>022</b>	Income

Please provide if you have any of the following income or forms:		ZUZZ IIICOIII <del>c</del>
Form(s) W-2 - Wages, Salaries, Tips and Other Compensation		
Form(s) 1099-R - Distributions from Pensions, Annuities, Retirement, Pro	ofit-Sharing, IRAs, etc	С
Form(s) SSA-1099 - Social Security/Railroad Benefits Social Security Benefits from Form SSA-1099		
Form(s) 1099-MISC - Miscellaneous Income and 1099-NEC		
Form(s) 1099-INT - Interest Income		
Form(s) 1099-DIV - Dividend Income		
Form(s) 1099-B, 1099-S - Sales of Stocks, Bonds, Real Estate, etc.		
Provide all stock sale transaction information, including initial cost information.		
Foreign Income – Foreign Accounts and Trusts (Qualification Criteria)		
<ul> <li>Did you have taxable interest, ordinary dividends or other income from a foreign account of, or a Transferor to a foreign trust?</li> <li>Did you have a financial interest in or signature authority over a financial account (such account) located in a foreign country?</li> <li>Did you receive a distribution or were the Grantor of, or Transferor to a foreign trust?</li> <li>If you answered Yes to any of these questions, provide the name of the foreign country where</li> </ul>	as a bank account, securi	ties account, or brokerage
Virtual Currency and Cryptocurrency		
All sale or other exchange of virtual currency and cryptocurrency, or use it to pay for goods compensation, or holding it as an investment.	s or services, or receiving i	it as
Other Government Forms to provide:		
Form(s) 1099-G - Certain Government Payments, Schedule K-1s - Partnership, S-Corporat Gambling or Lottery Winnings, Form(s) 1099-Q - Payments from Qualified Education Progr		e, Form(s) W-2G -
Other Income:		
Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Provide farm you own. Include a list of all new equipment acquired this year, including date of purc		r any business, rental or
Retirement Plan Contributions  Traditional IRA contributions made for 2022  Roth IRA contributions made for 2022  SEP, Keogh, Individual 401(k) or SIMPLE Contributions		

	2022 Deductions
Medical and Dental Expenses – Please provide total amounts, DO NOT SEND RECEI	PTS
Prescriptions & Medications	
Health Insurance Premiums	
Doctors, dentists, etc	
Hospitals, clinic, etc.	
Eyeglasses and contact lenses	
Miles driven for medical purposes	
Other medical and dental expenses:	
Taxes	
Real estate taxes paid on principal residence	
Real estate taxes paid on additional homes or land	
Auto license registration fees based on the value of the vehicle	
Other personal property taxes:	

Doctors, dentists, etc	
Hospitals, clinic, etc.	
Eyeglasses and contact lenses	
Miles driven for medical purposes	
Other medical and dental expenses:	
Taxes	
Real estate taxes paid on principal residence	
Real estate taxes paid on additional homes or land	
Auto license registration fees based on the value of the vehicle	
Other personal property taxes:	
Interest Expenses	
Home mortgage interest paid - Provide Form(s) 1098.	
Lender Name	Amount
Lender Name	Amount
Points paid on loan to buy, build, or improve main home	
Lender Name	Amount
Charitable Contributions (please provide spreadsheet or receipts)	
Cash/Check/Credit Contributions	
<del></del>	
Noncash Charitable Contributions	
	description of donation, date acquired, and
Please provide all receipts with details listing the following information: Donee, donee address, date contributed, your cost, value at time of donation, and how you acquired the property.	, , , , , , , , , , , , , , , , , , , ,
Miscellaneous Deductions	
Union and professional dues	
Professional subscriptions, books, supplies	
Uniforms and protective clothing (including cleaning)	
Job search costs	
Taxpayer educator expenses	
Spouse educator expenses	
Tax return preparation fees	
Safe deposit box rental	
Gambling losses (to the extent of gambling income)	
Other expenses:	

	Did a lend	er cancel any of your	debt in 2022? (Pro	vide any Forms 1099	-A or 1099	-C)		
						/-saving property durir		ı
	If yes, prov	vide documentation sl	howing sales tax pa	aid.				
	Did you pu	rchase a hybrid or ele	ectric vehicle in 202	22? If yes, enter year	, make, mo	odel, and date purchas	ed	
	Did you do	nate a vehicle in 202	2? If yes, provide F	orm 1098C				
	Did your m	narital status change	during 2022?					
	If yes, exp	lain:						
	Were you	or your spouse perma						
	Do you ha	ve dependents who m	nust file?					
	Do you has \$2,300?	ve children who are u	nder age 19 or a fu	III-time student under	age 24 wit	th investment income	greater than	
	Did you pr	ovide over half the su	pport for any other	person during 2022?				
	Did you in	cur adoption expense	s during 2022?					I
	IRA or qua	lified plan within 60 c	lays of the distribut	ion?		rtially or totally rolled o		I
								I
	Did you re	ceive tip income not r	reported to your em	ployer?				I
	closing or:					eal property in 2022? I		ı
	-							I
	b) If you	sold a home, did you	ı claim the First-Tin	ne Homebuyer Credit	when you	purchased it?		I
	-	-	-					ı
								I
								I
	Did you tal	ke a retirement accou	ınt distribution relat	ed to the corona viru	s or a natu	ral disaster?		I
	-	-						I
	expenses?	· · · · · · · · · · · · · · · · · · ·				1989 to pay for highe		1
	Did you in	cur any moving exper	nses? If yes, provid	e details				[
	Did you re	ceive any income not	included in this Ta	x Organizer? If yes,	olease prov	vide information		[
								[
	If no, prov	ide explanation of cha	anges expected on	last page				
	Did you re	ceive Form 1095-A (H	lealth Insurance Ma	arketplace Statement	)? If so, ple	ease provide form		[
	currency?					nancial interest in any		[
		_	_					I
			_					I
	Did you pa	y any alimony in 202	2? If yes, enter rec	ipient's SSN, Alimon	y paid\ and	date of divorce:		I
	Enter your	state of residence.	Taxpayer:			Spouse:		 
r	nated Tax	es Paid		State			Local	
	Date	Amount	Date	Amount	ID	Date	Amount	 ı
						_ 410	7 0	

Additional Information	
Additional information	