

Earth & Fire CPA, LLC

2022 New Client Tax Organizer
3400 Spenard Road, Suite 223
Anchorage, AK 99503
907-346-4105 (office)

This tax packet is designed to assist you in gathering your personal tax information. Please contact our office if you have any questions.



Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can another taxpayer claim you as a dependent?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales, and Debt Information		
Did you acquire a new business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or purchase any assets used in your business or rental?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, and dependents each receive the AK PFD?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, gambling, or lottery income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies?	<input type="checkbox"/>	<input type="checkbox"/>
Education Information		
Did you, your spouse, or your dependents attend a post-secondary school during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Information		
Did you enroll or purchase health insurance through healthcare.gov ?	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a Health Savings Account (HSA) or MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take any distributions from an HSA or MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Deduction Information		
Did you incur a casualty or theft loss or any condemnation awards?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for childcare?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive State and Local Fiscal Recovery Funds (SLFR)?	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Information		
Did you make gifts of more than \$16,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a grantor of a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign accounts or assets?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have signature authority of any foreign accounts?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any ownership of a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2022 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

NOTES/QUESTIONS:

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.
 Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Retirement: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.
 Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T **Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.
 Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.
 Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.
 Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

NOTES/QUESTIONS:

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2022 _____ Amount received in 2021 _____

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds _____ **2022 Information** _____ **Prior Year Information** _____

Alimony received _____ **T/S** _____ **Agreement Date** _____ **2022 Information** _____ **Prior Year Information** _____

Unemployment compensation _____ **Taxpayer** _____ **Spouse** _____ **Prior Year Information** _____
 Unemployment compensation repaid _____
 Social security benefits _____
 Medicare premiums to be reported on Schedule A _____
 Railroad retirement benefits _____

T/S/J _____ **2022 Information** _____ **Prior Year Information** _____
 Other Income:
 _____ ALASKA PERMANENT FUND DIVIDENDS _____
 _____ _____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer Spouse

Traditional IRA Contributions for 2022 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2022

Roth IRA Contributions for 2022 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2022

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2022 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2022 Information	Prior Year Information
___	_____	_____	_____
___	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2022.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____
___	___	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2022 Information	Prior Year Information
___	___	_____	_____	_____	_____
Street address		_____			
City, State and Zip code		_____			

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:	_____	_____	_____
_____	_____	_____	_____
Other adjustments:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2022 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items (1/1/22-6/30/22, 18 cents)	_____	_____
—	Miles driven for medical items (7/1/22-12/31/22, 22 cents)	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

T/S/J		2022 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2021 state and local income taxes paid in 2022	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2022 Information	Prior Year Information																
—	Home mortgage interest From Form 1098	_____	_____																
T/S/J	Other home mortgage interest paid to individuals:																		
—	<table border="0"> <tr> <td>Payee's Name</td> <td>SSN or EIN</td> <td>2022 Information</td> <td>Prior Year Information</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Payee's Name	SSN or EIN	2022 Information	Prior Year Information	_____	_____	_____	_____	Address	City	State	Zip Code	_____	_____	_____	_____		
Payee's Name	SSN or EIN	2022 Information	Prior Year Information																
_____	_____	_____	_____																
Address	City	State	Zip Code																
_____	_____	_____	_____																
T/S/J	Investment interest expense, other than on Sch K-1s:	2022 Information	Prior Year Information																
—	Refinancing Information:																		
	Refinance #1	Refinance #2																	
T/S/J	Recipient/Lender name	_____	_____																
	Total points paid at time of refinance	_____	_____																
	Date of refinance	_____	_____																
	Term of new loan (in months)	_____	_____																
	Reported on Form 1098 in 2022	_____	_____																

Itemized: A3 **Charitable Contributions**

T/S/J		2022 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3, A-St **Miscellaneous Deductions**

T/S/J		2022 Information	Prior Year Information
—	Other expenses _____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA			
T/S/J	Unreimbursed expenses***	2022 Information	Prior Year Information
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

NOTES/QUESTIONS:

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded _____

Applied to 2023 estimated tax liability _____

Do you expect a considerable change in your 2023 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2023? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2023? (Y, N) _____

If yes, please explain any differences:

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) _____

2022 Federal Estimated Tax Payments

2021 overpayment applied to 2022 estimates _____

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/22	_____	_____	_____	_____
2nd quarter payment	6/15/22	_____	_____	_____	_____
3rd quarter payment	9/15/22	_____	_____	_____	_____
4th quarter payment	1/17/23	_____	_____	_____	_____
Additional payment		_____	_____	_____	_____

***Method of payment indicated in prior year**
 EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
 Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Schedule C - General Information

Preparer use only

2022 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Employer identification number _____

Business name _____

Principal business/profession _____

Business code _____

Business address, if different from home address on Organizer Form ID: 1040

Address _____

City/State/Zip _____

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____

If other: _____

Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____

If other enter explanation: _____

Enter an explanation if there was a change in determining your inventory:

Did you "materially participate" in this business? (Y, N) _____

If not, number of hours you did significantly participate _____

Mark if you began or acquired this business in 2022 _____

Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N) _____

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Mark if this business is considered related to qualified services as a minister or religious worker _____

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____

Medical insurance premiums paid by this activity _____

Long-term care premiums paid by this activity _____

Amount of wages received as a statutory employee _____

Business Income

2022 Information

Prior Year Information

Gross receipts and sales

Returns and allowances _____

Other income:

Cost of Goods Sold

2022 Information

Prior Year Information

Beginning inventory _____

Purchases _____

Labor:

Materials _____

Other costs:

Ending inventory _____

Control Totals

Schedule C - Expenses

Preparer use only

Principal business or profession _____

2022 Information

Prior Year Information

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Depreciation _____

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

Insurance (Other than health):

Interest:

Mortgage (Paid to banks, etc.)

Other:

Legal and professional services

Office expense _____

Pension and profit sharing:

Rent or lease:

Vehicles, machinery, and equipment _____

Other business property _____

Repairs and maintenance

Supplies _____

Taxes and licenses:

Travel and meals:

Travel _____

Meals (Enter 100% subject to 50% limitation) _____

Meals (Enter 100% subject to DOT 80% limit) _____

Meals (Fully deductible) _____

Utilities

Wages (Less employment credit):

Other expenses:

Control Totals

Rent and Royalty Property - General Information

Preparer use only

2022 Information

Prior Year Information

Description _____
 Taxpayer/Spouse/Joint (T, S, J) _____ State postal code _____
 Physical address: Street _____
 City, state, zip code _____
 Foreign country _____
 Foreign province/county _____
 Foreign postal code _____

Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____

Description of other type (Type code #8) _____

Did you make any payments in 2022 that require you to file Form(s) 1099? (Y,N) _____

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____

Percentage of ownership if not 100% _____

Business use percentage, if not 100% (Not vacation home percentage) _____

Rent and Royalty Income

Rents and royalties

2022 Information

Prior Year Information

Rent and Royalty Expenses

2022 Information

Percent if not 100%

Prior Year Information

Advertising _____

Auto _____

Travel _____

Cleaning and maintenance _____

Commissions: _____

Insurance: _____

Legal and professional fees _____

Management fees: _____

Mortgage interest paid to banks, etc (Form 1098) _____

Other mortgage interest _____

Qualified mortgage insurance premiums _____

Other interest: _____

Repairs _____

Supplies _____

Taxes: _____

Utilities _____

Depreciation _____

Depletion _____

Other expenses: _____

Control Totals