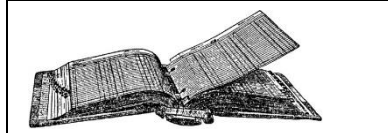


# 2022 Tax Year

## By the Books Accounting



By the Books, Inc  
 1259 Gun Club Road  
 White Bear Lake, MN 55110  
 651-774-2107  
 Fax 651-774-1098  
 www.btbaccting.co

Please bring Identification should it be required	Date of Birth	Occupation
Your Name		
Spouse's Name		
Address		
City	State	Zip

Please list below the best way to contact you – email very useful, we do not share! EMAIL IS EXTREMELY USEFUL FOR COMMUNICATING DURING TAX SEASON.

Home phone	Work phone	Cell phone
Email You	You	You
Email Spouse	Spouse	Spouse

**DEPENDENTS** (If your dependent children file a tax return, make sure they do NOT claim themselves)  
 Bring proof of Social Security number if not on file

First Name	Last Name	Date of Birth	Grade in school (as of 1/1/22)	Student at least 5 months?	Lived with you?

State refund received in 2022 \_\_\_\_\_ or amount paid \_\_\_\_\_ Property Tax Refund \_\_\_\_\_  
 Gambling Winnings \_\_\_\_\_ Losses \_\_\_\_\_ (Losses cannot exceed winnings)  
 Student Loan Interest Paid for You \_\_\_\_\_ Spouse \_\_\_\_\_ Dependent \_\_\_\_\_  
 Alimony/Spousal Maintenance Received \_\_\_\_\_ Amt. Paid \_\_\_\_\_ SSN of Recipient \_\_\_\_\_

Estimated Tax Payments (Photocopies of actual checks are useful. )

**FEDERAL**

	Date Pd	Amount
1 <sup>st</sup> Qtr		
2 <sup>nd</sup> Qtr		
3 <sup>rd</sup> Qtr		
4 <sup>th</sup> Qtr		
Amt. credited from 2021		

**STATE**

4 <sup>th</sup> Qtr payment for 18 made in 19	Date Pd	Amount
1 <sup>st</sup> Qtr		
2 <sup>nd</sup> Qtr		
3 <sup>rd</sup> Qtr		
4 <sup>th</sup> Qtr		
Amt. credited from 2021		

**IRA, SEP, 401k, HEALTH SAVINGS ACCOUNT, 529, KEOGH TRANSACTIONS – INCLUDE 1099**

Please include information about any stock options purchased or exercised separately

(Bring HSA form)	Tax Year	Type (IRA, SEP, HRA etc)	Amount Contributed	Withdrawal Amt.	Amt. Rolled Over
You					
Spouse					

Bring last year's Tax return (only crucial if you are a new client), all W2's, 1099's, K1's, Settlement Statements from financing, Self employed people please list information on a separate sheet, do not list an expense in more than one area i.e. here and also on separate sheet.

**INTEREST INCOME (notify us if any foreign source income or assets)**

**DIVIDEND INCOME**

Do not list If you bring all the 1099's. You can just list the source and write, "see 1099".

(Taxpayer, Spouse, Joint)

Source	Tax Exempt?	T/S/J	Amount

Source	T/S/J	Amount

**ADDITIONAL SOURCES OF INCOME NOT INCLUDED ABOVE OR ON W2. INCLUDE STATEMENTS.**

If you receive a K1 from a partnership, estate, trust or S Corp, do not itemize, just bring the K1.

(If you have supporting information included you may just indicate, "see 1099,etc")

Source	Amt. You	Amt. Spouse
Alimony		
Disability		
Installment sales principal		
Jury Duty		
Pension		
Illegal Activity		
Profit Sharing		
Prizes		

Source	Amt. You	Amt. Spouse
Rental income – list on separate sheet		
Social Security		
Stock Options		
Strike Pay		
Unemployment		
Workman's Comp		
Scholarships		
Other		

**INVESTMENTS SOLD** – Only list if you do not have a 1099 from your broker. Stocks, Bonds, Funds, Options, Partnership or Corp interests –**BRING 1099S**.If your 1099 does not list the original purchase price and you do not have that information, **please call your broker for assistance.**

Name of Investment	Date Purchased	Purchase Price including commission	Reinvested Dividends previously taxed	Date Sold	Sale Price less commission

Stock Options exercised, granted, or sold, bring in all pertinent information from your employer. For stocks that you have purchased through your company and do not have a cost basis for please call your employer or broker to assist you in determining a cost basis.

**HEALTH SAVINGS ACCOUNTS** – Bring employer form – Date established if not a full year \_\_\_\_\_

		Amount withdrawn – bring employer form.	
List type, H.S.A. or M.S.A. etc. Bring form		Amount used for medical purposes	
Amount you contributed by separate check with		Amounts not used for Medical purposes (taxable)	
after tax dollars.		Employer contributions on your behalf if not on W2	
Coverage is self only or family?			

**K-12 DEPENDENT SCHOOL EXPENSES (Uniforms, lunches, after school sports are not deductible)  
For a list of deductible items see our website under "Tax Organizers and Other Useful Information"**

Dependent Name	Grade as of 1/1/22	Required Supplies Papers, pens etc	List who was paid for After school academics, music lessons, instruments, tutoring, drivers ed. Etc.	Educational software, computer	Tuition	Other

**SECONDARY EDUCATION EXPENSES – Must have 1098T and/or transcript from school showing all payments and expenses and grants loans and scholarships.**

Paid by Loans	School Attended	Frshmn, Sphmr Jr, Sr, as of 1/1/22	Tuition, Required fees	Required Books	At least ½ time?	Grants or Scholarships
You						
Spouse						
Dependent						
Dependent						

**CHILD AND DEPENDENT CARE EXPENSES PROVIDER INFORMATION**

Name of Child	Name of Provider	SSN or ID of Provider	Address of Provider	Amt Pd	Reimbursement from employer

If you installed energy saving measures in Your home please bring info.



List any grants or loans received due to any covid 19 recovery programs:

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Would you like to donate to the MN Nongame Wildlife fund? How Much \_\_\_\_\_

**Bring 2022 Property tax statement and 2023 property tax Statements if after late March 2023.**

Property Tax refunds are filed separately and have an additional charge.

List only bills not paid by insurance or Health Savings Account

After tax payments for Medical and Dental Insurance Premiums	
Medicare B or Drug Insurance	
Miles Driven for Medical Purposes	
Parking	
Doctors, Clinics	
Dentists, Orthodontists	
Chiropractor	
Glasses, Contacts, Exams	
Hospitals, Ambulance	
Medical Therapy	
Nursing Home	
In Home Nursing	
Medical Supplies, Equipment	
Prescription Drugs	

Cash, Check, Payroll Deduction List Organization, MUST HAVE RECEIPT	
Non-Cash Fair Market Value of Clothing Furniture, etc. Have an itemized list. If over \$500 list organization, date	
Volunteer Work Expenses	
Volunteer Mileage	
Volunteer Travel	
Volunteer Out of Pocket Expenses	

LONG TERM CARE INSURANCE

You	Insurance Company		Policy #		Amt Pd	
Spouse	Insurance Company		Policy #		Amt Pd	

TAXES

Real Estate Home		Educator classroom expenses	
Real Estate Vacation Property			
Vehicle license Tab			
Sales Tax on Auto, Boat, Home			

**INTEREST** – Bring 1098s and any settlement statements from financing or refinancing

Home Interest	
Vacation Property Interest	
2 <sup>nd</sup> Mortgages	
Home Equity	
Contract for Deed List Name and Social Security #	

Home interest and equity interest is only deductible for “acquisition” indebtedness. This means that only money borrowed to buy or improve your first or second home is deductible. You will have to keep track of this for your records.

