

# Paradigm Tax Consultants Inc

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Last Updated: April 15th, 2023

Dear Client,

Thank you for choosing Paradigm Tax Consultants, Inc. to meet you tax preparation and consulting needs.

This tax organizer is for Personal Income Taxes and will aid you in gathering all applicable information for your next tax intake meeting.

Certain lines in the packet may not pertain to your tax situation. If so, please leave the field blank.

Please bring the following to your in-take meeting:

- This filled-out New Client Tax Packet
- A copy of your current Driver's License
- Last year's filed Tax Return
- Any source documentation for the applicable tax year

If you have any questions while filling out your tax package, please contact us at 760-215-0602 or by email at markgetzinger@gmail.com.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark D Getzinger', with a stylized flourish at the end.

Mark D Getzinger, EA  
Owner, Paradigm Tax Consultants Inc

**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?

## 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?

## Name: \_\_\_\_\_

SSN:

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

[illegible]

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

## Name: \_\_\_\_\_

SSN:

Provide all brokerage statements

Description of property: \_\_\_\_\_

Date acquired	Date sold	2022	Prior years
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Selling price	.....	
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Mortgages assumed . . . . .	
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Cost of property sold . . . . .	
---------------------------------	--

Depreciation allowed . . . . .

Commissions and expense of sale . . . . .	
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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 . . . . .	_____	<input type="checkbox"/> There was a change in inventory method.	



## Name:

SSN:

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) . . . . .	_____	<input type="checkbox"/> 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 . . . . .	_____	_____
<input type="checkbox"/> 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 . . . . .	_____	<input type="checkbox"/> 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

☐☐

Was this vehicle available for use during off-duty hours?

☐☐

Was another vehicle available for personal use?

Yes No

☐☐

Do you have evidence to support your deduction?

☐☐

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 &amp; 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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 &amp; 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 . . . . .

## 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						

Income

Name:SSN:

Form 1099-MISC Income

Provide all copies of Form 1099-MISC

TS	Payer name	2022 amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer name	2022 amount