

# Treasure Tax Plus

FINANCIAL • LEGAL • ADMINISTRATIVE  
SUPPORT SERVICES

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## Individual Tax Organizer

TAXPAYER INFORMATION		
<i>Please complete all fields for taxpayer and spouse (if applicable).</i>		
	Taxpayer	Spouse
Name		
Social Security Number		
Birth Date		
Address		
Occupation		
Drivers' License Number		
Contact Phone		
Email Address		
Identity Protection PIN		
Legally Blind/Disabled?		

Status Changes for Last Year			
<i>If any of these changes took place during last year, please indicate and enter the effective date.</i>			
<i>*Individuals who are in registered domestic partnerships and civil unions are not considered married for federal tax purposes.</i>			
	Effective Date		Effective Date
<input type="checkbox"/> Married*		<input type="checkbox"/> Moved	
<input type="checkbox"/> Separated		<input type="checkbox"/> Home Sold	
<input type="checkbox"/> Divorced		<input type="checkbox"/> TP/Spouse Deceased	
<input type="checkbox"/> Retired		<input type="checkbox"/> Dependent Deceased	



### Dependent Information

Please list and provide information for all dependents you have a legal right to claim. Please provide identity protection PIN number if applicable. If more space is needed, please attach separate sheet.

					Include if applicable		
Full Legal Name	Social Security Number	Birthdate	Relationship	Months in Home	Income	Student	Disabled

### Sources of Income

Please check and provide documentation for all income received for taxpayer, spouse and dependents.

- W-2     
  Self-Employment     
  Retirement/Pension     
  Other  
 1099     
  Unemployment     
  Investment Income \_\_\_\_\_

### Questions

Review the following questions carefully. There are severe penalties associated with failing to report an interest in or signature authority over a foreign bank account. Please call our attention to any dealings related to foreign accounts and inheritances.

	Yes	No
Did taxpayer, spouse, or any dependents pass away last year?		
Has anyone else claimed you, your spouse, or your dependents in the last 5 years?		
Do you or your spouse have signature authority or are named as a co-owner on a bank account in a foreign country even if the funds are not yours?		
Did you or your spouse receive an inheritance from someone in a foreign country?		
Did you or your spouse have a foreign bank account at any time last year?		
Did you or your spouse receive a distribution from, or were the grantor, or transferor to, a foreign trust?		
At any time during the year, did you or your spouse hold an interest in a foreign financial asset?		
Did anyone have virtual currency (Bitcoin, etc) or NFT transactions during the year?		

Anyone bought, sold, or received dividends from stocks/bonds/mutual funds/exchange traded funds?		
Were you or your spouse invested in a Qualified Opportunity Fund during the year?		
Have you or your spouse been denied Earned Income Credit by the IRS?		
Have you have ever been informed by the IRS that any tax credit has been disallowed?		
Have you been re-certified for the Earned Income, Child Tax, or American Opportunity Credit?		
Did you or spouse buy, sell, or gift real estate last year?		
Did you or spouse make a gift of money or property to any individual last year?		
Did you employ household workers?		
Did you sell jewelry, gold, coins, or other precious metals during the year?		
Do you wish to contribute to the Presidential campaign fund?		
<b>Please indicate if any of the following apply to you and your family. Please provide any supporting details and documentation as necessary.</b>		
	Yes	No
Are you a member of the military?		
Did you/spouse/dependents receive any business income via CashApp, Venmo, Zelle, PayPal, or any other third-party, digital payment apps? <i>Source _____ Amount \$ _____ Source _____ Amount \$ _____</i>		
Did you receive any Economic Impact Payments (EIP)? <i>Amount \$ _____ Confirmed via Letter 6475?</i>		
Did you receive any Advance Child Tax Credit Payments last year? <i>Amount \$ _____ Confirmed via Letter 6419?</i>		
Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?		
Did you receive any PPP, EIDL, other stimulus relief, grants, or gifts for your business last year? <i>Type of Funding _____ Amount \$ _____</i> Has this funding been forgiven?		
Did you or your spouse pay any alimony last year? <i>If yes, enter recipient's name _____ Recipient's SSN _____</i>		
Did you have health insurance for you, your spouse and dependents for entire year?		
Did you purchase health insurance through a public exchange?		
Will there be any significant changes in income or deductions next year, such as retirement?		
Have you paid alternative minimum tax (AMT) in previous years?		
Did you have any household employees last year?		
Did you purchase a new energy-efficient car, truck, or van?		
Are you involved in bankruptcy, foreclosure, repossession, or had any debt cancelled?		
Were you a citizen of or did you live in a foreign country?		
Would you like to allow your tax preparer or another person to discuss your return with the IRS?		

Designee's name	Phone number	Pin# (any 5 digits)
Were any children born or adopted last year?		
Were any children attending college?		
Student	Year	Tuition Paid \$ Books \$
Student	Year	Tuition Paid \$ Books \$
Did you pay any tuition for a private school for a dependent or take classes yourself?		
Student	Amount Paid \$	
Name & address of school		
Did you pay for child or dependent care so you could work or go to school?		
Name of Provider	EIN or SSN	
Address	Amount Paid \$	
Did you receive any income from an installment sale?		
Did you have any investments become worthless or were you a victim of investment theft last year?		
Were you granted, or did you exercise any employee stock options during last year?		
Did you pay interest on a loan for a boat or RV that has living quarters?		
Did you pay sales taxes on a major purchase, such as a vehicle, boat, or home?		
Did you make any charitable contributions last year?		
Did you work from a home office or use our car for business?		
Did you purchase or sell a main home during the year? If yes, provide closing statement.		
If you sold a home, did you claim the First-Time Homebuyer credit when it was purchased?		
Did you refinance a mortgage or take a home equity loan? (Provide closing statement)		
Did you use any mortgage loan purposes other than to buy, build, or substantially improve your home?		
Did you make any new energy-efficient improvements to your home?		

*\*Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.*

*\*If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.*

*\*If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).*

<b>Adjustments</b>			
<i>Please indicate any expenses incurred for, or distributions from the following:</i>			
	Taxpayer	Spouse	Dependent
Educator Expenses	\$	\$	\$
Health Savings Account (HSA) distribution	\$	\$	\$
Health Savings Account (HAS) deduction	\$	\$	\$
Self-employed health insurance deductions	\$	\$	\$



Penalty on early withdrawal of savings	\$	\$	\$
IRA Deduction (Traditional, not Roth are deductible)	\$	\$	\$
Student Loan Interest	\$	\$	\$
Tuition & fees for taxpayers & dependents	\$	\$	\$
Moving expenses (Available for active members of Armed Forces only)	\$	\$	\$
Coverdell Education Account Contribution	\$	\$	\$
Coverdell Education Account Distribution (provide 1099-Q)	\$	\$	\$
Qualified Tuition Plan (Sec 529) Distribution (provide 1099-Q)	\$	\$	\$
Adoption Expenses (Check box if child has special needs)	\$	\$	\$
Business expenses of reservists, performing artists, and fee-based gov't officials	\$	\$	\$

<b>IRA &amp; SE Plans</b>			
	<b>Taxpayer</b>	<b>Spouse</b>	<b>Dependent</b>
Retirement Plan with employer?			
Did you convert traditional IRA into a Roth IRA during last year?			
<b>Traditional IRA, Keogh &amp; SEP Plans</b>			
Contributions	\$	\$	\$
Withdrawals (1099-R)	\$	\$	\$
Rollovers	\$	\$	\$
BasIS (Total of prior year non-deductible contributions)	\$	\$	\$
<b>Roth IRA</b>			
Contributions	\$	\$	\$
Withdrawals (1099-R)	\$	\$	\$
Rollovers	\$	\$	\$

<b>Itemized Deductions</b>			
<p><i>Taxpayers may choose between itemized or standard deductions. This section are for recording your itemized expenses. If you are certain that you cannot itemize your deductions, you may skip this section. Note: If you are married and filing separately and either spouse itemizes their deductions, than the other spouse must also itemize their deductions. The law does not allow one to itemize and the other to take the standard deduction.</i></p>			
<b>Medical Expenses</b> - Typically, medical expenses are only deductible to the extent that they exceed 10% of your AGI. Do not list expenses reimbursed by insurance or expenses and premiums paid with pre-tax funds or HSA distributions		<b>Investment Income</b> - Interest paid on loans to acquire investments. This interest is only allowable to the extent of net investment income.	
Insurance premiums (Medical, Dental, Vision, Hospital)	\$	Brokerage Margin Accounts	\$
Medicare Insurance Premiums	\$	Vacant Land	\$
Long-Term Care Insurance	\$	Other	\$
Doctors, Dentists (no cosmetic procedures)	\$	Other	\$
Acupuncture & Chiropractic Care	\$	<b>Taxes Paid</b> <i>Do not list any taxes associated with a business or rental</i>	
Hospital	\$		
Prescription Drugs (No OTC, except Insulin)	\$		



Nursing Care (indicate if in-home)	\$	<i>activity.</i>					
Eye Exam, Glasses, Contact Lenses & Supplies	\$	Real Estate - Primary Residence	\$				
Hearing Aids & Batteries	\$	Real Estate - 2nd Home	\$				
Ambulance & Paramedics	\$	Real Estate - Investment Property (Land)	\$				
Auto Travel (to and from treatment)	\$	Vehicle License Fees	\$				
Parking & Tolls (for treatment)	\$	Personal Property (boat, plane, etc)	\$				
Taxi, Shuttle, Air Fare, Etc (to and from treatment)	\$	Sales Taxes - Receipted	\$				
Lodging (for medical treatment)	\$	Sales Tax - Cars, boats, home, etc	\$				
Telephone (for medical treatment)	\$	Income Taxes Paid to Another State	\$				
Therapy & Special Schooling	\$	City, County, Local Taxes	\$				
Supplies & Equipment	\$	Foreign Tax Paid	\$				
Handicapped Placard	\$	Other	\$				
Handicapped Home Modifications	\$						
Rentals (crutches, wheelchair, oxygen, etc)	\$	<b>Charitable Contributions</b>					
Menstrual Care Products (After 12/31/19)	\$	Cash	\$				
OTC Medications - Without Prescription	\$	Non-cash contributions (FMV)	\$				
Other		IRA funds transfer to charity?	\$				
Medical Miles Traveled?		Charitable mileage	\$				
		Vehicle Donation	\$				
<b>Interest Paid</b> - Do not include for interest paid for business or rental-use property.		Time	\$				
		Other	\$				
Main Home	\$	Equity Loan	\$	<b>Other Deductions</b>			
Second Home	\$	Equity Loan	\$	Gambling Losses	\$	Excise Tax	\$
Points	\$	Investment Interest	\$	Impairment-Related Expenses	\$	Loss from box 2, K1	\$
Paid mortgage insurance premium when you purchased your home?		\$					
<b>Miscellaneous Itemized Deductions</b> <i>The expenses listed in this section are not deductible for federal in 2018-2025. Some states allow them only to the extent they exceed 2% of your AGI.</i>							
Business Gifts	\$	Attorney's Fees	\$				
Employment Seeking	\$	IRA/SE Plan Fees Paid by You	\$				
Resume Fees	\$	Tax Prep & Consultation Fees	\$				
Entertainment & Meals	\$	Credit/Debit Fees - Tax Pmts	\$				
Alimony Received	\$	Union & Professional Dues	\$				
Equipment	\$	Uniform Cleaning	\$				
Insurance	\$	Uniform Purchasing	\$				
Occupational Licenses	\$	Supplies & Equipment	\$				
Publications & Journals	\$	Other	\$				
Telephone (for medical treatment)	\$	Other	\$				
Tools	\$	Other	\$				

<b>Casualty Losses</b>		<b>Investment Expenses</b>		
For years 2018 through 2025 personal casualty losses are not deductible for federal (some states may allow personal casualty losses) unless incurred in a presidentially declared disaster area. Generally, to be deducted for federal, casualty losses must be incurred in a federally declared disaster area and, after insurance reimbursement must exceed 10% of your AGI and then only the amount that exceeds the 10% is deductible.		For years 2018 thru 2025 investment expenses are not deductible for federal purposes. But are still allowed in some states.		
	The loss was in a presidentially declared disaster area	Investment Advisory Fees	\$	
	The loss was from theft or embezzlement	Safe Deposit Box Fees	\$	
	The loss was the result of a Ponzi scheme	Legal & Accounting Fees	\$	
		Other	\$	
<b>Casualty Description</b>				
<b>Date of Casualty</b>				
<b>Insurance Reimbursement</b>		\$		
<b>Property Damaged</b>				
			<b>Fair Market Value</b>	
Description	Date Acquired	Original Cost or Other Basis	Before Casualty	After Casualty
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

<b>Self-Employed Business Income</b>			
Please enter information to be reported on Schedule C for Self-Employed Individuals. If additional space is needed, please attach additional pages.			
Enter your (EIN) if applicable:		Date Started:	
Did you start or stop this business last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Ended:	
Are you involved in the activity with continuity and regularity?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your primary purpose for engaging in the activity for income or profit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accounting Method Used for This Business		<input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other	
Did you make any payments that would require you to file Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, did you or will you file required form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gross Receipts/Sales</b> \$		<b>Returns &amp; Allowances</b> \$	
<b>Other Income</b> \$		<b>Cost of Goods Sold</b> \$	
<b>Cost of Goods Sold</b>			
Method(s) Used to value closing inventory: <input type="checkbox"/> Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other			

Check if there was there any change in determining quantities, costs, or valuations between opening and closing inventory?

Inventory at beginning of year:	\$	Cost of Labor:	\$
Inventory at end of year:	\$	Materials & Supplies:	\$
Purchases (less cost of personal items):	\$	Other Costs:	\$

**Business Purchases and Improvement**

Date Purchased	Description	Cost	Use	Date Sold	Profit
		\$			\$
		\$			\$
		\$			\$
		\$			\$

**Self-Employed Business Expenses**

*These expenses are primarily deductible on business schedules. Prior to 2018 employees could also deduct the expenses as an itemized deduction. However from 2018 thru 2025 the deductions are not allowed as an itemized deduction for employees on the federal return but may be deductible on some state returns. Documentation is required.*

	Business #1	Business #2		Business #1	Business #2
Advertising	\$	\$	Licenses	\$	\$
Commissions & Fees	\$	\$	Office Expense	\$	\$
Contract Labor	\$	\$	Pension Plan Fees	\$	\$
Dues & Publications	\$	\$	Rent - Equipment	\$	\$
Business Meals	\$	\$	Rent - Other	\$	\$
Employee Benefit Programs	\$	\$	Repairs	\$	\$
Employee Health Benefit Plans	\$	\$	Supplies	\$	\$
Equipment (life of less than 1 year)	\$	\$	Taxes - Payroll	\$	\$
Equipment - Other	\$	\$	Taxes - Sales	\$	\$
Freight	\$	\$	Taxes - Property	\$	\$
Gifts (Limits Apply)	\$	\$	Telephone	\$	\$
Insurance (Not health)	\$	\$	Utilities	\$	\$
Interest - Mortgage (other than home)	\$	\$	Wages (W-2)	\$	\$
Interest - Other	\$	\$	Legal & Professional Fees	\$	\$
Internet Service	\$	\$	Lodging	\$	\$
Lease Improvements	\$	\$	Other Expenses (Explain)	\$	\$

**Home Office Expenses (Self-Employed Individuals)**

To qualify, a "home office" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. A federal home office deduction is not allowed by employees for 2018 thru 2025.





<b>Who utilizes home office?</b>		<b>Self-Employed Business?</b>		<b>Date of use began:</b>
Taxpayer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	_____
Spouse	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
<b>Area (square feet) of:</b>				
Entire Home: _____		Office Area: _____		Business Storage: _____
If day care center, how many days per week used? _____			Hours per day? _____	
<b>Expenses (Entire Home)</b>				
Rent	\$ _____	Utilities	\$ _____	Insurance \$ _____
Mortgage	\$ _____	Maintenance	\$ _____	Other Fees \$ _____
<b>Expenses (Office Portion Only)</b>				
Maintenance	\$ _____	Repairs	\$ _____	Other \$ _____

<b>Vehicle Operating Expenses</b>		
<p>This section is not to be completed if your vehicle is used only for commuting to work and for personal travel. If this is the first year of business use for the vehicle, please provide a copy of the purchase or lease contract.</p> <p>If more space is needed, please attach information on additional page and attach to this document.</p>		
	Vehicle #1	Vehicle #2
	Taxpayer <input type="checkbox"/>	Taxpayer <input type="checkbox"/>
	Spouse <input type="checkbox"/>	Spouse <input type="checkbox"/>
Vehicle Make, Model, and Year		
This vehicle is provided (owned by your employer)		
Amount of reimbursement provided by the employer		
Reimbursement is included in W-2 wages		
This vehicle is available for personal use		
You have another vehicle for personal use		
You have written or electronic evidence to support your deduction		
Parking Expenses		
Tolls		
<b>Total Business Miles Driven This Year (personal and business)</b>		
<b>Business Miles Only</b>	For employer	
	Between First & Second Job	
	From Job to School (for job-related education)	
	Rental	
	Self-Employed Business	
	Temporary Job Sites Other	
	Average Round-Trip Distance to Work	
	Total Commuting Miles for Year	
<b>Vehicle Expenses</b>		

Only complete this section if you are using the actual expense method, or if the actual expense method was utilized the first year in which the vehicle was placed in service.

Fuel	\$	\$
Insurance	\$	\$
Maintenance (Tires, Batteries, Repairs, Etc)	\$	\$
Lease Payments	\$	\$
Vehicle Licenses	\$	\$
Taxes	\$	\$
Loan Interest (Self-Employed Only)	\$	\$
Wash, Wax, Detailing, Etc	\$	\$
Other	\$	\$

### Rental Income & Expenses

If you purchased or converted a property for rental use this year, please provide purchase documents and property tax statements. If additional space is necessary, please attach additional pages.

Property #	Residential?	Address or Description	Rental Income	Ownership (%)	If Vacation Home		
					Personal Use Days	Rental Days	
1				%			
2				%			
Expenses		Property #1	Property #2	Expenses		Property #1	Property #2
Advertising		\$	\$	Property Taxes		\$	\$
Commissions		\$	\$	Utilities		\$	\$
Insurance		\$	\$	Condo or HOA Dues		\$	\$
Cleaning/Maintenance		\$	\$	Payroll Taxes		\$	\$
Mortgage Interest		\$	\$	W-2 Wages		\$	\$
Other Interest		\$	\$	Improvements/Replacements		\$	\$
Management Fees		\$	\$	3rd Party Booking Fees (Airbnb etc)		\$	\$
Repairs		\$	\$	Telephone		\$	\$
Supplies		\$	\$	Other		\$	\$

### State Information

Please answer the following about your state(s) of residence during the tax year.

State(s) of Residence \_\_\_\_\_ Dates of Residence \_\_\_\_\_

School District(s) \_\_\_\_\_ Homeowner?  Renter?

**Renters**

Owner's Name & Address \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Dates? \_\_\_\_\_ Heat Included? \_

**Homeowners**

SEV of Home? \$ \_\_\_\_\_

Property Taxes Levied & Paid in 2021? \$ \_\_\_\_\_

Is your heating bill in your name?  Yes  No

Is your heating bill included in your rent?  Yes  No

Total heating bill paid last year? \$ \_\_\_\_\_

FIP/MDHHS cash payments and/or equivalent received last year? \$ \_\_\_\_\_

Food assistance benefits received last year? \$ \_\_\_\_\_

Any gambling losses last year? \$ \_\_\_\_\_

Any questions, concerns, or other issues you would like to discuss with your tax preparer? *Please enter them in the space below:*

To the best of my knowledge, the information presented in this document is complete and true.

\_\_\_\_\_  
*Taxpayer Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*SSN (Last 4)*

\_\_\_\_\_  
*Date*

*If applicable:*

\_\_\_\_\_  
*Spouse Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*SSN (Last 4)*

\_\_\_\_\_  
*Date*

