**ORGANIZER** 

HUEY AND BJORN 408 EAST MARKET ST STE 207 CHARLOTTESVILLE VA 22902

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Tax Return Appointment

Date: Time: Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2022 tax return. Please enter all pertinent 2022 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

or social services agency of	program statement.		
CLIENT INFORMA	TION	Taxpayer	Spouse
First name and initial			
Last name			
Title/suffix			
Social security number			
Occupation			
Date of birth (m/d/y)			
Date of death (m/d/y)			
1=blind			
Home phone			
Work phone			
Work extension			
Cell phone			
E-mail address			
	In care of		
	Street address		
Address	Apartment number		
Addicss	City		
	State		
	ZIP code		
DEPENDENTS			
52. 2.152.110		Dependent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of death (m/d/y)			
Date of adoption (m/d/y)			
Social security number			
Relationship			
Months lived at home			
	I	Dependent No.	Dependent No.
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Date of birth (m/d/y)  Date of death (m/d/y)			
Date of birth (m/d/y) Date of death (m/d/y) Date of adoption (m/d/y)			
Date of birth (m/d/y)  Date of death (m/d/y)  Date of adoption (m/d/y)  Social security number			
Date of birth (m/d/y)  Date of death (m/d/y)  Date of adoption (m/d/y)  Social security number  Relationship			
Date of birth (m/d/y)  Date of death (m/d/y)  Date of adoption (m/d/y)  Social security number			

ORGANIZER 2022 1040 US Tax Organizer Please enter all pertinent 2022 information. If you have attached a government form for an item, check the box and do not enter a 2022 amount. WAGES, SALARIES AND TIPS 2022 Amount Employer name: 2021 Amount Attach Forms W-2 INTEREST INCOME Payer name: Attach Forms 1099-INT **DIVIDEND INCOME** Payer name: Attach Forms 1099-DIV PENSIONS, IRA AND GAMBLING INCOME Payer name: Attach Forms 1099-R & W-2G Winnings not reported on W-2G..... Total gambling losses..... OTHER GOVERNMENT FORMS - INCOME Form 1099-B - Sales of stock (also include transaction history) . . . . . Attach Forms 1099 Form 1099-K - Merchant card and third party network payments . . . . Form 1099-S - Sales of real estate (also include closing statements) . Attach Forms 1099 Taxpayer: Attach Forms 1099 Form 1099-Q (529 Plan) ..... Form 1099-QA/5498-QA (ABLE Accounts) ..... Spouse: Attach Forms 1099 Form 1099-Q (529 Plan) ..... Form 1099-QA/5498-QA (ABLE Accounts) .....

ORGANIZER 2022 1040 US Tax Organizer MISCELLANEOUS INCOME Taxpayer: Alimony received Spouse: Alimony received Other: RETIREMENT PLAN CONTRIBUTIONS 2022 Amount 2021 Amount Taxpayer: Traditional IRA contributions (1=maximum)..... Roth IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . Spouse: Traditional IRA contributions (1=maximum)..... Roth IRA contributions (1=maximum)..... Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) . . . . . OTHER GOVERNMENT FORMS - DEDUCTIONS Attach Forms 1098 AFFORDABLE CARE ACT Form 1095-A - Health Insurance Marketplace Statement Attach Forms 1095 Form 1095- B - Health Coverage ..... Form 1095-C - Employer-Provided Health Insurance Offer and Coverage . . . . . ADJUSTMENTS TO INCOME Taxpayer: Educator expenses..... Other adjustments to income: Spouse: Educator expenses... Other adjustments to income: MEDICAL AND DENTAL EXPENSES Prescription medicines and drugs ...... Doctors, dentists and nurses..... Insurance premiums..... Insurance reimbursement..... Number of medical miles..... Other:

TAXES PAID

State income taxes - 1/22 payment on 2021 state estimate

22	1040	US	Tax Organizer		
TAXI	ES PAID (c	ontinued)		2022 Amount	2021 Amount
	•	•	1 state extension	2022711104111	2021 7 11110 4111
	income taxes -	•			
		•			
			years and/or to other states		
-		· -	nent on 2021 city/local estimate		
-		· ·	h 2021 city/local extension		
City/lo	ocal income ta	xes - paid wit	h 2021 city/local return		
State	and local sale	s taxes (exce	pt autos and special items)		
Use ta	axes paid on 2	022 purchase	es		
Use ta	axes paid on 2	.021 state retu	ırn		
Sales	tax on autos i	not included a	above		
Sales	taxes paid on	boats, aircra	ft, and other special items		
	•		dence		
			for investment		
$\Box$	•		uding automobile fees in some states)		
	REST PAIL	-	during automobile rees in some states)	7 tttacii Tax Notice	
			do moid.		
Home	mortgage inte	erest and poir	its paid:		I
H -				Attach Forms 1098	
$\sqcup$ _					
Home m	nortgage interest r	not on Form 1098	(include name, SSN, & address of payee):		T
_				_	
_				_	
Points	not reported	on Form 1098	3:		
_					
Morta	age insurance	premiums or	post 12/31/06 contracts	_	
_	=	-	n post 12/31/06 contracts		
_	=	-	n post 12/31/06 contracts		
_	=	-			
Invest	ment interest	(interest on n	nargin accounts):		
Investi Passiv	ment interest	(interest on n			
Passiv CASI	we interest	(interest on n	nargin accounts):		
Passiv CASI	ve interest H CONTRIE	(interest on n	or cash or check contributions unless the c	lonor maintains a bank record, or	
Passiv CASI	ve interest H CONTRIE	(interest on n	nargin accounts):	lonor maintains a bank record, or	
Passiv CASI	ve interest H CONTRIE	(interest on n	or cash or check contributions unless the c	lonor maintains a bank record, or	
Passiv CASI	ve interest H CONTRIE	(interest on n	or cash or check contributions unless the c	lonor maintains a bank record, or	
Passiv CASI NOTE	we interest	(interest on n	or cash or check contributions unless the c	lonor maintains a bank record, or date(s), and contribution amount(s	
Passiv CASI NOTE	we interest H CONTRIE No deduction from the don	BUTIONS  is allowed for the showing to the control of the control	or cash or check contributions unless the of the name of the organization, contribution	lonor maintains a bank record, or date(s), and contribution amount(s	
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Passiv CASI NOTE	we interest	BUTIONS  In is allowed for the control of the contr	or cash or check contributions unless the other name of the organization, contribution et).	donor maintains a bank record, or date(s), and contribution amount(s)	5).
Passiv CASI NOTE	we interest	BUTIONS  In is allowed for the control of the contr	or cash or check contributions unless the other name of the organization, contribution et).	donor maintains a bank record, or date(s), and contribution amount(s)	5).
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Passiv CASI NOTE  Volunt Number NON NOTE  MISC Union Tax resides a safe of the	we interest	Gut-of-pocker is allowed for any item volume.	or cash or check contributions unless the other name of the organization, contribution of the organization contribution of contributions of clothing and household with minimal monetary value may be denied or contributions of clothing and household with minimal monetary value may be denied or contributions of clothing and household with minimal monetary value may be denied or contributions.	donor maintains a bank record, or date(s), and contribution amount(s).	5).
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Passiv CASI NOTE  Volunt Numbe NON NOTE  MISC Union Tax re Safe collinvesti Estate	ve interest	BUTIONS  In is allowed for the is allowed for any item visual dues  BUS DEDUCTION OF THE INTERIOR OF THE INTER	or cash or check contributions unless the other name of the organization, contribution et).  DNS or contributions of clothing and household with minimal monetary value may be denied.	donor maintains a bank record, or date(s), and contribution amount(s).  ditems that are not in good used cod.	5).
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2022	1040	US	Miscellaneous Questions (continued)
	If any	y of the foll app	lowing items pertain to you or your spouse for 2022, please check the ropriate box and provide additional information if necessary.
YES	NO		ELLANEOUS (continued) eceive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
		Was your	home rented out or used for business?
		Medicare	have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Advantage MSA because of the death of the account holder? Or, were you a policyholder who received a under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life policy?
		Did you re	eceive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		Are you a military o	n member of the Armed Forces of the United States on active duty who moved pursuant to a rder related to a permanent change of station?
		Did you e	engage the services of any household employees?
		Were you	notified or audited by either the Internal Revenue Service or the State taxing agency?
		Did you o	or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
		Did your b	bank account information change within the last twelve months?
		At any tin any virtua	ne during 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in al currency?

22	1040	US	Direct	реро	sit & Estima	ates (Fo	rm 1040	£5)		3, 6
			Pleas	se enter	all pertinent 202	22 informat	tion.			
DIRE	CT DEPO	SIT / ELI	ECTRON	IC PAY	MENT (3)					
=direct	t deposit of fed	eral tax refu	nd into bank a	account						
			lax							
BANI	K INFORM	IATION	Do	rcent to					Type of	Type of
	Name of	Bank	D	eposit (xx.xx)	Routing Number		Account Num	ber	Account (Table 1)	Invest. (Table 2)
		-D TAV /	1010 50	//>						
2022 Feder	ESTIMATE al	D IAX /	1040-ES	• •	unt Paid	Date	Paid	TS	2022 Voucher Am	ount
	yment applied f	rom 2021		74110	unt ruid	Dute	i did		Vouciei Aiii	ount
st quai	rter payment									
	arter payment									
-	rter payment									
th qua	rter payment									
	Additional Es	timated						+		
	Tax Paym							+		
								+		
Paid wit	th extension									
Former	spouse SSN if jo	oint estimates	s							
State				Amo	unt Paid	Date	Paid	TS	2022 Voucher Am	ount
Overpay	ment applied from	om 2021								
1st quar	ter payment									
	rter payment		<del></del>							
	rter payment									
4th quar	ter payment									
	Additional Fo	timatad						+		
	Additional Est Tax Paym							+		
								+		
Paid wit	h extension									
					<b>-</b>			1		
	1	T f A			2	T				
		Type of Acc	ount		1 = Checking or savings	Type of In	6 = Coverdell sa	wings ass	count (ESA)	
		2 = Checking	9		2 = Taxpayer's IRA (next 3 = Spouse's IRA (next	t year limits)	7 = Other 8 = Taxpayer's	•		
					4 = Health savings acco 5 = Archer MSA	unt (HSA)	9 = Spouse's IR	A (curren	t year limits)	
					-					

2022	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2022 amounts & attach all 1099-SA forms. Last year's amounts are provided for your reference.

## **HSA CONTRIBUTIONS**

NOTE:Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2022, a high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$7,050 for self-only coverage or \$14,100 for family coverage.

	2022 Am	ount	2021 Am	ount
_	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				
HSA DISTRIBUTIONS				
Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

32.1

022	1040	US	Child and Dep	endent Care Ex	penses (Fo	rm 2441)	33.1,33.2
Please e paid	nter all p for the c	ertinent 202 are of one o	22 information. Last year more dependents en	ear's amounts are pro nabling you to work o	ovided for your r or attend school	eference. You to qualify for th	must have nis credit.
DFP	PENDEN	IT CARE F	EXPENSES (33.1)	2022 Amoun		2021 Amou	
			ed but not paid in 2022	Taxpayer	Spouse	Taxpayer	Spouse
			ited in 2022				
PER	SONS A	AND EXPE	ENSES QUALIFYIN	G FOR DEPENDE	NT CARE CRI	EDIT	
	F	irst name					
No.			d/y) umber				
	C	Qualified depend ncurred and paid	dent care expenses d in 2022			2021 amt:	
			nt			_	
No.	L T C	ast nameitle or suffix late of birth (m/d locial security nu	I/y) ımber				
	ir 1	ncurred and paid =disabled	ent care expenses I in 2022			2021 amt:	
PER			NIZATIONS PROV	DING CARE (33.2	)		
	S	ity tate					
No.	F	oreign postal co oreign country .	de				
	Д	mount paid to	care provider in 2022			2021 amt:	

33.1,33.2

2022	1040	US	Report of Foreign Bank	and Financial Accour	nts 82.1
	Please en	ter all pert	inent 2022 amounts. Last year's a	mounts are provided for your	reference.
GEI	NERAL IN	IFORMAT	ΓΙΟΝ	2022 Amount	2021 Amount
Canad	dian province	or Mexican sta	ate		
	ın identification	1:			
lá	axpayer:	t 2 foreign TI	NI.		
			Non		
S	pouse:				
	1=passpor	t, 2=foreign TI	N		
			on		
T		issue			
Тахра					
Spous					
					82.1

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.  INFORMATION ON FINANCIAL ACCOUNTS  1=spouse. Type of account: 1=bank account, 2=securities account, or specify Maximum value of account (-1 if unknown) Financial institution:  Name of institution (Line 1) (mandatory) Name of institution (Line 2) Malling address. Account number City. State. ZIP/postal code Country (if not US). Accounts owned jointly: Number of joint owners: Taxpayer identification number, if not joint filer TIN type: 1=EIN, 2=SSN/TIN, 3=foreign , 4=unknown. Last name. First name. Middle initial. Address. City. State. ZIP/postal code. Country (if not US) Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial. Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial. Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial. Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial. Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial. Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial. Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial. Accounts where filer has no financial interest:	INFORMATION ON FINANCIAL ACCOUNTS  1=spouse. Type of account: 1=bank account, 2=securities account, or specify Maximum value of account (-1 if unknown)  Financial institution:  Name of institution (Line 1) (mandatory)  Name of institution (Line 2)  Mailing address.  Account number.  City.  State.  ZIP/postal code.  Country (if not US)  Accounts owned jointly:  Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)  Principal joint owner:  Taxpayer identification number, if not joint filer  TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.  Last name.				NANCIAL ACCOUNTS	•	
Tespouse.  Type of account: 1=bank account, 2=securities account, or specify Maximum value of account (-1 if unknown)  Financial institution:  Name of institution (Line 1) (mandatory) Name of institution (Line 2) Mailing address Account number City. State ZIP/postal code Country (if not US)  Accounts owned jointly: Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer) Principal joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)  First name. Middle initial. Address. City. State ZIP/postal code Country (if not US)  Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial.  Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial.  Accounts where filer has no financial interest: Last name or org. name (mandatory) First name. Middle initial.  Taxpayer identification number	1=spouse. Type of account: 1=bank account, 2=securities account, or specify  Maximum value of account (-1 if unknown)  Financial institution:  Name of institution (Line 1) (mandatory)  Name of institution (Line 2)  Mailing address  Account number  City  State.  ZIP/postal code  Country (if not US)  Accounts owned jointly:  Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)  Principal joint owner:  Taxpayer identification number, if not joint filer  TiN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.  Last name.	2021 Amount	2021 Amount	2022 Amount		DRMATION ON FI	INF
Type of account: 1=bank account, 2=securities account, or specify Maximum value of account (-1 if unknown)  Financial institution:  Name of institution (Line 1) (mandatory)  Name of institution (Line 2)  Mailing address.  Account number City. State. ZIP/postal code Country (if not US)  Accounts where filer has no financial interest: Last name Middle initial.  Accounts where filer has no financial interest: Last name Middle initial.  Accounts where filer has no financial interest: Last name Middle initial.  Address Middle initial.  Accounts where filer has no financial interest: Last name Middle initial.  Accounts where filer has no financial interest: Last name Middle initial.  Accounts where filer has no financial interest: Last name Middle initial.  Accounts where filer has no financial interest: Last name Middle initial.  Taxpayer identification number	Type of account: 1=bank account, 2=securities account, or specify  Maximum value of account (-1 if unknown)  Financial institution:  Name of institution (Line 1) (mandatory)  Name of institution (Line 2)  Mailing address  Account number  City  State  ZIP/postal code  Country (if not US)  Accounts owned jointly:  Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)  Principal joint owner:  Taxpayer identification number, if not joint filer  TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.  Last name.				2-securities account or specify		1141
Maximum value of account (-1 if unknown)  Financial institution  Name of institution (Line 1) (mandatory)  Name of institution (Line 2)  Mailing address  Account number  City.  State  ZIP/postal code  Country (if not US)  Accounts where files has no financial interest:  Last name  City.  State  ZIP/postal code  Counts where filer has no financial interest:  Last name  Middle initial  Accounts where filer has no financial interest:  Last name  Middle initial  Accounts where filer has no financial interest:  Last name  Middle initial  Accounts where filer has no financial interest:  Last name  Middle initial  Accounts where filer has no financial interest:  Last name  Middle initial  Taxpayer identification number	Maximum value of account (-1 if unknown)  Financial institution:  Name of institution (Line 1) (mandatory)  Name of institution (Line 2)  Mailing address  Account number  City.  State.  ZIP/postal code  Country (if not US)  Accounts owned jointly:  Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)  Principal joint owner:  Taxpayer identification number, if not joint filer  TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.  Last name.				2-securities account or specify		
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2	1040	US	Foreign Reporting (8938)		No.	82.2
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	i louse on	ioi uli poi	tinent 2022 amounts. East your sain	ounts are provided it	or your referen	<b>.</b>
FOR	EIGN DEPO	SIT AND (	CUSTODIAL ACCOUNTS (Part I)			
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_	,		is maintained			
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Sourc	e or exchange i	ale				
ОТН	ER FOREIG	N ASSETS	G (Part II)			
Identif	fying number or	other design	nation (mandatory for part II)			
Date a	asset acquired o	during year (r	m/d/y)			
Date a	asset disposed	of during yea	r (m/d/y)			
1=no	tax item in Part	III with resp	ect to this asset			
Maxim	num value of as	set during ye	ear			
		•	onvert value to US dollars			
Foreig	gn currency in w	hich asset is	denominated			
_			(XXX.XXXX)			
Foreig	gn entity informa	ation (comple	ete if stock or interest):			
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Ty	ype of entity					
	•	-				
Ci	ity of entity					
	•					
P	ostal code of er	ntity				
C	ountry of entity					

Type of Entity

1 = Partnership 2 = Corporation 3 = Trust 4 = Estate

 $82.2_{\text{ p2}}$ 

Please enter all pertinent 2022 amounts. Last year's amounts are provided for your reference.  OTHER FOREIGN ASSETS (Part II) (continued)  In the continue of	DTHER FOREIGN ASSETS (Part II) (continued)  ssue or counterparty (#1):  Name   -Issued, Z-counterparty   -US person, Z-foreign person	22	1040	US	Foreign Reporting (8938) (continued)	No.	82.2 <sub>p</sub>
Issuer or counterparty (#1): Name	Sour or counterparty (#1):  Name		Please ent	ter all pert	tinent 2022 amounts. Last year's amounts are provided fo	or your reference.	
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