

## 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 receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?  
     (a) receive (as a reward, award, or payment for property or services) a digital asset  
     (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

### Identification Information

<b>Taxpayer's type of photo ID</b> <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID	<b>Spouse's type of photo ID</b> <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued photo ID
Photo ID number _____	Photo ID number _____
State photo ID was issued _____	State photo ID was issued _____
Date photo ID was issued _____	Date photo ID was issued _____
Date photo ID expires _____	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						

## Other Income and Adjustments

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

SSN: \_\_\_\_\_

### Other Income

	2022 Taxpayer	2021 Taxpayer	2022 Spouse	2021 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	2021 Taxpayer	2022 Spouse	2021 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: _____	_____	_____	_____	_____

Income

Name:

SSN:

**Form 1099-Misc Income**

Provide all copies of Form 1099-MISC

TS	Payer name	2022 amount	2021 amount

**Form 1099-NEC Income**

Provide all copies of Form 1099-NEC

TS	Payer name	2022 amount	2021 amount

### Income

Name:

SSN:

#### Wages & Salaries

Provide all copies of Form W-2

TS	Employer name	2022 federal wages	2021 federal wages

#### Retirement

Provide all copies of Form 1099-R

TS	Payer name	2022 distribution	2021 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?

### Income

Name:

SSN:

#### Dividend Income

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

TSJ	Account number Payer name	2022 ordinary dividends	2021 ordinary dividends	2022 qualified dividends	2021 qualified dividends
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				

#### Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income.

TSJ	Account number Payer name	2022 interest	2021 interest
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address



Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses	2022	2021
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 and dental expenses (list) . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Charitable Contributions	2022	2021
Donations to charity (cash) . . . . .	_____	_____
Disaster relief contributions . . . . .	_____	_____
Miles driven for charitable purposes _____	_____	_____
Donations to charity (noncash) . . . . .	_____	_____
If noncash donations are greater than \$500, list below.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Taxes Paid	2022	2021
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)	_____	_____
_____	_____	_____
_____	_____	_____

Other Miscellaneous Deductions	2022	2021
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 _____	_____	_____

Interest Paid	2022	2021
Home mortgage interest paid (attach Form 1098) . . . . .	_____	_____
<input type="checkbox"/> 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 . . . . .	_____	_____

**For state purposes ONLY**

Job Expenses & Certain Miscellaneous Deductions	2022	2021
Necessary job expenses you paid that were not reimbursed by your employer (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Union dues . . . . .	_____	_____
Tax preparation fees . . . . .	_____	_____
Other nonpersonal expenses related to taxable income (list)	_____	_____
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere . . . . .	_____	_____
Home equity interest . . . . .	_____	_____



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	2021		2022	2021
Gross receipts or sales	_____	_____	Other income	_____	_____
Returns & allowances	_____	_____			

**Expenses**

	2022	2021		2022	2021
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	2021		2022	2021
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.		

**Schedule E - Income or Loss from Rental Real Estate & Royalties**

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

SSN: \_\_\_\_\_

**General Property Information**

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- Single family residence     
  Vacation / short-term rental     
  Land     
  Self-rental  
 Multi-family residence     
  Commercial     
  Royalties     
  Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- This property was placed in service during 2022.      Yes      No  
 This property was disposed of during 2022.             Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.  
 This property is your main home or second home.             If "Yes," did you file Forms 1099 for the individuals?  
 This property was owned as a qualified joint venture.

**Income**

	2022	2021		2022	2021
Rent Income . . . . .	_____	_____	Royalties from oil, gas, mineral, copyright or patent . . . . .	_____	_____

**Expenses**

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising . . . . .	_____	_____	_____	_____
Auto & travel . . . . .	_____	_____	_____	_____
Cleaning & maintenance . . . . .	_____	_____	_____	_____
Commissions . . . . .	_____	_____	_____	_____
Insurance . . . . .	_____	_____	_____	_____
Legal & professional fees . . . . .	_____	_____	_____	_____
Management fees . . . . .	_____	_____	_____	_____
Mortgage interest . . . . .	_____	_____	_____	_____
Other interest . . . . .	_____	_____	_____	_____
Repairs . . . . .	_____	_____	_____	_____
Supplies . . . . .	_____	_____	_____	_____
Taxes . . . . .	_____	_____	_____	_____
Utilities . . . . .	_____	_____	_____	_____
Depletion . . . . .	_____	_____	_____	_____
Other expenses (list)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

## 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 is available for personal use?

Yes No

- Do you have evidence to support your deduction?  
  If "Yes," is the evidence written?

Number of miles the vehicle was driven during 2022	2022	2021	Total number of miles the vehicle was driven in prior years	2022	2021
Business: Before July 1	_____	_____	Business	_____	_____
After June 30	_____	_____	Total	_____	_____
Commuting	_____	_____			
Other	_____	_____			

Expenses	2022	2021	Expenses	2022	2021
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 2022	2021	Home expenses 2022	2021
Mortgage interest	_____	_____	_____	_____
Real estate taxes	_____	_____	_____	_____
Excess mortgage interest	_____	_____	_____	_____
Excess real estate taxes	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Repairs & 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.