

# TAX ORGANIZER

( If you are a new client, please send a copy of last years tax return)

**FOR TAX YEAR 2022**

|                 |                                       |   |
|-----------------|---------------------------------------|---|
| Your Name       | S.S. #    -    -                      | Birthdate    /    /                           |
| Spouses Name    | S.S. #    -    -                      | Birthdate    /    /                           |
| Mailing Address | Home Phone Number<br>(    )    -    - | Work or Cell Phone Number<br>(    )    -    - |
|                 |                                       | E-mail Address                                |

## DEPENDENTS

| NAME | S.S. # | D.O.B. | RELATIONSHIP |
|------|--------|--------|--------------|
|      |        |        |              |
|      |        |        |              |
|      |        |        |              |
|      |        |        |              |
|      |        |        |              |

Was there anyone else you contributed support, that resides in the U.S., Canada or Mexico?

| NAME | S.S. # | D.O.B. | RELATIONSHIP | % SUPPORTED | INCOME OF PERSON |
|------|--------|--------|--------------|-------------|------------------|
|      |        |        |              |             | \$               |
|      |        |        |              |             | \$               |

## CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

| NAME OF SITTER | S.S. # | ADDRESS | AMT. PD. |
|----------------|--------|---------|----------|
|                |        |         | \$       |
|                |        |         | \$       |

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms contact us right away. Attach the dependent care form from the provider if private care.

## ESTIMATED TAXES

| CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS | FIRST QUARTER (APRIL 15) | SECOND QUARTER (JUNE 15) | THIRD QUARTER (SEPT. 15) | FOURTH QUARTER (JAN. 15) | TOTAL FOR YEAR |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| Federal<br>\$                             | \$                       | \$                       | \$                       | \$                       | \$             |
| State<br>\$                               | \$                       | \$                       | \$                       | \$                       | \$             |

Did you invest in or cash out Virtual Currency in 2021? Yes No  
 Did you have a Health Savings Account (HSA)? Yes No

If you answered Yes to any of these, please attach the appropriate forms for tax preparation.

## INCOME

**Wages, Salaries, Tips, Etc.** (Attach W-2s)  
**Required Minimum Distributions.** (Attach 1099's)  
**Interest income from Seller-Financed Mortgages & Individuals:**  
**Interests from Banks & Financial Institutions** (Attach 1099 Int)  
 Include all that have your Social Security number on them.

| NAME  | AMOUNT   | NAME  | AMOUNT   |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

Did you sell or turn in any U.S. Savings Bonds? YES  NO

If yes, Please list information: \_\_\_\_\_

Nontaxable Interest: (Attach Information)

Did you have any foreign bank accounts? YES  NO

If yes, please explain \_\_\_\_\_

Did you have any penalties on Early Withdrawal of Savings Certificates? YES  NO

If yes, list or attach information \_\_\_\_\_

**Dividends:** (Attach 1099Div's) **Capital Gain Distributions:** (Attach 1099B's) **Education Distributions:** (Attach 1099Q's)

**Nontaxable Distributions:** (Attach 1099s) **Pensions:** (Attach 1099Rs)

**Exclusions of Reinvested Dividends from Public Utility:** Attach Information. Did you serve in a **Combat Zone?** \_\_\_\_\_

Did you **Contribute** to your pension plan? \_\_\_\_\_ If yes, have you already recovered your contribution? \_\_\_\_\_

Did you have any **Rollovers?** \_\_\_\_\_ If yes, Attach 1099 Distribution & Rollover papers **Alimony:** How much did you receive? \$ \_\_\_\_\_

Did you invest in any **Traditional IRA's?** If yes, provide statement. \_\_\_\_\_

Did you receive a **Medical Loss Rebate** from your **Health Insurance Company** this year? If so, how much \$ \_\_\_\_\_.

How did you receive payment? Check \_\_\_\_\_ or **Reduction in Premium** \_\_\_\_\_, check box.

### OTHER INCOME

Estate & Trusts \$ \_\_\_\_\_ (Attach K-1s) Jury Duty \$ \_\_\_\_\_

S-Corporations \$ \_\_\_\_\_ (Attach K-1s) Other \$ \_\_\_\_\_

Partnerships \$ \_\_\_\_\_ (Attach K-1s) Other \$ \_\_\_\_\_

Did you have any tips that you did not report to your employer? If not reported, how much did you receive? \$ \_\_\_\_\_

Prizes & Awards \$ \_\_\_\_\_ State Tax Refund \$ \_\_\_\_\_ Unemployment Compensation \$ \_\_\_\_\_

Lump Sum Distributions \$ \_\_\_\_\_ (Attach 1099R's) Gambling Winnings (Attach W-2 G's) \$ \_\_\_\_\_

### Gains & Losses from Sale of Property, Stock, Etc. (Attach 1099 B's)

| Description | Date Bought    | Date Sold      | Sale Price | Cost & Expense | Gain or Loss |
|-------------|----------------|----------------|------------|----------------|--------------|
| _____       | ____/____/____ | ____/____/____ | \$ _____   | \$ _____       | \$ _____     |
| _____       | ____/____/____ | ____/____/____ | \$ _____   | \$ _____       | \$ _____     |
| _____       | ____/____/____ | ____/____/____ | \$ _____   | \$ _____       | \$ _____     |

**SALE OF RESIDENCE** - Please send or bring escrows of purchase & sale of new house. Also list improvements on old house.

### DID YOU HAVE ANY OTHER INCOME FROM ANY OTHER SOURCE?

|        |       |        |          |
|--------|-------|--------|----------|
| Source | _____ | Amount | \$ _____ |
| Source | _____ | Amount | \$ _____ |
| Source | _____ | Amount | \$ _____ |

**SOCIAL SECURITY**

How much did you receive? \$ \_\_\_\_\_ How much did your spouse receive? \$ \_\_\_\_\_ (Attach SSA 1099s)

If you paid any individuals or Partnership \$600.00 or more for rent or services for business purposes, you are required to file 1099s prior to February 28th. If you would like us to prepare these, please contact us right away.

**FARM INCOME** - If you had any Farm Income, attach or bring in the information.

**OTHER INCOME INFORMATION (DETAIL)**

**OTHER EXPENSE INFORMATION (DETAIL)**

## BUSINESS INCOME / BUSINESS EXPENSES (FOR SELF EMPLOYED)

What is the main business activity? \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_

**HOW MUCH IS YOUR GROSS BUSINESS INCOME ?** \$ \_\_\_\_\_ (Attach 1099 Miscs)

**HOW MANY MILES DID YOU DRIVE FOR BUSINESS PURPOSES?** \_\_\_\_\_

|                               |          |                        |          |
|-------------------------------|----------|------------------------|----------|
| Merchandise                   | \$ _____ | Real Estate Taxes      | \$ _____ |
| Costs of Goods                | \$ _____ | Other Taxes & Licenses | \$ _____ |
| Materials & Supplies          | \$ _____ | Travel (no meals)      | \$ _____ |
| Advertising                   | \$ _____ | Meals & Entertainment  | \$ _____ |
| Bad Debts                     | \$ _____ | Utilities & Telephone  | \$ _____ |
| Car & Truck Expense           | \$ _____ | Wages & Salaries       | \$ _____ |
| Commissions                   | \$ _____ | Bank Service Charges   | \$ _____ |
| Insurance (other than health) | \$ _____ | Tools                  | \$ _____ |
| Mortgage Interest             | \$ _____ | Uniforms               | \$ _____ |
| Other Interest Paid           | \$ _____ | Safety Items           | \$ _____ |
| Legal & Professional Fees     | \$ _____ | Freight & Shipping     | \$ _____ |
| Office Expenses               | \$ _____ | Dues & Publications    | \$ _____ |
| Rent on Business Property     | \$ _____ | Laundry & Cleaning     | \$ _____ |
| Equipment Rentals             | \$ _____ | (other)                | \$ _____ |
| Repairs                       | \$ _____ | (other)                | \$ _____ |
| Supplies                      | \$ _____ | (other)                | \$ _____ |

### INCOME FROM PROPERTY RENTAL

|   | RENTAL 1 | RENTAL 2 | RENTAL 3 |
|---|----------|----------|----------|
| <b>Rents Received (Attach all 1099s)</b>      | \$ _____ | \$ _____ | \$ _____ |
| Advertising Costs                             | \$ _____ | \$ _____ | \$ _____ |
| Association Dues                              | \$ _____ | \$ _____ | \$ _____ |
| Auto & Travel                                 | \$ _____ | \$ _____ | \$ _____ |
| Cleaning & Maintenance                        | \$ _____ | \$ _____ | \$ _____ |
| Commissions                                   | \$ _____ | \$ _____ | \$ _____ |
| Gardening                                     | \$ _____ | \$ _____ | \$ _____ |
| Insurance                                     | \$ _____ | \$ _____ | \$ _____ |
| Legal & Professional Fees                     | \$ _____ | \$ _____ | \$ _____ |
| Licenses & Permits                            | \$ _____ | \$ _____ | \$ _____ |
| Management Fees                               | \$ _____ | \$ _____ | \$ _____ |
| Miscellaneous                                 | \$ _____ | \$ _____ | \$ _____ |
| Mortgage Interest                             | \$ _____ | \$ _____ | \$ _____ |
| Other Interest Paid                           | \$ _____ | \$ _____ | \$ _____ |
| Painting & Decorating                         | \$ _____ | \$ _____ | \$ _____ |
| Painting Equipment ( brushes, ladders, etc. ) | \$ _____ | \$ _____ | \$ _____ |
| Pest Control                                  | \$ _____ | \$ _____ | \$ _____ |
| Plumbing & Electrical                         | \$ _____ | \$ _____ | \$ _____ |
| Repairs                                       | \$ _____ | \$ _____ | \$ _____ |
| Supplies                                      | \$ _____ | \$ _____ | \$ _____ |
| Cleaning Supplies                             | \$ _____ | \$ _____ | \$ _____ |
| Tools   | \$ _____ | \$ _____ | \$ _____ |
| Taxes   | \$ _____ | \$ _____ | \$ _____ |
| Telephone                                     | \$ _____ | \$ _____ | \$ _____ |
| Utilities                                     | \$ _____ | \$ _____ | \$ _____ |
| Wages & Salaries                              | \$ _____ | \$ _____ | \$ _____ |
| Other (list)                                  | \$ _____ | \$ _____ | \$ _____ |
| Other (list)                                  | \$ _____ | \$ _____ | \$ _____ |
| Other (list)                                  | \$ _____ | \$ _____ | \$ _____ |

**RENTAL INCOME (continued)**

What type of property is the rental? (i.e. four bedroom house, warehouse, trailer park, etc.)

RENTAL 1 \_\_\_\_\_ RENTAL 2 \_\_\_\_\_ RENTAL 3 \_\_\_\_\_

When did you purchase your rental property? (Mm/Yy)

RENTAL 1..... / \_\_\_\_\_ RENTAL 2..... / \_\_\_\_\_ RENTAL 3 ..... / \_\_\_\_\_

How much did the rental property cost you?

RENTAL 1 \$ \_\_\_\_\_ RENTAL 2 \$ \_\_\_\_\_ RENTAL 3 \$ \_\_\_\_\_

Did you have any Farm Rental Income? \_\_\_\_\_ If yes, attach information. Did you have any Royalties? \_\_\_\_\_ If yes, attach information & 1099s. Did you receive an Education Distribution? \_\_\_\_\_

**DEDUCTIONS**

**MEDICAL**

Medicines \$ \_\_\_\_\_ Drugs \$ \_\_\_\_\_

| NAME                 | Amount Paid After Insurance Reimbursement | NAME                 | Amount Paid After Insurance Reimbursements |
|----------------------|---|----------------------|--|
| Doctors: _____       | \$ _____                                  | Specialists: _____   | \$ _____                                   |
| _____                | \$ _____                                  | _____                | \$ _____                                   |
| _____                | \$ _____                                  | _____                | \$ _____                                   |
| Dentists: _____      | \$ _____                                  | Chiropractors: _____ | \$ _____                                   |
| _____                | \$ _____                                  | _____                | \$ _____                                   |
| _____                | \$ _____                                  | _____                | \$ _____                                   |
| Orthodontists: _____ | \$ _____                                  | Clinics: _____       | \$ _____                                   |
| _____                | \$ _____                                  | _____                | \$ _____                                   |
| _____                | \$ _____                                  | _____                | \$ _____                                   |
| Practitioners: _____ | \$ _____                                  | Hospitals: _____     | \$ _____                                   |
| _____                | \$ _____                                  | _____                | \$ _____                                   |

Transportation & Lodging \$ \_\_\_\_\_ Insurance Premiums (include Medicare) \$ \_\_\_\_\_

|                                   |          |                      |          |
|-----------------------------------|----------|----------------------|----------|
| Prenatal Care                     | \$ _____ | Postnatal            | \$ _____ |
| Eyeglasses                        | \$ _____ | Hearing Aids         | \$ _____ |
| X-Rays                            | \$ _____ | Lab Fees             | \$ _____ |
| Medical Lodging                   | \$ _____ | Bandages             | \$ _____ |
| Therapy Equipment                 | \$ _____ | Crutches             | \$ _____ |
| Medical Supplies & Appliances     | \$ _____ | Diabetic Expense     | \$ _____ |
| Prosthesis Expense                | \$ _____ | Therapy Pool         | \$ _____ |
| Required Air Conditioning Expense | \$ _____ | Electrical Expense   | \$ _____ |
| Repairs & Filters                 | \$ _____ | Stop Smoking Expense | \$ _____ |

**TAXES**

Did you pay State Taxes last year? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Did you pay State Taxes last year for prior years? \_\_\_\_\_

How much? \$ \_\_\_\_\_ Did you pay Sales Taxes on Major Purchases last Year? \_\_\_\_\_ How much? \$ \_\_\_\_\_

|                   |          |                         |          |
|-------------------|----------|-------------------------|----------|
| Auto License Fees | \$ _____ | Auto Sales Tax          | \$ _____ |
| Real Estate Taxes | \$ _____ | Property Taxes          | \$ _____ |
| Irrigation Taxes  | \$ _____ | Personal Property Taxes | \$ _____ |
| Boat Taxes        | \$ _____ | Other Taxes             | \$ _____ |

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.? \_\_\_\_\_ (Attach Information.)

## DEDUCTIONS (CONTINUED)

**INTEREST:** (Attach all 1098s)

| 1ST HOME              | NAME  | AMOUNT   | 2ND HOME              | NAME  | AMOUNT   |
|-----------------------|-------|----------|-----------------------|-------|----------|
| Mortgages.....        | _____ | \$ _____ | Mortgages.....        | _____ | \$ _____ |
| 2nd Home Mortgage..   | _____ | \$ _____ | 2nd Home Mortgage...  | _____ | \$ _____ |
| Late Charges.....     | _____ | \$ _____ | F.H.A. Charges        | _____ | \$ _____ |
| Mortgage Insurance... | _____ | \$ _____ | Real Estate Loan Fees | _____ | \$ _____ |
| College Loan Interest | _____ | \$ _____ | Points .....          | _____ | \$ _____ |
| College Loan Interest | _____ | \$ _____ | College Loan Interest | _____ | \$ _____ |

**CONTRIBUTIONS**

|                |          |                     |          |
|----------------|----------|---------------------|----------|
| Churches       | \$ _____ | Payroll Deductions  | \$ _____ |
| Missions       | \$ _____ | Youth Programs      | \$ _____ |
| Evangelists    | \$ _____ | Muscular Dystrophy  | \$ _____ |
| Bazaar         | \$ _____ | Salvation Army      | \$ _____ |
| Public Schools | \$ _____ | County Fairs        | \$ _____ |
| Jaycees        | \$ _____ | Boy - Girl Scouts   | \$ _____ |
| Heart Fund     | \$ _____ | Xmas / Easter Seals | \$ _____ |
| Cancer Fund    | \$ _____ | United Way          | \$ _____ |

Did you donate any non - cash items such as food or used clothing? Please list description and value: \_\_\_\_\_

**CONTINUED EDUCATION & 1ST TWO YEARS COLLEGE STUDENT CREDIT**

|                     |       |                  |          |
|---------------------|-------|------------------|----------|
| Name of Student     | _____ | Travel Expense   | \$ _____ |
| Name of Institution | _____ | Tuition Expense  | \$ _____ |
| Education Purpose   | _____ | Supplies Expense | \$ _____ |
| Dates Attended      | _____ |                  |          |

|                     |       |                  |          |
|---------------------|-------|------------------|----------|
| Name of Student     | _____ | Travel Expense   | \$ _____ |
| Name of Institution | _____ | Tuition Expense  | \$ _____ |
| Education Purpose   | _____ | Supplies Expense | \$ _____ |
| Dates Attended      | _____ |                  |          |

Did you or your spouse contribute to a REGULAR IRA, ROTH IRA, SIMPLE or KEOGH ? \$ \_\_\_\_\_

Do you or your spouse have a retirement plan at work ? \_\_\_\_\_

Did you pay alimony ? \_\_\_\_\_

What date was your divorce decree determined to pay alimony? \_\_\_\_\_

How much ? \_\_\_\_\_

Recipients Name & S. S. # \_\_\_\_\_

**DECLARATION :**

**I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.**

\_\_\_\_\_  
SIGNATURE (must be signed)

\_\_\_\_\_  
DATE