

## 2022 Tax Organizer Personal Information

### Personal Information

	<b>Name</b>	<b>SSN</b>	<b>Has IP PIN</b>	<b>Date of birth</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
Name of person to whom all information should be addressed, if not the taxpayer _____				
Street address, city, state, and ZIP _____				
	<b>Occupation</b>	<b>Daytime phone</b>	<b>Evening phone</b>	<b>Cell phone</b>
<b>Taxpayer</b>				
<b>Spouse</b>				
<b>Taxpayer email</b>		_____		
<b>Spouse email</b>		_____		

### 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

#### 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	_____	_____	_____	_____	_____	_____



**Other Information**

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

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

**Health Savings Account**

TS \_\_\_\_\_

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only     Family

	2022	2021
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	2021
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 expense while traveling to your new home .....	_____	_____





















Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Table with columns for 2022 and 2021. Rows include: 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).

Taxes Paid

Table with columns for 2022 and 2021. Rows include: 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

Table with columns for 2022 and 2021. Rows include: 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

Table with columns for 2022 and 2021. Rows include: 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.

Other Miscellaneous Deductions

Table with columns for 2022 and 2021. Rows include: 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.

For state purposes ONLY

Job Expenses & Certain Miscellaneous Deductions

Table with columns for 2022 and 2021. Rows include: 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 . . . . .  There was a change in inventory method.



### 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	2022	2021
Garage rent	_____	_____	_____	_____
Gas	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Licenses	_____	_____	_____	_____
Oil	_____	_____	_____	_____
Parking fees	_____	_____	_____	_____
Rental fees	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Property tax	_____	_____	_____	_____
Repairs	_____	_____	_____	_____
Tires	_____	_____	_____	_____
Tolls	_____	_____	_____	_____
Lease addback	_____	_____	_____	_____
Other expenses	_____	_____	_____	_____

**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	
	2022	2021	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.







## 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

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> 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 \_\_\_\_\_

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

### 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 . . . . .	_____	_____	_____	_____	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.
Auto & travel . . . . .	_____	_____	_____	_____	
Cleaning & maintenance . . . . .	_____	_____	_____	_____	
Commissions . . . . .	_____	_____	_____	_____	
Insurance . . . . .	_____	_____	_____	_____	
Legal & professional fees . . . . .	_____	_____	_____	_____	
Management fees . . . . .	_____	_____	_____	_____	
Mortgage interest . . . . .	_____	_____	_____	_____	
Other interest . . . . .	_____	_____	_____	_____	
Repairs . . . . .	_____	_____	_____	_____	
Supplies . . . . .	_____	_____	_____	_____	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.
Taxes . . . . .	_____	_____	_____	_____	
Utilities . . . . .	_____	_____	_____	_____	
Depletion . . . . .	_____	_____	_____	_____	
Other expenses (list)	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	





### 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	2021		2022	2021
Sale of livestock / other items . . . . .	_____	_____	Crop insurance proceeds:		
Cost of items bought for resale . . . . .	_____	_____	Amount received in 2022 . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2023		
Total cooperative distributions (Provide 1099-PATR) . . . . .	_____	_____	Amount deferred from 2021 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	Custom hire income . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:			Beginning inventory for accrual . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Ending inventory for accrual . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method.		
			Other income . . . . .	_____	_____

**Expenses**

	2022	2021		2022	2021
Car & truck expenses . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Taxes . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Utilities . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	Other expenses (list) . . . . .	_____	_____
Insurance (other than health) . . . . .	_____	_____			
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	_____	_____			
Rent - other (land, animals, etc.) . . . . .	_____	_____			







### 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: _____	_____	_____	_____	_____





