2022 Tax Organizer Personal Information

are of person to whom all information should be addressed, if not the taxpayer Cocupation Daytime phone Evening phone Cell phone	pouse ame of person to whom all info treet address, city, state, a axpayer pouse axpayer email	nd ZIP	not the taxpayer	Daytime phone				
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Cell phone Cell p	axpayer pouse axpayer email	nd ZIP	not the taxpayer	Daytime phone				
Occupation Daytime phone Evening phone Cell phone	oouse email			Daytime phone				
Image: 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? Single Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022? Are you or your spouse blind? Are you or your spouse disabled? Are you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund? Are 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, grift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) Image: Spouse stype of photo ID Spouse's type of photo ID Priver's license State-issued photo ID Priver's license State-issued photo ID Priver's license State-issued photo ID Photo ID number State photo ID was issued State photo ID was issued State photo ID was issued Date photo ID was issued Date photo ID expires Cocount Information for Deposits and Withdrawals Page: Spouse's type of photo ID Checking Savings Deposits Withdrawals Checking Savings Deposits Withdrawals Checking Savings Deposits Withdrawals Checking Savings Deposits Withdrawals Checking Checking Savings Checking Checkin	expayer email	Occupation		Daytime phone				
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continued cont	pouse email							
illing status at the end of 2022 Single								
Single Married Widowed - If widowed and your spouse died in 2022, enter the date of death Married filling separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022? See No	iling status at the end o							
Date photo ID was issued Date photo ID expires	(b) sell, exch dentification Informa xpayer's type of photo Driver's license	ange, gift, or otherwise disp ation ID State-issued photo	oose of a digital asset (or S	a financial interest in a Spouse's type of phot Driver's license	o ID ☐ Sta			
Date photo ID expires Account Information for Deposits and Withdrawals Bank routing number account number Checking Savings Deposits Withdraw Appointment Information	ate photo ID was issued			State photo ID was issu	ed			
Account Information for Deposits and Withdrawals Bank Bank Type of account Use this account for routing number account number Checking Savings Deposits Withdraw	ate photo ID was issued			Date photo ID was issue	ed			
Name of bank Bank routing number Bank account number Checking Savings Deposits Withdraw Appointment Information	·			Date photo ID expires _				
Name of bank routing number account number Checking Savings Deposits Withdraw Appointment Information	Account Information	for Deposits and Wit	hdrawals	T	**		11	
Appointment Information	Name	of bank					 	
		<u></u>						
		ation						

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	De	ependent :	and Other Info	rmatio	on		SSN	
lame: Dependent Information				 RRAE!			SOIN	
First and last name SSN		Has IP PIN	Relationship	Months in	Date of birth	Disabled	Full- time	Childcare Expenses
55N		IF FIIV		home	····		student	
				1				
						}		
			· · · · · · · · · · · · · · · · · · ·				_	·
st dependents required to file Child and Other Depen					~	* * * :		
· · · · · · · · · · · · · · · · · · ·	dent Care Expense				">			
Name of care provider			Address			SSN or E	IN	Amount Paid
Estimates	Federa	 I	Resid	lent State		. :	Resident	City
Overpayment applied rom 2021	Date paid	Amount	Date paid		Amount	Date paid		Amount
irst quarter								
econd quarter								
hird quarter								
ourth quarter								
additional payments				_				

	Other I	Information			
Name:				SSN:	
Health Savings Account		a Karajara (nga sa			
TS					
The taxpayer's coverage is under a high-deductible heal Taxpayer only Family HSA contributions made for 2022				2022	2021
Total distributions from all HSAs during 2022			-		
Distributions included above that were rolled over into an					
Qualified medical expenses paid using HSA distribution			_	·	
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 and moved due to a military order for a permanent		the Armed Forces	on active duty,	2022	2021
Number of miles from old home to old workplace			· · · · · · · · · · · ·		38, A
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				

me:	SSN:	
ages & Salaries wide all copies of Form W-2		
Employer name	2022 federal wages	2021 federal wages
_ -	-	
		Windowski (1997)
	<u> </u>	
etirement ovide all copies of Form 1099-R		
S Payer name	2022 distribution	2021 distribution
	-	

ame:				ASS	1 :
Divid	end Income	Tiregálna (1911) es			1
ovide	all copies of Form 1099-DIV and other statements that report of Account number	dividend income. 2022 ordinary	2021 ordinary	2022 qualified	2021 qualified
SJ	Payer name	dividends	dividends	dividends	dividends
					
				<u></u>	
	11.0				
.					
					- <u>- 10 Augusta</u> Nagarista
tere	est Income			.77	
ovide	est Income all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.	2022	2021
ovide	all copies of Form 1099-INT, Form 1099-OID and other states	nents that report interest in	come.	2022 interest	interest
ovide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		
vide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest
vide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest
ovide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest
ovide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest
ovide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest
ovide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest
ovide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest
ovide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest
ovide	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest
	all copies of Form 1099-INT, Form 1099-OID and other statem Account number	nents that report interest in	come.		interest

	Income		
Name:		SS	N:
Form 1 Provide a	1099-Misc Income	and manife th	
TS	Payer name	2022 amount	2021 amount
	rayername	aniount	
Eorm :	1099-NEC Income		
	1099-NEC Income Ill copies of Form 1099-NEC		
TS	Payer name	2022 amount	2021 amount
	T dyst manie		
		· - -	
		-	

Healthcare Coverage Questionnaire SSN: Name: Healthcare Information Member of household Covered Covered less No healthcare for healthcare purposes the entire year than 12 months coverage at all YES NO Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above? Did you pay for healthcare coverage for anyone not listed above? If you had coverage for any part of the year: Where was the policy obtained? Employer Medicare Medicaid Marketplace (Exchange) If you didn't have coverage part or all of the year: Answer YES if the following applies to any member of the household Was your previous insurance policy canceled in 2022? Was coverage offered by your employer or your spouse's employer? Are you a member of a federally recognized Indian tribe? Are you eligible for services through an Indian healthcare provider? Are you a member of a healthcare sharing ministry? Did you live in the United States the entire year? Are you enrolled in TRICARE? Did you apply for CHIP coverage? П Do any of the following apply to you? Do NOT indicate which one. Became homeless Evicted in the past six months, or facing eviction or foreclosure Received a shut-off notice from a utility company Recently experienced domestic violence · Recently experienced the death of a close family member Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property Filed for bankruptcy in the last six months Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Schedule A - Itemized Deductions Name: SSN: **Medical and Dental Expenses Charitable Contributions** 2022 2021 2022 2021 Health insurance premiums Donations to charity (cash) (paid by you, not through work) Amount that is Disaster relief contributions for Medicare premiums · · · Miles driven for charitable purposes Long-term care premiums (you) Long-term care premiums (your spouse) Donations to charity (noncash) If noncash donations are greater than \$500, list below. 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) Other Miscellaneous Deductions Amortizable bond premiums Federal estate tax Gambling losses **Taxes Paid** Impairment-related work expenses Claim repayments State and local income taxes General sales tax Unrecovered pension investments (vehicle, boat, home, etc.) Loss from other activities from Schedule K-1 Real estate taxes Ordinary loss debt instrument Personal property taxes Auto registration taxes not Excess deduction on termination deductible for state For state purposes ONLY Other taxes (list) **Job Expenses & Certain Miscellaneous Deductions** Necessary job expenses you paid that were not reimbursed by your employer (list) Interest Paid 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 Union dues paid to an individual Paid to: Other nonpersonal expenses related to taxable income (list) Name Address City, State, ZIP SSN or EIN Investment expenses not entered elsewhere Points not reported on Form 1098 . . . Home equity interest

Schedule	C - Profit o	or Loss from Business		
Name:			SSN	:
General Business Information			engennya di Santa da	en esekolaken ese o alle Senolaken
TS Professional product or service				
Business name				
Business address, city, state, ZIP				
Accounting Method: Cash Accrual	Other (spec	cify)		
This business started or was acquired during 2022.		This business was disposed of during 2	022.	
Select if this business is for: Professional gambler Exempt Notary income		Newspaper delivery and you are under 1 A clergy	8 years of age	
Yes No Payments of \$600 or more were paid to an inc If "Yes," did you file Forms 1099 for the inc You received a Paycheck Protection Program If 'Yes," was any portion of the loan forgive	dividuals? (PPP) loan for thi		this business.	
Income	iir Tale			
2022	2021		2022	2021
Gross receipts or sales	Harakan Ali	Other income		
Returns & allowances				
Expenses 2022	2021		2022	2021
Advertising		Repairs & maintenance		
Car & truck expenses · · · · · ·		Supplies		
Commissions & fees		Taxes & licenses	<u></u>	
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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	
		Materials & supplies	2022	nggi ngga sakata ngga ngga sakatat
Purchases		Materials & supplies		Topo Selvey Leville
Cost of personal use items		Inventory at end of year		
Cost of labor		There was a change in inventory	method.	THE PROPERTY OF AN ALL ST

	Expe	enses Relate	d to E	Business		
Name:					SSN	l:
Auto Expense			* W.J.			
Name of business vehicle is used for		***				
Description of vehicle				Date vehicle was place	ced in service	
Yes No Was this vehicle available for use Was another vehicle is available	-	•	Yes	No Do you have evidence t If "Yes," is the evidence		uction?
Number of miles the vehicle was driven during 2022	2022	2021	was dr	umber of miles the vehicle iven in prior years	2022	2021
Business: Before July 1	<u> </u>	. Service	Busir	ness		
After June 30			Total			
Commuting						
Other						
Expenses	2022	2021			2022	2021
Garage rent			Rep	airs		
Gas		<u>ii </u>	Tire	s		
Insurance			Tolls	s	· · · · · · · · · · · · · · · · · · ·	
Licenses		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Leas	se addback		
Oil			Oth	er expenses		
			_			
			_			
Interest						
Property tax						
Business Use of Home		en e			al, San ggara (1991) di Pag Granda	es die gale we
Name of business home is used for				. "		
What is the total square footage of your ho	me that was us	ed regularly and e	xclusivel	y for business?		
What is the total square footage of your ho	me?					
For daycare facilities not used exclusively for	business, com	plete the following	question	ns:		
How many days during the year was the ar-	ea used?		low man	ny hours per day was the area	used?	
The daycare facility was in operation for	or the entire yea	ır				
Expenses	Office ex 2022	penses 2021	2	Home expenses 2022 2021		
Mortgage interest					-	expenses" column,
Real estate taxes	······				enter those ex	penses that vely to your office;
Excess mortgage interest					in the "Home e	expenses" column,
Excess real estate taxes					enter those ex pertain to the	
Insurance			· ———			g
Rent					· · · · · · · · · · · · · · · · · · ·	
Repairs & maintenance						
Utilities			· 		<u>:</u>	
Other expenses			<u> </u>		_	

	et Listing for 2022
Name:	SSN:

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	SS	GŁ.	Э.	ıu	ч.

Description of property	Date acquired	Cost/Basis	Date disposed of	Sales price	Expense of sale
					1
		_			
			-	 	
					
					-

Schedule E	Income or Loss f	rom Ren	tal Real Estate	& Royalti	es	
Name:					SSN	:
General Property Information						
TSJ Property description	_					
Address, city, state, ZIP						
Select the property type Single family residence Multi-family residence	Vacation / short-term renta Commercial	al [Land Royalties	Self-rental	1	
Number of days property was rented If the rental is a multi-dwelling unit and you		•	erty was used for perso	onal use _		_
This property was placed in service of This property was disposed of during This property is your main home or s This property was owned as a qualific	during 2022. g 2022. econd home.	Yes No		for services pro	ovided for this re	ental.
Income						
Rent Income	2022 202	Roy mir	yalties from oil, gas, neral, copyright or pate			2021
Expenses	Rental unit expenses		ental <u>and</u> homeowne			
Advertising	nomai anti expenses		<u></u>	. o.p	If this Schedul	la Fis for a
Auto & travel					a multi-unit dw	
					lived in one un out the other u	
Cleaning & maintenance	<u> </u>			····	"Rental and ho	
Commissions			Egg 11 k	基本要量	expenses" col	
Insurance				.8.1.3.5 	•	apply to the entire the "Rental unit
Legal & professional fees	· · · · · · · · · · · · · · · · · · ·	·			expenses" col	
Management fees						pertain ONLY to ion of the property.
Mortgage interest • • • • • • •						
Other interest						e E is not for a erty in which you
Repairs					lived in one un	it, complete just
Supplies		<u> </u>			the "Rental un column.	it expenses"
Taxes					Column.	
Utilities						
Depletion		·				
Other expenses (list)						
		 				
				<u>en baron.</u> Najaratika		
		<u> </u>		<u> </u>		
		<u> </u>				
		<u> </u>				

Schedule	F - Profit or	Loss from Farming	
Name:			SSN:
General Information			
TS Principal product		Employer ID num	ber
Accounting method, if not cash: Accrual			
This farm was disposed of during 2022.			
If "Yes," did you file Forms 1099 for the indiv	viduals? PPP) loan for this b	our employee, for services provided for this farm.	
If "Yes," was any portion of the loan forgiven	i? 		
Income 2022	2021	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22 2021
Cala of Burnets de / ather to a	nerske politike in de	Crop insurance proceeds:	
		Amount received in 2022 · · · ·	<u></u>
Total cooperative distributions		Amount deferred from 2021	
(Provide 1099-PATR) Total agricultural payments		Custom hire income	
Commodity Credit Corporation (CCC) loans:			
CCC loans reported		You used unit-livestock-price or farm-price	
CCC loans forfeited		Other income	
Expenses			
2022	2021	20	
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			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)	<u> </u>		
Interest - other			
Non-W-2 labor hired			
W-2 wages paid · · · · · · · ·			
Pension & profit-sharing plans · · · ·			
Rent - vehicles, machinery & equipment	- 現代を記されてき フィミコ		
Rent - other (land, animals, etc.)			

	Sale of Ca	pital Assets			
Name:			1 10-	SSI	N:
	Capital Assets (not reported on Form 1099-B)			in de la companya de	
Provide al	Il brokerage statements Description of property	Date purchased	Date sold	Sales price	Cost
130	Description of property	purchased	Solu	price	OUST
		_			
					
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					-
		<u> </u>			
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			-		_
					-
				 	
					_
Inetalli	ment Sale Income				
TSJ				0000	Drien veens
Date acq				2022	Prior years
	ice				
	es assumed				
	roperty sold				
	tion allowed				
	sions and expense of sale				
Gross pr	ofit percentage				
Interest r	eceived				
Principal	payments received				
Property	was sold to a related party				

Other Income and Adjustments SSN: Name: Other Income 2022 2021 2022 2021 Taxpayer Taxpayer Spouse 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) Other income: **Adjustments** 2022 2021 2022 2021 Taxpayer Taxpayer Spouse 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 Alimony paid Name SSN Divorce or separation date Divorce or separation date Contributions made to a Self-Employed Pension plan (SEP) Contributions made to an Individual Retirement Account (IRA) Contributions made to a Roth IRA Interest paid on a student loan Other adjustments:

	Income or Loss from Partnerships, S Corporations, and Fiduciaries				
Name:		SSN:			
Partnerships, S Corporations, Estates and Trusts Provide all copies of Schedule K-1 and attachments					
TS	Entity name	EIN			
		-			