

**Joyce and Company, CPA  
104 Brady Ct  
Cary, NC 27511  
919-466-0946**

Dear

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2022 personal income tax return.

When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Also note that the personal information we collect from you related to the preparation of your annual income tax returns, or other work performed by our firm will not be disclosed about you to anyone, except that which is permitted by law or via your instructions. Should you close your account with us, or become an inactive customer, we will continue to adhere to this policy. The information you give us about your personal or business records is reserved for our employees who need this information in order to service your account. Procedural, physical and electronic safeguards are maintained in compliance with Federal standards regarding nonpublic personal information. We are committed to retaining your confidence, and want to assure you that any information you give us remains safe and confidential. Please feel free to contact us with any questions you may have concerning this information.

Enter 2022 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Tax Organizer asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Tax Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.

- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

**We encourage you to submit your tax information as early as possible once you have received the majority of your required documents. We can easily add a 1099 or K-1 much quicker than we can prepare your entire return during the later part of the tax season. We ask that all Organizers and tax information be returned to us no later than March 31, 2023 so that we can complete your returns by the due date, but encourage the earlier submission of this information.**

**Also be aware that the earlier your returns are filed the lower of risk of fraudulent returns being filed using your identification numbers. Please understand that if you have a balance due on your individual tax return and the return is completed at an earlier date, it is fine to go ahead and electronically file the return immediately, the balance due does not need to be remitted until April 18, 2023.**

**Also note the "Identity Authentication" page in this workbook. If your information is not complete, has expired or missing information please provide us with a copy of your driver's license when submitting your 2022 tax information.**

By my(our) signatures(s) below we also attest that I(we) have submitted all of the required information to be used in the preparation of my(our) 2022 personal income tax returns and I(we) have the necessary documentation to substantiate the income and deductions claimed, including all recordkeeping required for travel, entertainment, charitable contributions and auto expenses, if applicable. I(we) understand you will not audit or otherwise verify the data submitted:

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please note: To reach us by email or schedule an appointment please visit our website at [www.joyceandcompanycpa.com](http://www.joyceandcompanycpa.com) for individual email addresses or call (919) 466-0946.**

Thank you for the opportunity to serve you.

Sincerely,

Joyce and Company, CPA

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a separate decree, instrument, or agreement and are not living in the same household by the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter for filing returns in 2022.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
<b>COVID-19 Information</b>		
Did you receive State and Local Fiscal Recovery Funds (SLFR) under a program to support those negatively impacted by the COVID-19 pandemic for helping you with your mortgage insurance and/or home purchases, such as funds to pay some or all of the down payment and closing costs associated with your purchase of a home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency sick leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay emergency family leave wages to a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,300?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other person(s) who lived with you more than half the year but not claimed by you last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter for use during 2022

### **Purchases, Sales and Debt Information**

Did you start a new business or purchase rental property during the year?

Did you sell, exchange, or purchase any assets used in your trade or business?

Did you acquire a new or additional interest in a partnership or S corporation?

Did you sell, exchange, or purchase any real estate during the year?

Did you purchase or sell a principal residence during the year?

Did you foreclose or abandon a principal residence or real property during the year?

Did you acquire or dispose of any stock during the year?

Did you take out a home equity loan this year?

Did you refinance a principal residence or second home this year?

Did you sell an existing business, rental, or other property this year?

Did you lend money with the understanding of repayment and this year it became totally uncollectable?

Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?

Did you purchase a qualified plug-in electric drive vehicle this year?

### **Income Information**

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?

Did you receive any income from property sold prior to this year?

Did you receive any unemployment benefits during the year?

Did you receive any disability income during the year?

Did you receive any Medicaid waiver payments as difficulty of care during the year?

Did you receive tip income not reported to your employer this year?

Did any of your life insurance policies mature, or did you surrender any policies?

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Did you receive any income considered to be nonemployee compensation?

Did you receive a Form 1099-K, 1099-MISC, 1099-NEC, or other income statement for work done in what is commonly referred to as the "gig" economy?

Do you expect a large fluctuation in income, deductions, or withholding next year?

Did you have any sales or other exchanges of digital assets (including from an airdrop or a hard fork, or used digital assets to pay for goods or services)?

### **Retirement Information**

Are you an active participant in a pension or retirement plan?

Did you receive any Social Security benefits during the year?

Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

If yes, were any withdrawals due to a Federally declared disaster?

If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2022?

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

### **Education Information**

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?

- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLA (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

### Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family?
- "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLA (Achieving a Better Life Experience) account?
- Did you receive any withdrawals from an ABLA (Achieving a Better Life Experience) account?
- If you are a business owner, did you pay health insurance premiums for your employees this year?

### Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year?
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan?
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

### Miscellaneous Information

- Did you make gifts of more than \$16,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you make energy efficient improvements to your main home this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the IRS?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____   |                          |                          |
| Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.  | <input type="checkbox"/> | <input type="checkbox"/> |

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying surviving spouse) \_\_\_\_\_ [1]

Mark if you were married but living apart all year \_\_\_\_\_ [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_ [3]

	Taxpayer		Spouse
Social security number	_____ [4]		_____ [5]
First name	_____ [6]		_____ [7]
Last name	_____ [8]		_____ [9]
Occupation	_____ [10]		_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]		_____ [14]
Mark if dependent of another taxpayer	_____ [15]		_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]		
Mark if legally blind	_____ [20]		_____ [21]
Date of birth	_____ [22]		_____ [24]
Date of death	_____ [26]		_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]		_____ [30] _____ [31]
Home/evening telephone number	_____ [32]		_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]		

**Present Mailing Address**

Address \_\_\_\_\_ [40]

Apartment number \_\_\_\_\_ [41]

City, state postal code, zip code \_\_\_\_\_ [42] \_\_\_\_\_ [43] \_\_\_\_\_ [44]

Foreign country name \_\_\_\_\_ [46]

Foreign phone number \_\_\_\_\_ [49]

In care of addressee \_\_\_\_\_ [51]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>[52]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [53]

Social security number of qualifying person \_\_\_\_\_ [54]

**Dependent Codes**

- |   |   |
|---|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you due to divorce/separation</li> <li>3 = Other dependent</li> <li>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|---|---|

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

\_\_\_\_ [8]

Taxpayer email address

\_\_\_\_\_ [9]

Spouse email address

\_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number

\_\_\_\_\_ [11]

\_\_\_\_\_ [20]

Mobile telephone number

\_\_\_\_\_ [12]

\_\_\_\_\_ [21]

Mobile telephone #2 number

\_\_\_\_\_ [13]

\_\_\_\_\_ [22]

Pager number

\_\_\_\_\_ [14]

\_\_\_\_\_ [23]

Other:

\_\_\_\_\_ [15]

\_\_\_\_\_ [24]

Telephone number

\_\_\_\_\_ [16]

\_\_\_\_\_ [25]

Extension

\_\_\_\_\_ [17]

\_\_\_\_\_ [26]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18]

\_\_\_\_\_ [27]

**NOTES/QUESTIONS:**



Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_ [1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]  
 Name of financial institution \_\_\_\_\_ [4]  
 Your account number \_\_\_\_\_ [5]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [6]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [9]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [10]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [27]  
 Name of financial institution \_\_\_\_\_ [28]  
 Your account number \_\_\_\_\_ [29]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [30]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [31]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [32]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [33]  
 Name of financial institution \_\_\_\_\_ [34]  
 Your account number \_\_\_\_\_ [35]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [36]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [37]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [38]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [19] or Percent (xxx.xx) \_\_\_\_\_ [20]  
 Owner's name (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [42] \_\_\_\_\_ [43]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [23] or Percent (xxx.xx) \_\_\_\_\_ [24]  
 Owner's name (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [47] \_\_\_\_\_ [48]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [49]

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]  
Identification number \_\_\_\_\_ [3]  
Issue date \_\_\_\_\_ [4]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [5]  
Location of issuance (State issued only) \_\_\_\_\_ [6]  
Document number (New York only) \_\_\_\_\_ [7]

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [10]  
Identification number \_\_\_\_\_ [12]  
Issue date \_\_\_\_\_ [13]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [14]  
Location of issuance (State issued only) \_\_\_\_\_ [15]  
Document number (New York only) \_\_\_\_\_ [16]

**NOTES/QUESTIONS:**

If you have an overpayment of 2022 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2023 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2023 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2023? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2023 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2023? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Payment method used to pay your estimated taxes (1=Electronic Federal Tax Payment System (EFTPS); 2=Direct Pay) \_\_\_\_\_ [74]

**2022 Federal Estimated Tax Payments**

2021 overpayment applied to 2022 estimates \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/18/22	_____ [6]	_____ [7]	_____	_____
2nd quarter payment	6/15/22	_____ [8]	_____ [9]	_____	_____
3rd quarter payment	9/15/22	_____ [10]	_____ [11]	_____	_____
4th quarter payment	1/17/23	_____ [12]	_____ [13]	_____	_____
Additional payment		_____ [14]	_____ [15]		

**\*Method of payment indicated in prior year**  
 EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System  
 Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J)

\_\_\_\_[1]

State postal code

\_\_\_\_[2]

Amount paid with 2021 return

\_\_\_\_[3]

2021 overpayment applied to '22 estimates

\_\_\_\_[4]

Treat calculated amounts as paid

\_\_\_\_[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	____[9]	____[10]	_____
2nd quarter payment	____[11]	____[12]	_____
3rd quarter payment	____[13]	____[14]	_____
4th quarter payment	____[15]	____[16]	_____
Additional payment	____[17]	____[18]	_____

2022 City Estimated Tax Payments

City #1		City #2	
City name	____[28]	City name	____[50]
Amount paid with 2021 return	____[31]	Amount paid with 2021 return	____[53]
2021 overpayment applied to '22 estimates	____[32]	2021 overpayment applied to '22 estimates	____[54]
Treat calculated amounts as paid	____[36]	Treat calculated amounts as paid	____[58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment	____[37]	1st quarter payment	____[59]
2nd quarter payment	____[39]	2nd quarter payment	____[61]
3rd quarter payment	____[41]	3rd quarter payment	____[63]
4th quarter payment	____[43]	4th quarter payment	____[65]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name	____[72]	City name	____[94]
Amount paid with 2021 return	____[75]	Amount paid with 2021 return	____[97]
2021 overpayment applied to '22 estimates	____[76]	2021 overpayment applied to '22 estimates	____[98]
Treat calculated amounts as paid	____[80]	Treat calculated amounts as paid	____[102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment	____[81]	1st quarter payment	____[103]
2nd quarter payment	____[83]	2nd quarter payment	____[105]
3rd quarter payment	____[85]	3rd quarter payment	____[107]
4th quarter payment	____[87]	4th quarter payment	____[109]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

## Wages and Salaries #1

Please provide all copies of Form W-2.  
2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]
Employer name	_____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	_____	[5]
Mark if this is your current employer	_____	[6]
Federal wages and salaries ( <b>Box 1</b> )	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	_____	[12]
Social security wages ( <b>Box 3</b> ) (If different than federal wages)	_____	[14]
Social security tax withheld ( <b>Box 4</b> )	_____	[16]
Medicare wages ( <b>Box 5</b> ) (If different than federal wages)	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	_____	[21]
SS tips ( <b>Box 7</b> )	_____	[23]
Allocated tips ( <b>Box 8</b> )	_____	[25]
Dependent care benefits ( <b>Box 10</b> )	_____	[27]
<b>Box 13 -</b>		
Statutory employee	_____	[29]
Retirement plan	_____	[30]
Third-party sick pay	_____	[31]
State postal code ( <b>Box 15</b> )	_____	[32]
State wages ( <b>Box 16</b> ) (If different than federal wages)	_____	[34]
State tax withheld ( <b>Box 17</b> )	_____	[36]
Local wages ( <b>Box 18</b> )	_____	[38]
Local tax withheld ( <b>Box 19</b> )	_____	[40]
Name of locality ( <b>Box 20</b> )	_____	[43]

**Control Totals**

## Wages and Salaries #2

Please provide all copies of Form W-2.  
2022 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]
Employer name	_____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	_____	[5]
Mark if this your current employer	_____	[6]
Federal wages and salaries ( <b>Box 1</b> )	_____	[10]
Federal tax withheld ( <b>Box 2</b> )	_____	[12]
Social security wages ( <b>Box 3</b> ) (If different than federal wages)	_____	[14]
Social security tax withheld ( <b>Box 4</b> )	_____	[16]
Medicare wages ( <b>Box 5</b> ) (If different than federal wages)	_____	[18]
Medicare tax withheld ( <b>Box 6</b> )	_____	[21]
SS tips ( <b>Box 7</b> )	_____	[23]
Allocated tips ( <b>Box 8</b> )	_____	[25]
Dependent care benefits ( <b>Box 10</b> )	_____	[27]
<b>Box 13 -</b>		
Statutory employee	_____	[29]
Retirement plan	_____	[30]
Third-party sick pay	_____	[31]
State postal code ( <b>Box 15</b> )	_____	[32]
State wages ( <b>Box 16</b> ) (If different than federal wages)	_____	[34]
State tax withheld ( <b>Box 17</b> )	_____	[36]
Local wages ( <b>Box 18</b> )	_____	[38]
Local tax withheld ( <b>Box 19</b> )	_____	[40]
Name of locality ( <b>Box 20</b> )	_____	[43]

**Control Totals**

### Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts						
	<b>2</b>	Payer						
		Amounts						
	<b>3</b>	Payer						
		Amounts						
	<b>4</b>	Payer						
		Amounts						
	<b>5</b>	Payer						
		Amounts						
	<b>6</b>	Payer						
		Amounts						
	<b>7</b>	Payer						
		Amounts						
	<b>8</b>	Payer						
		Amounts						
	<b>9</b>	Payer						
		Amounts						
	<b>10</b>	Payer						
		Amounts						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

### Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
<b>1</b>	Payer												
	Amounts												
<b>2</b>	Payer												
	Amounts												
<b>3</b>	Payer												
	Amounts												
<b>4</b>	Payer												
	Amounts												
<b>5</b>	Payer												
	Amounts												
<b>6</b>	Payer												
	Amounts												
<b>7</b>	Payer												
	Amounts												
<b>8</b>	Payer												
	Amounts												
<b>9</b>	Payer												
	Amounts												
<b>10</b>	Payer												
	Amounts												

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

Control Totals





**Consolidated Broker Statement**

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

T/S/J

Broker Name \_\_\_\_\_

Account number \_\_\_\_\_

Employer identification number \_\_\_\_\_

Margin interest \_\_\_\_\_

Investment management/advisory fees \_\_\_\_\_

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Type Code	1099-INT	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts							
2	Payer							
	Amounts							
3	Payer							
	Amounts							
4	Payer							
	Amounts							
5	Payer							
	Amounts							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
1	Payer											
	Amounts											
2	Payer											
	Amounts											
3	Payer											
	Amounts											
4	Payer											
	Amounts											
5	Payer											
	Amounts											

**Form 1099-B Proceeds From Broker and Barter Exchange Transactions**

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Description of Account - Aggregate profit/-loss on contracts \_\_\_\_\_ -Loss/Gain Entire Yr \_\_\_\_\_ 1099-B Adjustment \_\_\_\_\_ Net 1256 loss carryback \_\_\_\_\_

Control Totals

State and local income tax refunds	<b>2022 Information</b>	<b>Prior Year Information</b>
	_____ [5]	

Alimony received	<b>T/S</b>	<b>Agreement Date</b>	<b>2022 Information</b>	<b>Prior Year Information</b>
	____	_____	_____ [3]	
	____	_____	_____ [3]	

\*\*Unemployment benefits are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

	<b>Taxpayer</b>	<b>Spouse</b>	<b>Prior Year Information</b>
Unemployment compensation**	_____ [9]	_____ [10]	
Unemployment compensation federal withholding	_____ [9]	_____ [10]	
Unemployment compensation state withholding	_____ [9]	_____ [10]	
Unemployment compensation repaid	_____ [12]	_____ [13]	
Alaska Permanent Fund dividends	_____ [18]	_____ [19]	

	<b>T/S/J</b>	<b>Self- Employment Income ? (Y, N)</b>		<b>2022 Information</b>	<b>Prior Year Information</b>
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	_____ [15]	
—	—	—	_____	_____	
—	—	—	_____	_____	
—	—	—	_____	_____	
—	—	—	_____	_____	
—	—	—	_____	_____	
—	—	—	_____	_____	
—	—	—	_____	_____	
—	—	—	_____	_____	
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—	—	—	_____	_____	
—	—	—	_____	_____	

NOTES/QUESTIONS:

**Pension, Annuity, and IRA Distributions #1**

Please provide all Forms 1099-R.

**2022 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [6]  
 Gross distributions received (Box 1) \_\_\_\_\_ [8]  
 Taxable amount received (Box 2a) \_\_\_\_\_ [10]  
 Federal withholding (Box 4) \_\_\_\_\_ [12]  
 Distribution code (Box 7) \_\_\_\_\_ [15]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [17]  
 State withholding (Box 14) \_\_\_\_\_ [18]  
 Local withholding (Box 17) \_\_\_\_\_ [20]  
 Amount of rollover \_\_\_\_\_ [22]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [24]


	<b>Control Totals</b>	
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**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

**2022 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [6]  
 Gross distributions received (Box 1) \_\_\_\_\_ [8]  
 Taxable amount received (Box 2a) \_\_\_\_\_ [10]  
 Federal withholding (Box 4) \_\_\_\_\_ [12]  
 Distribution code (Box 7) \_\_\_\_\_ [15]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [17]  
 State withholding (Box 14) \_\_\_\_\_ [18]  
 Local withholding (Box 17) \_\_\_\_\_ [20]  
 Amount of rollover \_\_\_\_\_ [22]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [24]


	<b>Control Totals</b>	
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**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

**2022 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [6]  
 Gross distributions received (Box 1) \_\_\_\_\_ [8]  
 Taxable amount received (Box 2a) \_\_\_\_\_ [10]  
 Federal withholding (Box 4) \_\_\_\_\_ [12]  
 Distribution code (Box 7) \_\_\_\_\_ [15]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [17]  
 State withholding (Box 14) \_\_\_\_\_ [18]  
 Local withholding (Box 17) \_\_\_\_\_ [20]  
 Amount of rollover \_\_\_\_\_ [22]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [24]


	<b>Control Totals</b>	
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**NOTES/QUESTIONS:**

### Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)  
State postal code

\_\_\_\_ [1]  
\_\_\_\_ [3]

#### Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:  
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

**2022 Information**

**Prior Year Information**

Medicare premiums	_____	[7]
Prescription drug (Part D) premiums	_____	[9]
Net Benefits for 2022 (Box 3 minus Box 4) <b>(Box 5)</b>	_____	[12]
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	_____	[14]

#### Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

**2022 Information**

**Prior Year Information**

Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2022 <b>(Box 5)</b>	_____	[22]
Federal Income Tax Withheld <b>(Box 10)</b>	_____	[25]
Medicare Premium Total <b>(Box 11)</b>	_____	[27]

#### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2022 or receive any prior year benefits in 2022. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

_____	[40]
_____	[41]
_____	[42]
_____	[43]
_____	[44]

#### NOTES/QUESTIONS:

**Taxpayer**

**Spouse**

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

\_\_ [1]

\_\_ [2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

\_\_ [3]

\_\_ [4]

Enter the total traditional IRA contributions made for use in 2022

\_\_\_\_\_ [5]

\_\_\_\_\_ [6]

**Taxpayer**

**Spouse**

Enter the nondeductible contribution amount made for use in 2022

\_\_\_\_\_ [5]

\_\_\_\_\_ [6]

Enter the nondeductible contribution amount made in 2023 for use in 2022

\_\_\_\_\_ [7]

\_\_\_\_\_ [8]

Traditional IRA basis

\_\_\_\_\_ [17]

\_\_\_\_\_ [18]

Value of all your traditional IRA's on December 31, 2022:

\_\_\_\_\_ [19]

\_\_\_\_\_ [20]

\_\_\_\_\_  
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**Roth IRA**

Please provide copies of any 1998 through 2021 Form 8606 not prepared by this office

**Taxpayer**

**Spouse**

Mark if you want to contribute the maximum Roth IRA contribution

\_\_ [29]

\_\_ [30]

Enter the total Roth IRA contributions made for use in 2022

\_\_\_\_\_ [31]

\_\_\_\_\_ [32]

Enter the amount a 2022 Roth IRA conversion should be adjusted by

\_\_\_\_\_ [39]

\_\_\_\_\_ [40]

Enter the total contribution Roth IRA basis on December 31, 2021

\_\_\_\_\_ [43]

\_\_\_\_\_ [44]

Enter the total Roth IRA contribution recharacterizations for 2022

\_\_\_\_\_ [45]

\_\_\_\_\_ [46]

Enter the Roth conversion IRA basis on December 31, 2021

\_\_\_\_\_ [47]

\_\_\_\_\_ [48]

Value of all your Roth IRA's on December 31, 2022:

\_\_\_\_\_ [49]

\_\_\_\_\_ [50]

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**NOTES/QUESTIONS:**

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

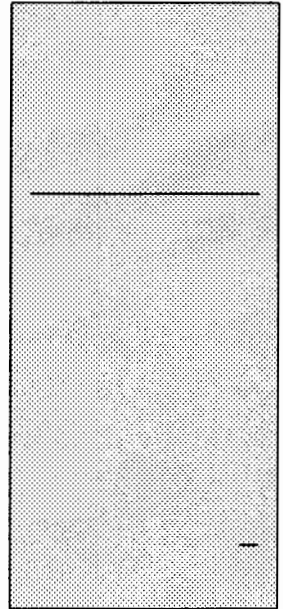
Taxpayer/Spouse/Joint (T, S, J)

\_\_ [1]

**2022 Information**

Deposit or Custodial account (D= Deposit, C = Custodial) \_\_\_\_\_ [4]  
 Type of Account:  
   Bank \_\_\_\_\_ [5]  
   Securities \_\_\_\_\_ [6]  
   Other \_\_\_\_\_ [7]  
 Maximum value of account \_\_\_\_\_ [8]  
 Account number or other designation \_\_\_\_\_ [10]  
 Financial institution \_\_\_\_\_ [12]  
 Address of financial institution \_\_\_\_\_ [13]  
 City, state, zip code \_\_\_\_\_ [14] \_\_\_\_\_ [15] \_\_\_\_\_ [16]  
 Foreign country code/name \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
   For addresses in Mexico, enter state \_\_\_\_\_ [20]  
 Foreign province/county \_\_\_\_\_ [23]  
 Foreign postal code \_\_\_\_\_ [24]  
 Account jointly owned with spouse \_\_\_\_\_ [25]  
 Account opened during the tax year \_\_\_\_\_ [47]  
 Account closed during the tax year \_\_\_\_\_ [49]  
 Information is reported for a financial account which is: \_\_\_\_\_ [27]

**Prior Year Information**



2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

**Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account**

Taxpayer identification number of account holder/joint owner \_\_\_\_\_ [28]  
 Foreign identification number of account holder/joint owner (If no Taxpayer identification number) \_\_\_\_\_ [29]  
 Last name or organization name of account holder/joint owner \_\_\_\_\_ [30]  
 First name and middle initial of account holder/joint owner \_\_\_\_\_ [31] \_\_\_\_\_ [32]  
 Address and apartment \_\_\_\_\_ [33] \_\_\_\_\_ [34]  
 City, state, zip code \_\_\_\_\_ [35] \_\_\_\_\_ [36] \_\_\_\_\_ [37]  
 Foreign country code/name \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
   For addresses in Mexico, enter state \_\_\_\_\_ [41]  
 Foreign postal code \_\_\_\_\_ [44]  
 Number of joint owners (Not including taxpayer, if applicable) \_\_\_\_\_ [45]  
 Filer's title with this owner (if applicable) \_\_\_\_\_ [46]

**NOTES/QUESTIONS:**

## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

**Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.**

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

### Institution Information

**Enter information from each institution on a separate page, including the complete address and federal identification number of the institution**

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

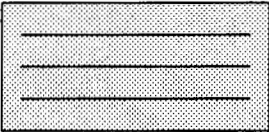
### Tuition Paid and Related Information

**Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2022.  
 Enter the amount actually paid during 2022.**

	2022 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	_____ [8]	[ ]
Educational institution changed its reporting method for 2022 <b>(Box 3)</b>	—	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2023 <b>(Box 7)</b>	—	
At least half-time student <b>(Box 8)</b>	—	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	—	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	—	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2022		

**NOTES/QUESTIONS:**

Complete this section if you paid interest on a qualified student loan in 2022 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2022. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2022 Interest Paid	Prior Year Information
—	_____	_____ [1]	
—	_____	_____	
—	_____	_____	
—	_____	_____	

**NOTES/QUESTIONS:**



**Schedule A - Medical and Dental Expenses**

T/S/J

2022 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

__[1]	<hr/>			[2]
—	<hr/>			
—	<hr/>			
—	<hr/>			
—	<hr/>			

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

__[4]	<hr/>			[5]
—	<hr/>			
—	<hr/>			
—	<hr/>			

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

__[7]	<hr/>			[8]
—	<hr/>			

Prescription medicines and drugs:

__[10]	<hr/>			[11]
—	<hr/>			
—	<hr/>			

__[13]	Miles driven for medical items (1/1/22 - 6/30/22, 18 cents)			[14]
--------	---	--	--	------

__[16]	Miles driven for medical items (7/1/22 - 12/31/22, 22 cents)			[17]
--------	--	--	--	------

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**Schedule A - Tax Expenses**

T/S/J

2022 Information

Prior Year Information

State/local income taxes paid:

__[18]	<hr/>			[19]
—	<hr/>			
—	<hr/>			
—	<hr/>			
—	<hr/>			

2021 state and local income taxes paid in 2022:

__[21]	<hr/>			[22]
—	<hr/>			
—	<hr/>			

Real estate taxes paid:

__[24]	<hr/>			[25]
—	<hr/>			
—	<hr/>			

Personal property taxes:

__[27]	<hr/>			[28]
—	<hr/>			

Other taxes, such as: foreign taxes and State disability taxes

__[30]	<hr/>			[31]
—	<hr/>			
—	<hr/>			

Sales tax paid on major purchases:

__[36]	<hr/>			[37]
—	<hr/>			

Sales tax paid on actual expenses:

__[39]	<hr/>			[40]
—	<hr/>			
—	<hr/>			

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T/S/J	2022 Interest Paid <sup>(2)</sup>	2022 Points Paid	Type*	Prior Year Information
Home mortgage interest: From Form 1098				
[1] _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home    1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2022 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	[5] _____	_____
Address	_____			_____
City, state and zip code	_____	_____	_____	_____
Address	_____			_____
City, state and zip code	_____	_____	_____	_____

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2022 -**  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2022 (**Preparer use only**) \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2022 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2022 (**Preparer use only**) \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2022 \_\_\_\_\_

T/S/J	2022 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15] _____	_____ [16]	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Charitable Contributions

T/S/J

2022 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

[2]	_____	_____	[3]
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	

[5]	Volunteer miles driven	_____	[6]
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods	_____	

[8]	_____	_____	[9]
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
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### Miscellaneous Deductions

T/S/J

2022 Information

Prior Year Information

Other expenses

[12]	_____	_____	[13]
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	

Gambling losses: (Enter only if you have gambling income)

[15]	_____	_____	[16]
—	_____	_____	
—	_____	_____	
—	_____	_____	

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NOTES/QUESTIONS:

Please enter all amounts paid in 2022 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2021 employer-provided dependent care benefits used during 2022 grace period	_____ [3]	_____ [4]
Employer-provided dependent care benefits that were forfeited in 2022	_____ [5]	_____ [6]
Total qualified expenses incurred in 2022	_____ [9]	_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2022 \_\_\_\_\_ [7]

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2022 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2022 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2022 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2022 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Preparer use only

	2022 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	
If other enter explanation:	_____ [24]	
_____		
Enter an explanation if there was a change in determining your inventory:	_____ [25]	
_____		
Did you "materially participate" in this business? (Y, N)	_____ [26]	
If not, number of hours you did significantly participate	_____ [28]	
Mark if you began or acquired this business in 2022	_____ [30]	
Did you make any payments in 2022 that require you to file Form(s) 1099? (Y, N)	_____ [31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	
Medical insurance premiums paid by this activity	_____ [40]	
Long-term care premiums paid by this activity	_____ [44]	
Amount of wages received as a statutory employee	_____ [47]	

**Business Income**

	2022 Information	Prior Year Information
Gross receipts and sales	_____ [52]	
_____		
_____		
_____		
Returns and allowances	_____ [55]	
Other income:	_____ [57]	
_____		
_____		
_____		

**Cost of Goods Sold**

	2022 Information	Prior Year Information
Beginning inventory	_____ [59]	
Purchases	_____ [61]	
Labor:		
_____	_____ [63]	
_____		
Materials	_____ [65]	
Other costs:		
_____	_____ [67]	
_____		
_____		
Ending inventory	_____ [69]	

**Control Totals**

Preparer use only

Principal business or profession

	2022 Information	Prior Year Information
Advertising	[6]	
Car and truck expenses	[8]	
Commissions and fees	[10]	
Contract labor	[12]	
Depletion	[14]	
Depreciation	[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):	[18]	
Insurance (Other than health):	[20]	
Interest:		
Mortgage (Paid to banks, etc.)	[22]	
Other:	[24]	
Legal and professional services	[26]	
Office expense	[29]	
Pension and profit sharing:	[31]	
Rent or lease:		
Vehicles, machinery, and equipment	[33]	
Other business property	[35]	
Repairs and maintenance	[37]	
Supplies	[39]	
Taxes and licenses:	[41]	
Travel and meals:		
Travel	[43]	
Meals (Enter 100% subject to 50% limitation)	[45]	
Meals (Enter 100% subject to DOT 80% limit)	[47]	
Meals (Fully deductible)	[49]	
Utilities	[51]	
Wages (Less employment credit):	[53]	
Other expenses:	[55]	

Preparer use only

2022 Information

Prior Year Information

Description \_\_\_\_\_ [2]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_ [3] State postal code \_\_\_\_\_ [5]  
 Physical address: Street \_\_\_\_\_ [6]  
 City, state, zip code \_\_\_\_\_ [7] \_\_\_\_\_ [8] \_\_\_\_\_ [9]  
 Foreign country \_\_\_\_\_ [11]  
 Foreign province/county \_\_\_\_\_ [12]  
 Foreign postal code \_\_\_\_\_ [13]  
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) \_\_\_ [14]  
 Description of other type (Type code #8) \_\_\_\_\_ [15]  
 Did you make any payments in 2022 that require you to file Form(s) 1099? (Y,N) \_\_\_ [16] ---  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_ [18] ---  
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) \_\_\_\_\_ [20]  
 Percentage of ownership if not 100% \_\_\_\_\_ [22]  
 Business use percentage, if not 100% (Not vacation home percentage) \_\_\_\_\_ [24]

Rent and Royalty Income

Rents and royalties

2022 Information

Prior Year Information

\_\_\_\_\_ [33]  
 \_\_\_\_\_

Rent and Royalty Expenses

2022 Information

Percent if not 100%

Prior Year Information

Advertising \_\_\_\_\_ [35] \_\_\_\_\_ [36]  
 Auto \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Travel \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Cleaning and maintenance \_\_\_\_\_ [44] \_\_\_\_\_ [45]  
 Commissions:  
 \_\_\_\_\_ [47] \_\_\_\_\_ [49]  
 \_\_\_\_\_  
 Insurance:  
 \_\_\_\_\_ [50] \_\_\_\_\_ [52]  
 \_\_\_\_\_  
 Legal and professional fees \_\_\_\_\_ [54] \_\_\_\_\_ [55]  
 Management fees:  
 \_\_\_\_\_ [57] \_\_\_\_\_ [59]  
 \_\_\_\_\_  
 Mortgage interest paid to banks, etc (Form 1098)  
 \_\_\_\_\_ [60] \_\_\_\_\_ [62]  
 \_\_\_\_\_  
 Other mortgage interest \_\_\_\_\_ [63] \_\_\_\_\_ [65]  
 Qualified mortgage insurance premiums \_\_\_\_\_ [66] \_\_\_\_\_ [67]  
 Other interest:  
 \_\_\_\_\_ [69] \_\_\_\_\_ [71]  
 \_\_\_\_\_  
 Repairs \_\_\_\_\_ [72] \_\_\_\_\_ [73]  
 Supplies \_\_\_\_\_ [75] \_\_\_\_\_ [76]  
 Taxes:  
 \_\_\_\_\_ [78] \_\_\_\_\_ [80]  
 \_\_\_\_\_  
 Utilities \_\_\_\_\_ [81] \_\_\_\_\_ [82]  
 Depreciation \_\_\_\_\_ [84] \_\_\_\_\_ [85]  
 Depletion \_\_\_\_\_ [87] \_\_\_\_\_ [88]  
 Other expenses:  
 \_\_\_\_\_ [90]  
 \_\_\_\_\_  
 \_\_\_\_\_

Control Totals

**Preparer use only**  
Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2022 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____	[92]		
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2022 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2022 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2022 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			

**Vacation Home Information**

Preparer - Enter on Screen Rent-3

	2022 Information	Prior Year Information
Number of days home was used personally _____	[5]	
Number of days home was rented _____	[7]	
Number of day home owned, if not 365 _____	[9]	
Carryover of disallowed operating expenses into 2022 _____	[21]	
Carryover of disallowed depreciation expenses into 2022 _____	[22]	

**Passive and Other Information**

Preparer - Enter on Screen Rent-2

<b>Preparer use only</b> Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	[25]	[26]	[27]
Short-term capital		[28]	[29]
Long-term capital		[30]	[31]
28% rate capital		[32]	[33]
Section 1231 loss		[34]	[35]
Ordinary business gain/loss	[37]	[38]	[39]
Section 179	[40]	[41]	[42]

**NOTES/QUESTIONS:**