

F
R
O
M

2022 TAX ORGANIZER

T
O

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

1040-INDIVIDUAL TAX RETURN ENGAGEMENT LETTER

SUBJECT: Preparation of Your 2022 Individual Income Tax Returns

Dear Client:

Thank you for selecting Boal & Associates PC to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your 2022 federal and all state income tax returns that you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. We've enclosed an "Organizer" to help you gather the information required for a complete return. If you use the Organizer, it will help you avoid overlooking important information and contribute to efficient preparation of your returns. That helps keep the cost of our services as low as possible.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparing your income tax returns.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In order to avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in your return. Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions," that is, certain arrangements the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed.

The law also imposes penalties when taxpayers understate their tax liability. If you have concerns about such penalties, please call us.

In regard to the Safe Harbor requirements for the Qualified Business Income (QBI) deduction for rental properties, for tax years beginning after 2018, contemporaneous records MUST be maintained. Taxpayers must keep contemporaneous records, including time reports, logs, or similar documents regarding the following: hours of all services

performed, description of all services performed, dates on which such services were performed, and who performed the services.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

Our fee for preparation of your tax returns will be based on the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge of 1.5% per month may be added to all accounts not paid within thirty (30) days.

We will retain copies of records you supplied to us along with our work papers for your engagement for a period of seven years. After seven years, our work papers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

We understand that it is your company's policy to capitalize assets that cost \$2,500 or more. All capitalized assets will be depreciated in accordance with the company's depreciation policy. Assets that cost less than \$2,500 will be expenses in the period purchased. Amounts paid for assets with an estimated useful life of 12 months or less with a value of less than \$2,500 are expensed in the period purchased as well. Management will periodically review these levels and make modifications as necessary.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call if you have questions.

Sincerely,
Boal & Associates PC

(Both spouses must sign for preparation of joint returns)

ACCEPTED BY: (TAXPAYER) _____
(SPOUSE) _____

DATE: _____

PLEASE NOTICE:

*****ESTIMATED TAX PAYMENTS*****

If you made any 2022 estimated tax payments, please note this in your organizer in the section provided OR write in your estimated payments including dates paid for both Federal and State in the space provided below. If we recommended 2022 estimated tax payments but you did NOT make those payments, please note this by placing zeros in the section below.

Federal:

Quarter 1	Amount Paid _____	Date Paid _____	Check # _____
Quarter 2	Amount Paid _____	Date Paid _____	Check # _____
Quarter 3	Amount Paid _____	Date Paid _____	Check # _____
Quarter 4	Amount Paid _____	Date Paid _____	Check # _____

State:

Quarter 1	Amount Paid _____	Date Paid _____	Check # _____
Quarter 2	Amount Paid _____	Date Paid _____	Check # _____
Quarter 3	Amount Paid _____	Date Paid _____	Check # _____
Quarter 4	Amount Paid _____	Date Paid _____	Check # _____

*****HEALTH INSURANCE*****

If you received health insurance through the Marketplace, please provide form 1095-A with your tax documents. You can receive a copy of your 1095-A by calling your local health department.

*****IDENTITY PROTECTION PIN*****

If you receive an IP PIN letter from the IRS, please ensure that you provide it to us for filing purposes, or your tax return will reject.

2022 BUSINESS MILEAGE WORKSHEET

FOR CLIENTS WITH BUSINESS, FARM, OR RENTAL BUSINESS MILEAGE

THERE ARE 2 DIFFERENT MILEAGE RATES FOR 2022.

	Vehicle 1	Vehicle 2	Vehicle 3
1. Business miles (Jan - June 2022)	_____	_____	_____
Business miles (July - Dec 2022)	_____	_____	_____
Commuting miles (Jan - June 2022)	_____	_____	_____
Commuting miles (July - Dec 2022)	_____	_____	_____
Other personal miles (Jan - June 2022)	_____	_____	_____
Other personal miles (July - Dec 2022)	_____	_____	_____
Total miles driven (Jan - June 2022)	_____	_____	_____
Total miles driven (July - Dec 2022)	_____	_____	_____
2. Do you have another vehicle available for personal use?	Yes/No	Yes/No	Yes/No
3. Do you have evidence to support the mileage breakdown provided above?	Yes/No	Yes/No	Yes/No
4. Is the evidence written?	Yes/No	Yes/No	Yes/No

The business standard mileage rate for 2022 was 58.5 cents a mile from January 1, 2022 through June 30, 2022, and 62.5 cents a mile from July 1, 2022 through December 31, 2022. Therefore, we need your mileage split between the 2 date ranges.

CHARITABLE CONTRIBUTION SHEET

Charitable contributions of any amount are no longer deductible unless you have a proper receipt. There have been recent court cases where the courts have disallowed significant deductions for charitable contributions where the taxpayers did not have a proper receipt. Since a receipt is required before we are allowed to take a deduction for the contribution, please review the following documentation requirements and indicate whether or not you have the required documentation. If an item is not applicable, please just indicate N/A in either the yes or no column.

1. **Contributions made in cash** – The law requires that you have a receipt, letter, or other written communication from the charity (showing the name of the charity, the date and the amount of the contribution) documenting all charitable contributions made in cash. Please see additional requirements below if the contribution is \$250 or more.

Do you have the above required documentation for charitable cash contributions? Yes____ No____

2. **Contributions made by check, debit card, or charge card** – For charitable contributions made by check, the law requires that you either have a receipt as outlined above for “contributions made in cash,” a copy of the cancelled check, or some other bank record (e.g., a bank statement). For contributions made by debit card or by charge card, you are required to either have a receipt as outlined above for “contributions made in cash,” or a bank record (e.g., bank statement, credit card statement, etc.). Please see additional requirements below if the contribution is \$250 or more.

Do you have the above required documentation for charitable contributions made by check, debit card, or charge card? Yes____ No____

3. **Contributions of \$250 or More** – For all charitable contributions by individuals of \$250 or more (contributions of cash, by check, by debit or credit card, or of property), the law requires a receipt (written acknowledgement) from the charity to which you made the donation stating the date and amount of the contribution as well as a statement as to whether you received anything in return for your contribution. If you received goods or services in return for the contribution, the receipt must include a description and an estimate value of the goods or services received in return for the contribution. If the goods or services received consist solely of intangible religious benefits, the receipt must include a statement to that effect.

For all charitable contributions of \$250 or more, do you have the above required documentation?

Yes____ No____

4. **Contributions of vehicles, boats, or airplanes of more than \$500** – If you are claiming a deduction of more than \$500 for a vehicle, a boat, or an airplane you contributed to charity, the law requires that you obtain a Form 1098-C or other written acknowledgement containing the same information shown on Form 1098-C from the charity in order to deduct your contribution.

Do you have a Form 1098-C documenting your charitable contribution of a vehicle, boat, or airplane?

Yes____ No____

5. **Contribution of clothing or household items** – Generally, a deduction is not allowed for a charitable contribution of clothing or household items unless the items are in good used condition or better. Household items generally include furniture, furnishings, electronics, appliances, or other similar items.

Were your contributions of clothing & other items in good used condition or better? Yes____ No____

1099 CHECKLIST – FOR BUSINESS & RENTAL PROPERTY OWNERS

1. Did you make any payments in 2022 that would require you to file Form(s) 1099?

Yes____ No____

2. If yes, did you or will you file all required Forms 1099?

Yes____ No____

Please call us if you have any questions concerning the Form 1099 filing requirements. In addition, if you have not filed all required 1099s, we can help you meet your filing responsibilities. However, unless you engage us to do so, we do not routinely file Forms 1099 as part of preparing your income tax returns.

DOCUMENTING BUSINESS TRAVEL, ENTERTAINMENT, GIFT AND LISTED PROPERTY EXPENSES

The law disallows an otherwise allowable deduction for any expense for traveling (including meals and lodging), entertainment, gifts, or "listed property" (e.g., passenger vehicles and computers [unless used exclusively at your place of business]), unless the expense is substantiated by adequate records or by sufficient evidence corroborating your own statements.

In addition, the regulations generally require you to maintain documentary evidence (such as receipts or paid bills) for 1) any lodging expenditure, and 2) any other expenditure of \$75 or more. For business travel, the documentation should include the amount, date, place, and business purpose of the travel. For business entertainment expenses, the documentation should include the amount, date, place, and business purpose of the entertainment as well as the business relationship of the person or persons entertained. For business gifts, the documentation should include the amount, date, description of gift, business purpose of gift, and business relationship of recipient of the gift. For listed property, the documentation should include the amount (e.g., cost), business or investment use based on mileage, etc., date of the expenditure, and business or investment purpose of the property.

Do you have the required documentation for any deductions claimed for business travel, entertainment, gift or listed property expenses? Yes____ No____



CODE OF ETHICS

Through the years, many of our clients have asked us to counsel a friend, relative, or colleague concerning tax preparation and financial planning. We consider it a privilege, and have been happy to accommodate those wishes. If and when you introduce someone to our practice, we would like for you to be aware of the standards on which we have built this business.

First, confidentiality is the foundation of our business. Each of our client relationships is distinctly separate and privacy is essential. In addition, our practice is a people-oriented business in which courteous service is expected. Finally, we never give counsel or advice without thoroughly understanding the needs of the client.

Our purpose here is to let you know that, if and when you refer a friend, relative, or colleague, you will feel comfortable with the professional standards of this office.



The following questions pertain to the 2022 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,150?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,150?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you obtain healthcare coverage through the Marketplace? If Yes, include all Forms 1095-A.	<input type="checkbox"/>	<input type="checkbox"/>
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents required to file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>

PRIVACY POLICY

We collect certain personal information about you – but only when that information is provided by you or is obtained by us with your authorization. We use that information to prepare your personal income tax returns and may also provide various tax and financial planning services to you at your request.

Parties to Whom We Disclose Information

As a general rule, we do not disclose personal information about our clients or former clients to anyone. However, to the extent permitted by law and any applicable state Code of Professional Conduct, certain nonpublic information about you may be disclosed in the following situations:

To comply with a validly issued and enforceable subpoena or summons.

In the course of a review of our firm's practices under the authorization of a state or national licensing board, or as necessary to properly respond to an inquiry or complaint from such a licensing board or organization.

In conjunction with a prospective purchase, sale, or merger of all or part of our practice, provided that we take appropriate precautions (for example, through a written confidentiality agreement) so the prospective purchaser or merger partner does not disclose information obtained in the course of the review.

As a part of any actual or threatened legal proceedings or alternative dispute resolution proceedings either initiated by or against us, provided we disclose only the information necessary to file, pursue, or defend against the lawsuit and take reasonable precautions to ensure that the information disclosed does not become a matter of public record.

To provide information to affiliates of the firm and nonaffiliated third parties who perform services or functions for us in conjunction with our services to you, but only if we have a contractual agreement with the other party which prohibits them from disclosing or using the information other than for the purposes for which it was disclosed. (Examples of such disclosures include using an outside service bureau to process tax returns or engaging a records-retention agency to store prior year records.)

Confidentiality and Security of Nonpublic Personal Information

Except as otherwise described in this notice, we restrict access to nonpublic personal information about you to employees of our firm and other parties who must use that information to provide services to you. Their right to further disclose and use the information is limited by the policies of our firm, applicable law, our Code of Professional Conduct, and nondisclosure agreements where appropriate. We also maintain physical, electronic, and procedural safeguards in compliance with applicable laws and regulations to guard your personal information from unauthorized access, alteration, or premature destruction.



Healthcare (continued):

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include all Forms 1099-LTC.	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? _____	<input type="checkbox"/>	<input type="checkbox"/>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? If Yes, how many months were you covered? _____	<input type="checkbox"/>	<input type="checkbox"/>

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include all Forms 1099-Q. If Yes, were the amounts withdrawn used for qualified tuition expenses?	<input type="checkbox"/>	<input type="checkbox"/>

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or theft losses?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes. _____ Gallons _____ Type	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>



Investments:

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include closing statements.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse close any open short sales?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make a qualified charitable distribution directly from an IRA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr). _____	<input type="checkbox"/>	<input type="checkbox"/>

Personal Residence:

Did your address change? If Yes, provide the new address. If Yes, did you move to a different home because of a change in the location of your job?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
Are your total mortgages on your first and/or second residence greater than \$750,000? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse take out a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an outstanding home equity loan at the end of the year? If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.	<input type="checkbox"/>	<input type="checkbox"/>



2022

Questions (Page 4 of 5)

2D

Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$16,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation?	<input type="checkbox"/>	<input type="checkbox"/>



Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,400 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Did you or your spouse engage in any bartering transactions?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
In 2022, did you or your spouse: (a) receive (as a reward, award, or compensation); (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
In 2022, did you or your spouse receive Payroll Protection Program loan forgiveness or are you or your spouse seeking forgiveness?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness. Date (Mo/Da/Yr) _____					
If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness. Amount _____					
In 2022, did you or your spouse have any student loan(s) discharged under the Biden-Harris Administration's student loan debt relief plan?	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
If Yes, how much debt was discharged under this program? _____					

Additional state pages have been included at the back of the organizer and should be reviewed.



2022

Personal Information

3

Taxpayer:

First Name and Initial		Last Name		Social Security Number	
Occupation		Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)		
Driver's License or State-Issued ID Number		Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification			

Spouse:

First Name and Initial		Last Name		Social Security Number	
Occupation		Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)		
Driver's License or State-Issued ID Number		Expiration Date (Mo/Da/Yr)	Issue Date (Mo/Da/Yr)	State	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification			

Contact Information:

Street Address		Apartment Number	
City	State	ZIP or Postal Code	
Foreign Province or County			
Foreign Country			
Taxpayer Daytime/Work Phone	Taxpayer Evening/Home Phone	Taxpayer Foreign Phone	
Taxpayer Cell Phone	Taxpayer Fax Number		
Spouse Daytime/Work Phone	Spouse Evening/Home Phone	Spouse Foreign Phone	
Spouse Cell Phone	Spouse Fax Number		
Taxpayer Email Address			
Spouse Email Address			
Preferred Method of Contact			

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

The IRS has recommended that taxpayers have an Identity Protection (IP) PIN to increase filing security. If you would like an IP PIN for yourself, your spouse, or your dependents or have one but do not know the IP PIN assigned, visit IRS.gov to retrieve it or apply.

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2

200131 04-01-22



2022

Dependents and Wages

3A

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,400?

↓

	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. Additional space has been provided for the use of multiple accounts. If you selected direct deposit or electronic withdrawal in 2021, your account information is already included below.

Form section for 2021 account information with Yes/No checkboxes and withdrawal details.

Bank information fields: Name of bank or financial institution, Routing Transit Number (RTN), Account number

Account type and owner information: Type of account (Checking, Savings, etc.), Is this a business account?, Account owner (Taxpayer, Spouse, Joint), Confirmation statement

Form section for 2022 account information with Yes/No checkboxes and withdrawal details.

Bank information fields: Name of bank or financial institution, Routing Transit Number (RTN), Account number

Account type and owner information: Type of account (Checking, Savings, etc.), Is this a business account?, Account owner (Taxpayer, Spouse, Joint), Confirmation statement



5A

Include copies of all Forms 1099-INT or other documents for interest received

Total

Address of Individual from Whom Mortgage Interest Was Received

200151 04-01-22



2022

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	Code	Tax-Exempt Interest	2021 Gross Dividends Amount
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
Total			

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



2022

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____

Employer ID number _____

Street address _____

City, state, ZIP or postal code, and country _____

Method of inventory _____

Method of accounting _____

Business Questions for 2022:

Did you dispose of this business?

Yes

No

If Yes, what was the disposition date? (Mo/Da/Yr) _____

Was there a change in determining quantities, costs or valuations between opening and closing inventory?

Were you involved in the operations of this business on a regular, continuous and substantial basis?

Have you prepared or will you prepare all required Forms 1099?

2022 Amount	2021 Amount

Health insurance premiums paid for yourself and your dependents _____

Income:

Payment card and third party transactions:

Include all Forms 1099-K

Description	2022 Amount	2021 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Other Income:

Other gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2022 Amount	2021 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		
Other costs of goods sold:		

Description	2022 Amount	2021 Amount
Ending inventory		



2022

Business Expenses and Property & Equipment

6A

Name of Business: _____

Principal Business or Profession: _____

Expenses:

	2022 Amount	2021 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals		
Entertainment (deductible only on some state returns)		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2022 Amount	2021 Amount

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2022

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2022:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? ☐ Yes ☐ No

Was your vehicle available for use during off-duty hours?

Mileage:

Total miles

Total business miles

Business miles after June 30

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc.

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

Vehicle 1		Vehicle 2	
<div>.....</div>		<div>.....</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
2022 Miles	2021 Miles	2022 Miles	2021 Miles
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
2022 Amount	2021 Amount	2022 Amount	2021 Amount
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>
<div>.....</div>	<div>.....</div>	<div>.....</div>	<div>.....</div>



2022

Business Expenses

6C

Name of Business: _____
Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

If not 100%, please enter the percentage to apply to this business _____ %

Parking fees and tolls _____
Local transportation _____
Travel expenses _____
Meals _____
Entertainment (deductible only on some state returns) _____
Other Business Expenses: _____

2022 Amount	2021 Amount

Description	2022 Amount	2021 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses _____
Amount received for meals _____
Amount received for entertainment _____
If you are a statutory employee, does your employer's reimbursement plan for meals
and entertainment allow for offset of other reimbursements? _____

2022 Amount	2021 Amount

☐ Yes ☐ No

Vehicle:

If not 100%, please enter the percentage to apply to this business _____ %
Description of vehicle _____
Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? _____
Was your vehicle available for personal use during off-duty hours? _____

☐ Yes ☐ No
☐ Yes ☐ No

Total miles _____
Total business miles _____
Business miles after June 30 _____
Average daily commuting miles _____
Total commuting miles for the year _____
Gasoline and oil _____
Repairs _____
Insurance _____
Interest _____
Taxes _____
Value of employer provided vehicle _____
Temporary vehicle rentals _____
Fair market value of leased vehicle _____
Vehicle leases _____
Other Vehicle Expenses: _____

2022	2021

Description	2022 Amount	2021 Amount



2022

Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business _____
Total square footage of home _____
Total hours home was used for day care during the year _____

2022	2021

Was your home used for day care purposes for the entire year? _____
Were improvements made to the home and/or home office since the time you began using the home for business? _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.
Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2022 Amount	2021 Amount	2022 Amount	2021 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2022 Amount	2021 Amount	2022 Amount	2021 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2022

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Mutual fund transactions
 Exchange of any securities or investments for something other than cash
 Sales of inherited property
 Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days
 before or 30 days after the sale
 Commodity sales, short sales or straddles
 Reinvestment of the proceeds of gains in a qualified opportunity fund
 Sale of any investments in qualified opportunity funds
 Debts that became uncollectible
 Securities that became worthless
 Sale of any property where you will receive payments in future years

Yes	No

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

Installment Sales: **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2022 Principal Received	2021 Principal Received



2022

Rental and Royalty Income

Location of Property: _____
TSJ _____
Type of property _____

Have you prepared or will you prepare all required Forms 1099? Yes ☐ No ☐

Ownership percentage if not 100% _____
How many days was this property rented at fair market value? _____
How many days was this property used personally (including use by family members)? _____

2022	2021

Income:

Rents received _____
Royalties received _____

2022 Amount	2021 Amount

Payment card and third party transactions: Include all Forms 1099-K

Description	2022 Amount	2021 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2022 Amount	2021 Amount

Other income:

Description	2022 Amount	2021 Amount



10A

Expenses:

[illegible]



2022

Rental and Royalty Business Expenses

10D

Location of Property: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

Parking fees and tolls _____
Local transportation _____
Travel expenses _____
Meals _____
Entertainment (deductible only on some state returns) _____
Other Business Expenses: _____

2022 Amount	2021 Amount

Description	2022 Amount	2021 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses _____
Amount received for meals _____
Amount received for entertainment _____

2022 Amount	2021 Amount

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %
Description of vehicle _____
Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? _____
Was your vehicle available for personal use during off-duty hours? _____

☐ Yes ☐ No
☐ Yes ☐ No

Total miles _____
Total business miles _____
Business miles after June 30 _____
Average daily commuting miles _____
Total commuting miles for the year _____
Gasoline and oil _____
Repairs _____
Insurance _____
Interest _____
Taxes _____
Value of employer provided vehicle _____
Temporary vehicle rentals _____
Fair market value of leased vehicle _____
Vehicle leases _____
Other Vehicle Expenses: _____

2022	2021

Description	2022 Amount	2021 Amount



2022

Farm Income (Page 1 of 2)

12

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____

Employer identification number _____

Method of accounting _____

Farm Questions for 2022:

Did you dispose of this farm? _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, what was the disposition date? _____ (Mo/Da/Yr) _____

Have you prepared or will you prepare all required Forms 1099? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

2022 Amount

2021 Amount

Health insurance premiums paid for yourself and your dependents _____

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2022		2021	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

Sales of livestock, produce, grains, etc. you raised _____
Total cooperative distributions (Forms 1099-PATR) _____
Taxable cooperative distributions _____
Total agricultural program payments _____
Taxable agriculture program payments _____
Total Commodity Credit Corporation (CCC) loans _____
Total crop insurance proceeds and certain disaster payments received in 2022 _____
Taxable crop insurance proceeds received _____
Crop insurance proceeds deferred from prior year _____
Custom hire (machine work) income _____
Federal gasoline tax or fuel tax credit or refund _____
State gasoline tax or fuel tax credit or refund _____

2022 Amount

2021 Amount



2022

Farm Income
(Page 2 of 2)**12A**

Proprietor's Name: _____

Principal Crop or Activity: _____

Income:Payment card and third party transactions: Include all Forms 1099-K

Description	2022 Amount	2021 Amount

Government payments: Include all Forms 1099-G

Description	2022 Amount	2021 Amount

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

Description	2022 Amount	2021 Amount

Other income:

Description	2022 Amount	2021 Amount



12B

Principal Crop or Activity: _____

Business meals
Entertainment (deductible only on some state returns)
Car and truck expenses
Chemicals
Conservation expenses
Custom hire (machine work)
Employee benefit programs and health insurance (other than pension and profit sharing plans)
Feed purchased
Fertilizers and lime
Freight and trucking
Gasoline, fuel and oil
Insurance (other than health)
Interest - mortgage (paid to banks, etc.)
Interest - other
Labor hired
Pension and profit-sharing plans
Rent or lease - vehicles, machinery and equipment
Rent or lease - other (land, animals, etc.)
Repairs and maintenance
Seeds and plants purchased
Storage and warehousing
Supplies purchased
Taxes
Utilities
Veterinary, breeding and medicine
Capitalized preproductive period expenses
Dependent care benefits

[illegible][illegible]

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2022

Farm Vehicle and Other Listed Property

12C

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2022:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Mileage:

Total miles

Total business miles

Business miles after June 30

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

Vehicle 1		Vehicle 2	
<div><div></div><div></div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>		<div><div></div><div></div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>	
2022 Miles	2021 Miles	2022 Miles	2021 Miles
2022 Amount	2021 Amount	2022 Amount	2021 Amount



2022

Miscellaneous Income, Adjustments and Alimony

13

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-QA, and 1099-G

Miscellaneous Income and Adjustments:

	TSJ _____			TSJ _____	
	2022 Amount	2021 Amount		2022 Amount	2021 Amount
Unemployment compensation received					
Unemployment compensation repaid in 2022					
Social security benefits received					
Social security benefits repaid in 2022					
Medicare premiums withheld					
Tier 1 railroad retirement benefits received					
Tier 1 railroad retirement benefits repaid in 2022					
Total lump sum social security received					
Lump sum taxable social security					
Other federal withholding					
Other state withholding					

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2022 Amount	2021 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2022 Amount	2021 Amount



2022

Miscellaneous Adjustments**13A****Educator Expenses:** **Deduction for amounts paid by educators of kindergarten through Grade 12**

TS	2022 Amount	2021 Amount

Health Savings Accounts (HSAs) **Include all Forms 1099-SA**

TS	Description	2022 Amount	2021 Amount
	Contributions made for 2022		
	Distributions received from all HSAs in 2022		

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: **Include all Forms 1098-E for Student Loan Interest Paid**

TSJ	Nature and Source	2022 Amount	2021 Amount



2022

Itemized Deductions - Medical and Taxes

14

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid *
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care before July 1, 2022
 Personal protective equipment
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts
 Number of miles traveled for medical care after June 30, 2022,

TSJ	2022 Amount	2021 Amount

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

2022 Amount	2021 Amount

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2022 Amount	2021 Amount

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

TSJ	2022 Amount	2021 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2022 Amount	2021 Amount

Other Taxes Paid:

TSJ	Description	2022 Amount	2021 Amount

If you purchased or sold your home in 2022, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



Itemized Deductions - Mortgage Interest and Points

14A

Mortgage Questions for 2022:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2022 Amount	2021 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2022 Amount	2021 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2022 Amount	2021 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2022 Amount	2021 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2022 Amount	2021 Amount



2022

Itemized Deductions - Contributions

15

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2022 Amount	2021 Amount

TSJ	Conservation Real Property	2022 Amount	2021 Amount
	100% limit		
	50% limit		

TSJ	Description	2022 Miles	2021 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2022 Amount	2021 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
2 - Catalog 4 - Other (Describe)

1 - Gift 3 - Exchange
2 - Inheritance 4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



2022

State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate		
2022 2nd Quarter Estimate		
2022 3rd Quarter Estimate		
2022 4th Quarter Estimate		

If you have an overpayment of 2022 taxes, do you

want the excess applied to your 2023 estimated tax liability?

☐ Yes ☐ No

2021 overpayment applied to 2022 estimate

Balance of prior year(s)' tax paid in 2022 plus

amount paid with 2021 extensions

Estimated tax payments for 2021 paid in 2022

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate		
2022 2nd Quarter Estimate		
2022 3rd Quarter Estimate		
2022 4th Quarter Estimate		

If you have an overpayment of 2022 taxes, do you

want the excess applied to your 2023 estimated tax liability?

☐ Yes ☐ No

2021 overpayment applied to 2022 estimate

Balance of prior year(s)' tax paid in 2022 plus

amount paid with 2021 extensions

Estimated tax payments for 2021 paid in 2022

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2022 1st Quarter Estimate		
2022 2nd Quarter Estimate		
2022 3rd Quarter Estimate		
2022 4th Quarter Estimate		

If you have an overpayment of 2022 taxes, do you

want the excess applied to your 2023 estimated tax liability?

☐ Yes ☐ No

2021 overpayment applied to 2022 estimate

Balance of prior year(s)' tax paid in 2022 plus

amount paid with 2021 extensions

Estimated tax payments for 2021 paid in 2022